



**REQUEST FOR PROPOSALS**  
for  
**Louisiana Medicaid Managed Care Organizations**

**RFP #:3000011953**  
**Proposal Due Date/Time: April 29, 2019, 3 PM CT**  
**Louisiana Department of Health**  
**Bureau of Health Services Financing**

**February 25, 2019**

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## PART 1: 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 Medicaid 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** This RFP solicits proposals, details proposal requirements, defines minimum service requirements, and outlines the State's process for evaluating proposals and selecting entities to serve as an MCO.
- 1.1.3** The Louisiana Department of Health (the Department or LDH) seeks to contract for the needed services and to give all qualified businesses, including those that are owned by minorities, women, persons with disabilities, and small business enterprises, the opportunity to do business with the State through either direct ownership of an MCO or by providing services to selected MCOs.
- 1.1.4** Pursuant to the RFP, LDH may selectively contract with up to four (4) statewide MCO entities. All parties agree that the final number of contracts awarded is within the sole discretion of the Secretary of LDH.
- 1.1.5** The Medicaid managed care program is a full risk-bearing, MCO health care delivery system responsible for providing specified Medicaid covered services included in the Louisiana Medicaid State Plan to Medicaid enrollees. MCOs will be responsible for providing these services to Medicaid enrollees in return for a monthly capitation payment.
- 1.1.6** An MCO assumes full risk for the cost of covered services under the Contract and incurs loss if the cost of furnishing these covered services exceeds the payment received for providing these services.
- 1.1.7** LDH will not use a competitive bidding process to develop the MCO capitation rates. LDH shall establish a Per Member Per Month (PMPM) actuarially sound, risk-adjusted rate to be paid to the MCO in accordance with all applicable rules and regulations of the Centers of 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.
- 1.1.8** Current federal authority for the 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. LDH operates its Medicaid managed care program under the authority of a Section 1932(a) State Plan Amendment and a Section 1915(b) waiver. The 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 Medicaid managed care program at any time.

## 1.2 Background

- 1.2.1 The mission of LDH is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. LDH is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.
- 1.2.2 LDH is comprised of program offices, including the Bureau of Health Services Financing (BHSF) which is the single state Medicaid agency, the Office for Citizens with Developmental Disabilities (OCDD), the Office of Behavioral Health (OBH), the Office of Aging and Adult Services (OAAS), and the Office of Public Health (OPH). Under the general supervision of the Secretary, these principal offices perform the primary functions and duties assigned to LDH.
- 1.2.3 LDH, in addition to encompassing the program offices, has an administrative office known as the Office of the Secretary (OS), a financial office known as the Office of Management and Finance (OMF), and various bureaus and boards. The Office of the Secretary is responsible for establishing policy and administering operations, programs, and affairs.
- 1.2.4 This is the third procurement cycle for the State's Medicaid managed care program. As of February 2019, more than 1.5 million Louisiana residents are enrolled with an MCO. Most recently, the State has experienced dramatic improvements in health metrics as a result of expansion enrollment in the managed care program. Also, importantly, Medicaid enrollees are more engaged in care. Approximately 77 percent of Medicaid managed care enrollees eligible as a result of Medicaid expansion have visited a physician. Over 282,000 adults have received preventative care visits with a provider. More than 63,000 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs, and ultrasounds. Treatment has begun for over 12,000 adults newly diagnosed with diabetes and for over 34,000 adults newly diagnosed with hypertension. More than 76,000 adults have received specialized outpatient mental health services, and more than 18,000 adults have received inpatient mental health services at a psychiatric facility. Over 14,000 adults have received specialized substance use outpatient services, and over 16,000 have received specialized substance use residential services.

## 1.3 Goals and Objectives

- 1.3.1 Guided by the "Triple Aim", the Department will partner with enrollees, providers, and high-performing health plans to build a Medicaid managed care delivery system that improves the health of populations (**better health**), enhances the experience of care for individuals (**better care**), and effectively manages Medicaid per capita care costs (**lower costs**). This procurement is designed to find the best MCOs to achieve this Triple Aim.
- 1.3.2 More specifically, the Department will hold contracted MCOs accountable for:
  - 1.3.2.1 Advancing evidence-based practices, high-value care and service excellence;
  - 1.3.2.2 Supporting innovation and a culture of continuous quality improvement in Louisiana;

- 1.3.2.3 Ensuring enrollees ready access to care;
- 1.3.2.4 Improving enrollee health;
- 1.3.2.5 Decreasing fragmentation and increasing integration across providers and care settings, particularly for enrollees with behavioral health needs;
- 1.3.2.6 Using a population health approach to maximize enrollee health, supported by health information technology, to advance health equity and address priority social determinants of health which include housing, food insecurity, physical safety, and transportation;
- 1.3.2.7 Reducing complexity and administrative burden for providers and enrollees;
- 1.3.2.8 Aligning financial incentives for MCOs and providers and building shared capacity to improve health care quality through data and collaboration; and
- 1.3.2.9 Minimizing wasteful spending, abuse and fraud.

#### 1.4 Term of Contract

The term of any contract resulting from this RFP shall begin on or about January 1, 2020 and is anticipated to end on December 31, 2022. LDH may also exercise an option to extend for up to twenty-four (24) additional months at the same general terms and conditions of the initial contract term. Prior to the extension of the contract beyond the initial thirty-six (36) month term, any required prior approval by the Joint Legislative Committee on the Budget (JLCB) or other approval required by law shall be obtained. Such written evidence of JLCB approval, if required, shall be submitted, along with the contract amendment to the Office of State Procurement (OSP) to extend contract terms beyond the initial three (3)-year term. The total contract term, with extensions, shall not exceed five (5) years. The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract.

#### 1.5 Definitions

See Model Contract (Appendix B), incorporated herein in its entirety, Part 1: *Glossary and Acronyms*.

#### 1.6 Schedule of Events

<b>Event</b>	<b>Date</b>
RFP advertised in newspapers and posted to LaPac	Monday, February 25, 2019
Deadline for receipt of written inquiries	Tuesday, March 12, 2019, 3 PM CT
Deadline to answer written inquiries	Friday, April 5, 2019
Deadline for receipt of proposals	Monday, April 29, 2019, 3 PM CT
On-site presentations	Wednesday, May 29, 2019 and Thursday, May 30, 2019
Notice of Intent to Award announcement, and	Friday, June 28, 2019

14-day protest period begins, on or about	
Contract execution, on or about	Friday, July 19, 2019
Readiness reviews / implementation begins, on or about	Monday, July 22, 2019
Operational start date, on or about	Wednesday, January 1, 2020

**NOTE:** The State 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 Changes, Addenda, Withdrawals

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.

### 1.8 Waiver of Administrative Informalities

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

### 1.9 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.

### 1.10 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.

The Proposer to which the contract is awarded assumes sole responsibility for any and all costs and incidental expenses that it may incur in connection with: (1) the preparation, drafting or negotiation of the final contract; or (2) any activities that the Proposer may undertake in preparation for, or in anticipation or expectation of, the performance of its work under the contract before the contract receives final approval from OSP.

## PART 2: PROPOSALS

### 2.1 Proposal Submittal

- 2.1.1** Entities 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) format by the RFP Coordinator on or before the date and time specified in the Schedule of Events. Fax or e-mail submissions shall not be accepted. Proposers mailing their proposals should allow sufficient mail delivery time to ensure receipt of their proposal by the time specified. The proposal package must be delivered at the Proposer's expense to:

*For hand delivery:*

Ali Bagbey  
Louisiana Department of Health  
Bureau of Health Services Financing  
628 N 4th Street, 6th Floor  
Baton Rouge, LA 70802  
(225) 219-0206  
[Ali.Bagbey@la.gov](mailto:Ali.Bagbey@la.gov)

*For mail delivery:*

Ali Bagbey  
Louisiana Department of Health  
Bureau of Health Services Financing  
P.O. Box 91283  
Bin 32  
Baton Rouge, LA 70821-9283

- 2.1.2** The responsibility solely lies with each Proposer to ensure their proposal is delivered at the specified place and prior to the deadline for submission. Proposals and/or attachments received after the deadline will not be considered.
- 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>  
<http://ldh.la.gov/index.cfm/newsroom/detail/4817>
- 2.1.5** Electronic copies of material relevant to this RFP will be posted in the procurement library at the following web address:

<http://ldh.la.gov/index.cfm/page/3481>

- 2.1.6** Potential Proposers may request and receive historic Medicaid partially de-identified claims data at the parish of residence level for State Fiscal Year (SFY) 2017 and SFY 2018, for MCO covered services provided to the Louisiana Medicaid managed care populations by complying with the following instructions:
  - 2.1.6.1** Submit non-binding Letter of Intent to Propose to the RFP Coordinator; and
  - 2.1.6.2** Sign and submit the Louisiana Medicaid MCO RFP Data Use Agreement provided in the procurement library to the RFP Coordinator.
- 2.1.7** Upon receipt of the Data Use Agreement, the Proposer will be given information required to obtain credentials to access a secure FTP site to which data will be uploaded.

## 2.2 Proposal Response Format

- 2.2.1** The Proposer should respond to each item in the order in which it appears in 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.
- 2.2.2** The proposal should include a cover letter on the Proposer's letterhead and include the following information:
  - 2.2.2.1** Location of administrative office with full time personnel;
  - 2.2.2.2** Name and address of corporate principal officer registered with the Louisiana Secretary of State, email address, website URL, and telephone number;
  - 2.2.2.3** Name and address for the purpose of issuing checks and/or drafts;
  - 2.2.2.4** Any other name(s) under which the Proposer does, or has done within the last ten (10) years, business;
  - 2.2.2.5** 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;
  - 2.2.2.6** 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;
  - 2.2.2.7** If out-of-state Proposer, name and address of local representative; if none, so state;
  - 2.2.2.8** If any of the 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;

- 2.2.2.9** Proposer's state and federal tax identification numbers, LaGov vendor number, and Louisiana Department of Revenue number, if available;
  - 2.2.2.10** A graphical summary of whether Proposer meets mandatory and preferred qualifications to propose, as identified in Sections 2.9.1, 2.10.2.1.2, and 2.10.2.5.1;
  - 2.2.2.11** A brief statement of the Proposer's involvement in litigation related to the delivery of Medicaid benefits in the last ten (10) years;
  - 2.2.2.12** A brief statement of the Proposer ever having had (1) a contract terminated or not renewed for non-performance or poor performance and/or (2) a contract 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;
  - 2.2.2.13** The stipulation that the proposal is valid for a period of at least ninety (90) calendar days from the date of submission; and
  - 2.2.2.14** A positive statement of compliance with the contract terms defined in the Model Contract.
- 2.2.3** The Proposer's response must include a business proposal and a technical proposal as described in Sections 2.9 and 2.10, respectively.
  - 2.2.4** The Proposer must adhere to page limits wherever specified. Proposals shall not exceed two hundred and fifty (250) pages in total, inclusive of attachments and appendices, unless explicitly exempted.
  - 2.2.5** The Proposer shall not embed documents (e.g., copying a PDF within a Word document) within any document submitted as part of the proposal.
  - 2.2.6** There is no intent to limit the content of the proposals, though each proposal document shall 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.

## 2.3 Number of Copies of Proposals

- 2.3.1** The Proposer shall submit one (1) original hard copy (the Certification Statement must have original signature signed in ink), two (2) additional hard copies, and ten (10) electronic copies, each on a separate flash drive, of the entire proposal. The Proposer shall also provide two (2) electronic copies of the redacted version, each on a separate flash drive, if applicable based on Section 2.5. All electronic copies must be searchable. No facsimile or emailed proposals will be accepted. For mailing purposes, all packages may be shipped in one container.
- 2.3.2** The evaluation team will utilize both the hard copies and the electronic copy 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 that all copies are correct and complete.

- 2.3.3** The original hard 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.

## 2.4 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.

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

In regards to information submitted by any Proposer, only information which is in the nature of legitimate trade secrets or non-published financial data shall be identified as proprietary or confidential. Any material within a proposal identified as such must be clearly marked in the proposal and will be handled in accordance with the Louisiana Public Records Act, La. R.S. 44: 1-41 and applicable rules and regulations. Any proposal marked as confidential or proprietary in its entirety shall be rejected without further consideration or recourse.

The Proposer must clearly designate the part of the proposal that contains a potential 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: "It is the Proposer's position that the data contained in pages \_\_\_\_\_ of the proposal has been submitted in confidence and contains 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 potentially protect such data, each page containing such data shall be specifically identified and marked "**CONFIDENTIAL**."

Proposers must be prepared to defend the reasons why the material identified should be held confidential. If a competing Proposer or other person seeks review or copies of another Proposer's identified confidential data, LDH will notify the owner of the asserted data of the request. If the

owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain LDH from releasing information LDH believes to be public record. If LDH refuses to release any information identified as confidential by a Proposer, and is later ordered to do so by any Court of competent jurisdiction, the Proposer agrees that it will indemnify and hold LDH harmless for any and all costs, penalties, or other damages awarded by said Court.

If the proposal contains data identified as confidential information, a redacted copy of the proposal must be submitted. If a redacted copy is not submitted, LDH may consider the entire proposal to be public record. When submitting the redacted copy, it should be clearly marked on the cover as - "**REDACTED COPY.**" The redacted copy should also state which section(s) or information has been removed.

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 record.

## 2.6 Proposal Clarifications Prior to Submittal

### 2.6.1 Pre-proposal Conference

Not required for this RFP.

### 2.6.2 Proposer Inquiries

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

Ali Bagbey  
Louisiana Department of Health  
Bureau of Health Services Financing  
628 N 4th Street, 6th Floor  
Baton Rouge, LA 70802  
(225) 219-0206  
[Ali.Bagbey@la.gov](mailto:Ali.Bagbey@la.gov)

LDH will consider written inquiries and requests for clarification of the content of this RFP received from potential Proposers. Written inquiries must be received by the date and time specified in the Schedule of Events. LDH 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 upon the State and any Proposer shall not rely on such a response

Note: LaPAC is the State's online electronic bid posting and notification system that is maintained by the Office of State Procurement within the Division of Administration and located at the following website: <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>. LaPAC provides immediate e-mail notification to subscribing Proposers when a solicitation and any subsequent addenda have been let and posted. This e-mail notification is considered formal notice. To receive this email notification, Proposers must register at the following link: <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>

Help scripts are available on OSP website under vendor center at: <http://www.doa.la.gov/Pages/osp/vendorcenter/regnhelp/index.aspx>.

### **2.6.3** Blackout Period

The blackout period is a specified period of time during a competitive sealed procurement process in which any Proposer, bidder, 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 the Proposer Inquiries section of this RFP. All communications to and from potential Proposers, bidders, vendors 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. The State and the incumbent contractor and/or its representative(s) shall not discuss the blacked-out procurement.

Any bidder, Proposer, or state contractor who violates the blackout period will be disqualified from the RFP process and 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 incurred by the Proposer will be the responsibility of the Proposer or bidder.

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 bidders or Proposers;
- Oral presentations during the evaluation process, when one is held;
- Communications regarding a particular solicitation between any person and LDH staff 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.

## 2.7 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.

## 2.8 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.

## 2.9 Business Proposal Requirements [5 page limit]

The Proposer shall meet all standards and must comply with all business proposal submission requirements in this section. The Proposer's business proposal shall not exceed five (5) pages.

### 2.9.1 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 of receipt of proposals:

- 2.9.1.1** Meet the federal definition of an MCO, as defined in 42 C.F.R. §438.2;
- 2.9.1.2** Have the capacity and willingness to perform all functions in this RFP and in the Model Contract;
- 2.9.1.3** Not be an excluded individual or entity as described in 42 C.F.R. §438.808(b);

- 2.9.1.4** Have a license or certificate of authority issued by the Louisiana Department of Insurance (LDI) to operate as a Medicaid risk bearing “prepaid entity” pursuant to La. R.S. 22:1016 and submit with the proposal response;
- 2.9.1.5** Comply with all Louisiana Department of Insurance applicable standards. Information can be found at LDI’s website: [www.lidi.louisiana.gov](http://www.lidi.louisiana.gov). The MCO must meet solvency standards as specified in 42 C.F.R. §438.116 and Title 22 of the Louisiana Revised Statutes;
- 2.9.1.6** Have a minimum of five (5) years of experience as an MCO for a Medicaid managed care program prior to the deadline for receipt of proposals;
- 2.9.1.7** Have, within the last thirty-six (36) months, been engaged in a contract or awarded a new contract as a Medicaid MCO in a state with a Medicaid population equal to or greater than that of Louisiana;
- 2.9.1.8** Have its principal place of business be located inside the continental United States; and
- 2.9.1.9** Have not had a contract terminated, withdrawn in lieu of termination, or not renewed for non-performance or poor performance within the past ten (10) years.

**2.9.2** Conflict of Interests

Neither the Proposer nor any subcontractor 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:

- 2.9.2.1** A signed Proposer’s certification attesting that no interest will conflict in any manner or degree with the performance required under the Contract;
- 2.9.2.2** A signed Proposer’s certification attesting that the Proposer does not have, nor does any of the Proposer’s material subcontractors have, any financial, legal, contractual or other business interest in LDH’s Enrollment Broker or External Quality Review Organization Contractor, or in such vendors’ subcontractors, if any;
- 2.9.2.3** A statement describing any and all of the financial, legal, contractual, and other business interests of the Proposer and any subcontractor, its affiliates, partners, parent(s), subsidiaries, and related organizations, if any, that may affect or impact its performance under the Contract. In cases where such relationships or interests exist or appear to exist, describe how a potential or actual conflict of interest will be avoided or remedied;
- 2.9.2.4** Any other information that may be relevant to the Proposer’s or any material subcontractor’s financial, legal, contractual, or other business interests as they relate to the RFP and Contract; and
- 2.9.2.5** A signed Proposer’s certification attesting that the Proposer agrees to submit any additional information requested by LDH that, in LDH’s judgment, may be relevant

to the Proposer's financial, legal, contractual, or other business interests as they relate to the RFP and Contract.

**2.9.3 Moral or Religious Objections**

The Proposer shall provide:

**2.9.3.1** A statement of attestation that the Proposer has no moral or religious objections to providing any MCO covered services described in the Model Contract, Part 2, *Services*; or

**2.9.3.2** A statement of any moral and religious objections to providing any MCO covered services. The statement must describe, in as much detail as possible, all direct and related services that are objectionable. It must include a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc., and if there are none, it must so state.

**2.9.4 Material Subcontractors**

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

**2.9.4.2** The Proposer must submit a signed Proposer's Certification attesting that the Proposer:

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

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

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

**2.9.5.1** The Proposer shall submit documentation to demonstrate to the satisfaction of LDH that the Proposer's organization (and the Proposer's parent organization and material subcontractors, if any), is in sound financial condition and that any significant financial problems are being addressed with appropriate corrective measures. The documents submitted must include at least the following:

**2.9.5.1.1** Copies of audited financial statements for each of the last three (3) years, including at least a balance sheet, profit and loss statement, or other appropriate documentation, and the auditor's report. The Proposer shall also submit such information with respect to the Proposer's parent organization and any material subcontractors; and

**2.9.5.1.2** A certificate from the taxing authority of the state in which the Proposer has its principal office, attesting that the Proposer is not in default of any obligation under its tax laws.

**2.9.5.2** LDH may determine a Proposer to be non-responsible in accordance with Section 3.5 if the Proposer fails to submit the documents required by this section, or if the documents indicate to LDH, in its reasonable discretion, that the Proposer's, the Proposer's parent organization's, or the Proposer's material subcontractors', if any, financial condition is unsatisfactory.

**2.9.6** Required Forms and Certifications [exempt from business proposal and total page limits]

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

**2.9.6.1** The proposal must include a Proposal Compliance Matrix (Appendix C).

**2.9.6.2** The Proposer must sign and submit an original Certification Statement (Appendix D). The Proposer must be registered as a vendor with the Louisiana Procurement and Contract Network (LaPAC) prior to submitting their proposal, and must include their vendor number on the Certification Statement. Information on registration may be found at <https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2>.

**2.9.6.3** Federal laws require full disclosure of ownership, management, and control of Medicaid MCOs. The Medicaid Ownership and Disclosure Form (Appendix E) must be submitted to LDH with the proposal.

## 2.10 Technical Proposal Requirements

The Proposer should submit all materials, including narratives and attachments, as specified in this section in the order in which the information is requested. LDH assumes no responsibility for knowledge of any material that is not presented in accordance with LDH instructions.

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.

**2.10.1** Executive Summary (not scored) [5 page limit]

The Proposer should provide an executive summary which demonstrates its understanding of LDH's vision for the Contract. The executive summary should describe the Proposer's overall approach to providing access to covered services under the Contract for Louisiana Medicaid enrollees in a manner that will lead to better health, better care, and lower costs.

**2.10.2** Organizational Experience

**2.10.2.1** Proposer Experience [2 page limit]

**2.10.2.1.1** The Proposer should provide a brief summary of the organizational history of the Proposer and 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.

**2.10.2.1.2** It is preferred, though not mandatory, that Proposers meet the following qualifications prior to the deadline for receipt of proposals:

**2.10.2.1.2.1** 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; and

**2.10.2.1.2.2** 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 that of Louisiana.

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

The Proposer should describe its process for identifying its key personnel and describe its management structure and organization. Specifically, the Proposer should provide the following:

**2.10.2.2.1** For each individual appointed to a key personnel role, the individual's name, résumé, key personnel role filled by the individual, and a brief description of the individual's role in the Proposer's governance and operating structure;

**2.10.2.2.2** The following information about the Proposer's operating structure:

**2.10.2.2.2.1** A description of the operating structure's leadership and how this leadership reports to and otherwise interacts with the Proposer's governance structure;

**2.10.2.2.2.2** 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 2.10.2.3 below;

**2.10.2.2.2.3** 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; and

**2.10.2.2.2.4** 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.

**2.10.2.3** Material Subcontractors [exempt from total page limit]

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 Material Subcontractor Response Template (Appendix F), including the executed or draft agreement, for each material subcontractor.

**2.10.2.4** Proposer Reference Contact Information

**2.10.2.4.1** The Proposer shall provide contact information (name, title, phone number and email) for the lead state program manager in each state, including Louisiana, if applicable, with which its organization has had a Medicaid managed care contract for comparable services within the past three (3) years.

**2.10.2.4.2** For each reference, the Proposer should provide a brief description of the types and numbers of individuals served, the Proposer's key responsibilities under the state contract(s), and any compliance actions taken by the state, including but not limited to contract termination, corrective action plan, or monetary penalties.

*Note: LDH is not requesting letters of recommendation. Any letters submitted will not be considered for evaluation purposes.*

**2.10.2.5** NCQA Accreditation [2 page limit; accreditation certificates are exempt from section-specific and total page limits]

**2.10.2.5.1** 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 managed care organization in Louisiana or in another state prior to the deadline for receipt of proposals.

**2.10.2.5.2** 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.

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

**2.10.3.2** The Proposer should identify whether it proposes to offer any of the following six (6) optional value-added benefits to its enrollees.

- Dental benefits for adults, including exams, preventive services, and restorative services, but excluding extractions;
- Evidence-based non-pharmacologic alternatives to opioids for chronic pain management services for adults;
- 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;
- Newborn circumcision benefits;
- Tobacco cessation benefits, not including medications; and/or
- Vision benefits for adults, including annual exam and glasses or contacts.

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.

**2.10.3.3** For each selected value-added benefit, the Proposer should describe:

**2.10.3.3.1** The populations who may receive the benefit;

**2.10.3.3.2** The scope of the benefit, including procedure codes, descriptions where applicable, and how the scope compares to existing Louisiana Medicaid coverage;

**2.10.3.3.3** Any proposed co-payments;

**2.10.3.3.4** 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

**2.10.3.3.5** How the Proposer will provide oversight of the value-added benefits.

**2.10.3.4** For each selected value-added benefit, the proposal should indicate the PMPM actuarial value of benefits assuming an enrollment of 375,000 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.

- 2.10.3.5** 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.

**2.10.4** Population Health [12 page limit; optional CHW pilot response excluded from section-specific and total page limits]

The Proposer should:

- 2.10.4.1** Describe its understanding of, 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:

- 2.10.4.1.1** Identifying baseline health outcome measures and targets for health improvement;

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

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

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

- 2.10.4.1.5** Other considerations the Proposer may seek to present.

- 2.10.4.2** Describe what the Proposer will do to address population health in the first year of the Contract, including milestones and timeframes.

- 2.10.4.3** Describe the Proposer's recent experience with utilizing data regarding social determinants of health (SDOH) to improve 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 priority(ies) named in the Model Contract.

- 2.10.4.4** Describe the Proposer's approach to contracting with community-based organizations and OPH to coordinate population health improvement strategies.

- 2.10.4.5** [OPTIONAL] Respond to the following questions to be considered for piloting a Community Health Worker (CHW) demonstration project as described in the

*Louisiana Demonstration Community Health Worker Program Overview and the Blueprint for a Louisiana Demonstration Community Health Worker Program* documents in the procurement library.

*Note: This is an optional question. Responses will not be evaluated by the evaluation team nor counted toward the proposal score. If the Proposer chooses to respond, it must limit responses to five (5) pages, though responses to this question will not be counted against the Population Health response page limit or total proposal page limit.*

- 2.10.4.5.1** Why is the Proposer interested in this opportunity?
- 2.10.4.5.2** How many CHWs does the Proposer currently employ? In what parts of the state?
- 2.10.4.5.3** What is the Proposer's CHW/member ratio?
- 2.10.4.5.4** What are the main activities in which the Proposer's CHWs are currently engaged?
- 2.10.4.5.5** How are the Proposer's CHWs currently trained? What are the minimum training requirements?
- 2.10.4.5.6** Does the Proposer have a process to ensure that its CHWs are trusted by the communities they serve? If so, please describe.
- 2.10.4.5.7** What data does the Proposer collect to know if its CHW program(s) is (are) working?
- 2.10.4.5.8** How are the Proposer's CHWs or other care management staff integrated with providers?
- 2.10.4.5.9** Who is the contact person for this application?
- 2.10.4.5.10** Who is the lead team member who will oversee implementation?

**2.10.5** Care Management [15 page limit]

- 2.10.5.1** The Proposer should describe its anticipated approach to meeting the care management requirements of this procurement. Specifically, the proposal should include:
  - 2.10.5.1.1** The Proposer's process for ensuring that there is success in completing enrollee health needs assessment (HNA) within the required time periods;
  - 2.10.5.1.2** How the Proposer will utilize predictive modeling, referrals and the HNA process to identify individuals who can potentially benefit from case management;

- 2.10.5.1.3** How the Proposer will engage enrollees who may potentially benefit from case management in the program;
- 2.10.5.1.4** 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; and
- 2.10.5.1.5** How the Proposer will coordinate with providers and state staff that may provide case management support to enrollees so as to not duplicate services.

**2.10.6** Case Scenarios [5 page limit per scenario]

The Proposer should provide its approach to serving Louisiana’s Medicaid managed care enrollees through its response to three 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.

- 2.10.6.1** Case 1: A 38 year old enrollee resides in St. Helena Parish and has multiple health issues including, Hepatitis C, diabetes, hypertension, multiple emergency room (ER) visits for pain, and back problems. She had three recent pregnancies complicated by hypertensive disease of pregnancy. Her doctor suggested surgery for her back but the Proposer is requiring she first attempt a trial of pain management and physical therapy (PT) prior to surgery. There are no PT services available in the enrollee’s area. The enrollee has been receiving pain management through her primary care physician for several years, but the Proposer did not realize that until recently. Describe how the Proposer will manage care to achieve the best outcome for the enrollee.
- 2.10.6.2** Case 2: The Proposer has an enrollee who is 11 years old and presents at the ER. He has post-traumatic stress disorder (PTSD) stemming from early childhood sexual and physical abuse that persisted over several years of his life. He resides with his father and stepmother and has ongoing involvement with OCDD. The youth experiences high rates of anxiety daily. He has nightmares and is reliving events with dissociation. He also has mild features of an Autism Spectrum Disorder but low to normal IQ and good language skills. The youth presents at the ER secondary to symptom escalation, including unrelenting distressing memories, almost continuous attempts to injure himself, which his parents cannot safely manage, and attempts to self-induce vomiting. This is the third presentation to the ER in recent weeks. During a previous ER visit secondary to increased self-injury, evaluators determined a need for psychiatric inpatient hospitalization, but after several days in the ER without the ability to secure an inpatient bed, he was released to home. Approximately forty-eight hours prior to the current ER visit, he was taken to the ER and discharged home. In the context of the escalating crisis for the youth,

both parents, who have psychiatric disorders in remission for some years, are showing worsening of their own mental health conditions. Describe how the Proposer will manage care to achieve the best outcome for the youth.

**2.10.6.3** Case 3: The Proposer has an enrollee who is a 65 year old male with a history of schizoaffective disorder, bi-polar sub-type. He has a history of medication non-compliance, suicide attempts, and multiple psychiatric hospitalizations with the last occurring several months ago. The enrollee has high blood pressure and suffers from chronic pain and weakness due to unspecified neuropathy. Though his chronic pain and subsequent weakness is limiting his ability to ambulate independently, the majority of his functional deficits are due to anxiety in performing tasks and/or not having proficiency in completing tasks independently. The enrollee is currently residing in a nursing home, though a recent evaluation of functioning by the state authority indicates he no longer meets eligibility for this level of care. Additionally, assessments by clinicians affiliated with the Pre-Admission Screening and Resident Review (PASRR) Level II office indicate the nursing home is not the least restrictive setting. He is estranged from his family and was evicted from his apartment during his nursing facility stay but expressed his preference to return to his previous apartment or another apartment. He has a history of frequent emergency department visits prior to his nursing facility stay for both physical health and behavioral health causes. Describe how the Proposer will manage care to transition him into the community and achieve the best health and behavioral health outcomes for the member.

**2.10.7** Provider Network [Attachments only, no narrative; exempt from total page limit]

**2.10.7.1** The Proposer shall provide an electronic list of all providers within its network, by provider type pursuant to the Provider Network Listing Response Template located in the procurement library. Where indicated, the list should include information on the provider's name, location, specialties, languages spoken, whether the provider is accepting new patients and their accessibility for persons with mobility disabilities. Where the Proposer is not currently participating in the Louisiana Medicaid managed care program, the Proposer should also submit the template for its letters of agreement to participate in the Proposer's network under the resultant Contract. The Proposer should include a summary table of its provider network listing with total provider counts by provider type and by parish. The response should be in Excel format.

**2.10.7.2** The Proposer should submit documentation that its provider network meets or exceeds the time, distance and ratio requirements as detailed in Attachment D to the Model Contract using the Provider Network Capacity Response Template located in the procurement library. The response should be in Excel format.

**2.10.8** Network Management [15 page limit]

The Proposer should demonstrate how it will ensure timely access to culturally competent primary and specialty care services, necessary to promote LDH's goals. Specifically, the proposal should include:

- 2.10.8.1** Identification of network gaps (time/distance standards, after-hours clinic availability, closed panels, etc.);
- 2.10.8.2** Strategies that will be deployed to increase provider capacity and meet the needs of enrollees where network gaps have been identified;
- 2.10.8.3** Strategies (including a description of data sources utilized) for monitoring compliance with the provider network standards in Attachment D to the Model Contract for the following provider types and supporting enrollees and providers in the scheduling of appointments:
  - 2.10.8.3.1** Cardiologists (pediatric and adult);
  - 2.10.8.3.2** Dermatologists;
  - 2.10.8.3.3** Endocrinologists;
  - 2.10.8.3.4** Licensed mental health specialists (pediatric and adult).
  - 2.10.8.3.5** Neurologists (pediatric and adult);
  - 2.10.8.3.6** Obstetricians/gynecologists (adult);
  - 2.10.8.3.7** Orthopedists (pediatric);
  - 2.10.8.3.8** Primary care providers (pediatric and adults);
  - 2.10.8.3.9** Psychiatrists (pediatric and adult); and
  - 2.10.8.3.10** Pulmonologists (pediatric and adult).
- 2.10.8.4** Strategies for recruitment and retention efforts planned for each provider type, including quality and/or performance metrics that will be used to determine provider's success in making progress towards LDH goals for access and quality performance;
- 2.10.8.5** Strategies to ensure that its provider network is able to meet the multi-lingual, multi-cultural and disability needs of its enrollees; and
- 2.10.8.6** Details regarding planned protocol for terminating network providers for no cause, including how to minimize negative impact on enrollees.

**2.10.9** Provider Support [10 page limit]

**2.10.9.1** The Proposer should offer support to providers in a number of ways under the Contract to ensure that providers receive timely payment and appropriate support over the course of the Contract. In its response, the Proposer should describe its processes 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:

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

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

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

**2.10.9.1.4** The processes that the Proposer will put in place for evaluating and resolving provider disputes in a timely manner, including disputes specific to the automatic assignment policy and the assignment of an individual enrollee.

**2.10.9.2** The Proposer should describe how it will support the provider to improve quality and reduce costs through delivery system and payment reform strategies. Specifically, the Proposer should describe:

**2.10.9.2.1** Strategies to support primary care providers, including but not limited to investments in primary care infrastructure and practice coaching to support delivery system reform;

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

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

**2.10.9.3** The Proposer should describe in detail its provider engagement model. Specifically, the Proposer should include the following elements in its description:

**2.10.9.3.1** The Proposer's staff that play a role in provider engagement;

**2.10.9.3.2** The presence of local provider field representatives and their role;

**2.10.9.3.3** The mechanism to track interactions with providers (electronic, physical and telephonic);

- 2.10.9.3.4** How the Proposer collects and analyzes utilization data and provider feedback, including complaints received, to identify specific training needs;
  - 2.10.9.3.5** The metrics used to measure the overall satisfaction of network providers; and
  - 2.10.9.3.6** The approach and frequency of provider training on MCO and Louisiana Medicaid managed care program requirements.
- 2.10.9.4** The Proposer should provide the results of any provider satisfaction survey reflecting its performance in Louisiana or any other state Medicaid program over the last three (3) years. Where results identified provider dissatisfaction, the Proposer should describe how it has worked to address provider complaints and monitored whether there has been improvement in provider satisfaction based on the intervention.

**2.10.10 Utilization Management [15 page limit]**

- 2.10.10.1** The Proposer should describe how it will satisfy the requirements for authorization of services set forth in the 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.
- 2.10.10.2** The Proposer should describe how it will satisfy the requirements for utilization management set forth in the Contract. Such description should include:
  - 2.10.10.2.1** 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;
  - 2.10.10.2.2** The Proposer's process for monitoring and addressing high emergency room utilization;
  - 2.10.10.2.3** The Proposer's process for pre-admission screening and concurrent reviews;
  - 2.10.10.2.4** How the Proposer complies with mental health parity requirements; and
  - 2.10.10.2.5** How the Proposer identifies and mitigates over-utilization, including any targeted categories.
- 2.10.10.3** The Proposer should describe its historical experience with utilization management of comparable populations. Such description should include:
  - 2.10.10.3.1** Challenges identified with high utilization and increasing medical trends;
  - 2.10.10.3.2** Initiatives undertaken to manage high utilization;

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

**2.10.11** Quality [20 page limit; NCQA rating attachment is exempt from section-specific page limit]

**2.10.11.1** 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 G to the Model Contract.

**2.10.11.2** The Proposer’s approach should also include:

- 2.10.11.2.1** A description of the Proposer’s assessment (using available data sources) of utilization rates and the potential for improvement;
- 2.10.11.2.2** 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
- 2.10.11.2.3** A description of evidence-based interventions and strategies that will be used to target super-utilizers and reduce potentially preventable events.

**2.10.11.3** 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:

- 2.10.11.3.1** 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;
- 2.10.11.3.2** Identifying underlying reasons for variations in the provision of care to enrollees; and
- 2.10.11.3.3** Implementing improvement strategies related to analytical findings pursuant to the two (2) functions described above.

**2.10.11.4** 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:

- 2.10.11.4.1** The Proposer’s current QM/QI organizational plan description, goals, quality committees, and schedule of QM activities;
  - 2.10.11.4.2** 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;
  - 2.10.11.4.3** 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;
  - 2.10.11.4.4** The Proposer should provide an example of a recent successful quality improvement activity; and
  - 2.10.11.4.5** 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.
- 2.10.11.5** 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:
- 2.10.11.5.1** The proposed process for developing and disseminating clinical practice guidelines to participating providers and enrollees;
  - 2.10.11.5.2** How scientific evidence and the opinions of in-network and out-of-network experts and providers will be incorporated into such guidelines;
  - 2.10.11.5.3** 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
  - 2.10.11.5.4** The ongoing evaluation process for updating and revising the Proposer’s clinical practice guidelines to ensure consistency with medical practice standards.
- 2.10.11.6** The Proposer should submit, as an attachment using the Quality Response Template provided in the procurement library, its NCQA Health Insurance Plan Ratings (2018-2019) for all of the Proposer’s Medicaid managed care contracts with full NCQA accreditation. If the Proposer has interim accreditation for Louisiana, it should include the Louisiana Medicaid experience.
- 2.10.12** Value-Based Payment [15 page limit]

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

- 2.10.12.1** 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 2020 as described in Part 2, *Value Based Payment* of the Model Contract, and the impact of the models on potential incentive earnings by providers;
  - 2.10.12.2** 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);
  - 2.10.12.3** 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
  - 2.10.12.4** 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.
- 2.10.13** Claims Management and Systems and Technical Requirements [10 page limit; data flows and charts are excluded from section-specific page limit]
- 2.10.13.1** The Proposer should demonstrate its understanding of the Louisiana Medicaid program, applicable state administrative rules, and statutes and describe in detail how it will apply this understanding in customizing a Louisiana-specific system for adjudicating claims.
  - 2.10.13.2** 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:
    - 2.10.13.2.1** 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;
    - 2.10.13.2.2** Hardware and system architecture specifications for all systems that would be used to support the Contract (including enrollment, claims processing, customer service systems, utilization management/service authorization, care management/care coordination, and financial systems);

- 2.10.13.2.3** All proposed functions and data interfaces;
  - 2.10.13.2.4** Data and process flows for all key business processes; and
  - 2.10.13.2.5** Proposed resources dedicated to Medicaid Management Information System (MMIS) exchanges.
- 2.10.13.3** The Proposer should attest to the availability of the data elements required to produce required management reports;
- 2.10.13.4** 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:
- 2.10.13.4.1** Enrollment;
  - 2.10.13.4.2** Claims processing;
  - 2.10.13.4.3** Utilization Management/service authorization; or
  - 2.10.13.4.4** Care Management/disease management.
- 2.10.13.5** The Proposer should describe the capacity of the Proposer’s Information Technology (IT) system to interface with LDH’s system and that of its network providers and material subcontractors.
- 2.10.14** Program Integrity [10 page limit]
- 2.10.14.1** 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:
- 2.10.14.1.1** 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;
  - 2.10.14.1.2** How the Proposer engages enrollees in preventing fraud, waste and abuse;
  - 2.10.14.1.3** The data analytic algorithms that the Proposer will use for purposes of fraud prevention and detection;
  - 2.10.14.1.4** Methods the Proposer will use to identify high-risk claims and its definition of “high-risk claims”; and



**2.10.15.3.3** The anticipated dollar value of the subcontract for the three-year contract term.

**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.

**2.10.15.4** 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 other subcontractor(s).

**2.10.15.5** For additional information, see Appendix F, *Veteran and Hudson Initiatives*.

## PART 3: EVALUATION AND SELECTION

### 3.1 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.

### 3.2 Evaluation Team

The evaluation of proposals will be accomplished by an Evaluation Team, to be designated by LDH. Proposals that pass the preliminary screening and mandatory requirements review will be evaluated based on information provided in the proposal. The evaluation team will also consider information received from the proposer's on-site presentation, if held.

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 or review of technical requirements.

### 3.3 Evaluation Criteria and Assigned Points

**3.3.1** LDH will determine the proposal most advantageous to the State, taking into consideration the evaluation factors set forth in this RFP. Proposers must demonstrate an understanding of all technical requirements as specified in the RFP. Proposers also must demonstrate that they have the capacity, capability, and relevant experience and expertise to perform the requirements specified in this RFP.

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

Evaluation Components	Possible Points
Business Proposal	Included/Not Included Pass/Fail
Technical Proposal	
Proposer Organization & Experience	120
Enrollee Value-Added Benefits	60
Population Health	90
Care Management	90
Case Scenarios	90
Provider Network	150
Network Management	70
Provider Support	70
Utilization Management	80
Quality	200
Value-Based Payment	100

Claims Management and Systems and Technical Requirements	100
Program Integrity	100
Veteran/Hudson Initiative (12%)	180
<b>Total Possible Points</b>	<b>1,500</b>

- 3.3.3** The Evaluation Team will evaluate each element of the Proposer’s programmatic response for comprehensiveness, appropriateness, feasibility, clarity, effectiveness, innovation, and responsiveness to the needs of LDH. In addition, LDH may consider any relevant information about the Proposer known to LDH, including any non-compliance actions.
- 3.3.4** Proposals containing assumptions, lack of sufficient detail, poor organization, lack of proofreading and unnecessary use of self-promotional claims will be evaluated accordingly.
- 3.3.5** Proposer must receive a minimum score of six hundred sixty (660) points, fifty percent (50%) of the total available points in the technical categories of Proposer Organization & Experience, Enrollee Value-Added Benefits, Population Health, Care Management, Case Scenarios, Provider Network, Network Management, Provider Support, Utilization Management, Quality, Value-Based Payment, Claims Management and Systems and Technical Requirements, and Program Integrity 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.
- 3.3.6** 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.

### 3.4 Error 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.

### 3.5 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.2536. The State must find that the selected Proposer:

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

The Proposer must ensure that its proposal contains sufficient information for LDH to make its determination by presenting acceptable evidence of the above to perform the contracted services.

### 3.6 Presentations

- 3.6.1** LDH, at its sole discretion, may require all Proposers reasonably susceptible of being selected for the award to provide an in-person, on-site presentation to demonstrate how they propose to meet the Department's program objectives.
- 3.6.2** The cost of the demonstration shall be borne by the Proposer.
- 3.6.3** Commitments made by the Proposer at the presentation, if any, will be considered binding.
- 3.6.4** The purpose of the presentation is to give the Proposer an opportunity to demonstrate and explain proposal content as described in their written response to the Scope of Work.
- 3.6.5** Proposers may not alter their response to the RFP.
- 3.6.6** Presentations will allow the Proposer to demonstrate their unique capability to provide the services as requested in the RFP and summarize major strengths. Proposers must demonstrate flexibility and adaptability to handle both anticipated and unanticipated changes.
- 3.6.7** Proposers invited for on-site presentations will be notified of the agenda and presentation elements.
- 3.6.8** LDH requires the Proposer's proposed key personnel to be in attendance and present at the on-site presentation.
- 3.6.9** LDH reserves the right to adjust the original scores based upon information received in the presentation, using the original evaluation criteria.

### 3.7 Best and Final Offers

- 3.7.1** LDH reserves the right to conduct a Best and Final Offer (BAFO) with one or more Proposers identified by the Evaluation Team 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 LDH 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.

### 3.8 Proposal Rejection/RFP Cancellation

- 3.8.1** Issuance of this RFP shall not constitute a commitment by the State to award a contract. The State shall reserve the right to accept or reject, in whole or part, all proposals submitted and/or cancel this RFP if it is determined to be in the State's best interest.

- 3.8.2** LDH reserves the right to deem a Proposer’s proposal non-responsive at any time during the evaluation process if the Proposer:
- 3.8.2.1** Fails to demonstrate to LDH’s satisfaction that it meets the mandatory Proposer qualifications set forth in Section 2.9.1;
  - 3.8.2.2** Fails to demonstrate to LDH’s satisfaction that it meets all other RFP requirements;
  - 3.8.2.3** Fails to satisfy mandatory response submission instructions, to submit a response organized in accordance with all instructions, or to submit a response that is complete;
  - 3.8.2.4** Receives a rating of “non-responsive” (i.e., did not address a requirement) in the evaluation of one (1) or more sections of the Proposer’s technical proposal;
  - 3.8.2.5** Has any interest that may, in LDH’s sole discretion, conflict with performance of services for LDH or is anti-competitive;
  - 3.8.2.6** Fails to demonstrate to LDH’s satisfaction that it and all material subcontractors are in sound financial condition;
  - 3.8.2.7** Fails to accept LDH capitation rates;
  - 3.8.2.8** Rejects or qualifies its agreement to any of the mandatory provisions of the RFP; or
  - 3.8.2.9** Fails to reach an agreement with LDH on all Contract terms, including, but not limited to, payment provisions.

### 3.9 Contract Award and Execution

- 3.9.1** The State reserves the right to enter into a contract based on the initial offers received without further discussion of the proposals submitted.
- 3.9.2** The contract between LDH and the selected Proposer shall be comprised of the standard LDH CF-1 contract form (Appendix A), including the Model Contract (Appendix B), attachments and exhibits, this RFP and its amendments and addenda, and the Contractor’s proposal.
- 3.9.3** The selected Proposer shall be expected to enter into a contract that is substantially the same as the 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 organization wishes to negotiate. Negotiations may coincide with the announcement of the selected Proposer.
- 3.9.4** If the contract negotiation period exceeds twenty (20) calendar days, or if the selected Proposer fails 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.

### 3.10 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). LDH intends to make up to four (4) 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 La. R.S. 44.3.2), selection memorandum, list of criteria used with the weight assigned each criteria, 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 State Chief Procurement Officer within fourteen (14) calendar days after the award has been announced.

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

### 3.11 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.

### 3.12 Taxes

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

**3.12.2** In accordance with La. 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 this contract by the Office of State Procurement. The prospective contractor shall attest to its current and/or prospective compliance by signing the Certification Statement submitted with its proposal, and also agrees to provide its seven-digit LDR Account Number to the contracting agency so that the prospective contractor'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 this contract by the Office of State Procurement. The contracting agency reserves the right to withdraw its consent to this 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.

### 3.13 Code of Ethics

Proposers shall be responsible for determining that there will be no conflict or violation of the Louisiana Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics shall be the only entity which 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 the proposer.

## **PART 4: SCOPE OF WORK**

### **4.1 MCO Project Overview**

**4.1.1** MCOs will be responsible for providing specified Medicaid covered services included in the Louisiana Medicaid State Plan to Medicaid enrollees in return for a monthly capitation payment.

**4.1.2** During the course of the contract, LDH reserves the right to:

**4.1.2.1** Add, delete or otherwise change enrollee populations and services that must be covered;

**4.1.2.2** 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;

**4.1.2.3** 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;

**4.1.2.4** Develop an implementation strategy for providing services to enrollees; and

**4.1.2.5** 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.

**4.1.3** Management services include but are not limited to:

**4.1.3.1** Administration and Contract Management

**4.1.3.2** Care Management

**4.1.3.3** Provider Monitoring

**4.1.3.4** Utilization Management

**4.1.3.5** Claims Management

**4.1.3.6** Enrollee and Provider Services

**4.1.3.7** Quality Management and Improvement

**4.1.3.8** Fraud and Abuse Monitoring and Compliance

### **4.2 General MCO Requirements**

**4.2.1** 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 Disclosure Form 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 subcontractors.

- 4.2.2** 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.
- 4.2.3** The MCO's administrative office shall maintain, at a minimum, business hours of 8:00 a.m. to 5:00 p.m. Central Time Monday through Friday, excluding recognized Louisiana state holidays and shall be operational on all LDH regularly scheduled business days.
- 4.2.4** 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.
- 4.2.5** 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.
- 4.2.6** 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 a member based on whether or not the member has executed an advance directive.
- 4.2.7** 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.
- 4.2.8** CMS must approve the MCO Contract, including capitation rates. If CMS does not approve the Contract, the Contract will be considered null and void.

### 4.3 Scope of Work

See Model Contract, incorporated herein in its entirety, Part 2: *Contractor Responsibilities* for the detailed Scope of Work.

## **PART 5: PERFORMANCE STANDARDS**

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

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

### **5.2 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.