**Iowa Department of Human Services – RFP# MED-23-005**

IA Health Link

Attachment J – Technical Proposal Response Guide

Required Content of Proposals

**INTRODUCTION**

This document provides questions and prompts for the Bidder to address their planned approach to meeting the requirements described in Attachment F, Section 4: Program-Specific Statements. References to “you,” “the Bidder,” “Bidders,” etc. all refer to the organization that is submitting a proposal in response to this RFP.

Exhibits or attachments should be clearly labeled for ease of reference and provided as separate documents. Your response to RFP Section 3.2.3 Information to Include Behind Tab 3: Bidder’s Approach to Meeting Deliverables, including your response to this guide, should be limited to 1,000 pages. Please see RFP Section 3.1 Bid Proposal Formatting for more information.

Throughout your response, please demonstrate why you are well suited for Iowa Medicaid services, Members, and Providers.

**SECTION A – GENERAL**

Please explain how you propose to execute Section A in its entirety and describe all relevant experience. As part of your response, please address the following items.

## A.02 Licensure & Accreditation

1. Indicate if you are currently licensed as an HMO in the State of Iowa. If you are not currently licensed, describe your plan to achieve licensure.
2. Indicate whether you are currently accredited by the NCQA for line of business in the State of Iowa. If you are not currently accredited, describe your plan to achieve accreditation.
3. Indicate whether you are currently a qualified health plan (QHP) issuer certified by the Iowa Healthcare Exchange.

A.03 Organizational Structures

1. Describe your proposed organizational structure and indicate which operational functions will be conducted in Iowa and which functions will be conducted out-of-state.
2. Describe how your administrative structure and practices will support the integration of the delivery of physical health, behavioral health, and LTSS.

## A.04 Staffing Requirements – A.13 Staff Training and Qualifications

1. Describe in detail your staffing plan and the staffing levels you commit to maintaining.
2. Confirm that a final staffing plan, including a resume for each Key Personnel member, will be delivered on or before the tenth day following execution of the Contract
3. Describe your back up personnel plan, including a discussion of the staffing contingency plan for:
   1. The process for replacement of personnel in the event of a loss of Key Personnel or others.
   2. Allocation of additional resources in the event of an inability to meet a performance standard.
   3. The method of bringing replacement or additions up to date regarding the Contract.
4. Describe which staff will be located in Iowa, and where other staff will be located.
5. Describe how out-of-state staff will be supervised to ensure compliance with Contract requirements and maintain a full understanding of Iowa operations and requirements.
6. Indicate the proposed location of the Iowa office from which key staff members will perform their duties and responsibilities.
7. Describe how you will ensure that all staff are knowledgeable in Iowa-specific policies and operations.
8. Describe your staff training plans (including subcontractors’ staff) and ongoing policies and procedures for training all staff.

## A.17 Coordination with Other State Agencies and Program Contractors

1. Indicate whether you plan to participate in Iowa’s individual health insurance market in a manner that is consistent with State and federal laws and regulations. If you plan to participate, please provide explicit detail about your intent to participate including when you would begin participation, whether you intend to provide statewide coverage, and whether you intend to participate for the duration of your contract with the Agency.

## A.21 Participation in Readiness Reviews

1. Submit a draft implementation plan which identifies the elements for implementing the proposed services, including but not limited to:
   1. Tasks;
   2. Staff responsibilities;
   3. Timelines; and
   4. Processes that will be used to ensure contracted services begin upon the Contract effective date.
2. Confirm that you will revise the implementation plan and keep it updated throughout the readiness review process.

## A.26 Material Change to Operations

1. Describe how you will inform the Agency in advance of any material changes, and how far in advance the Agency will be informed.

**SECTION B – Enrollment AND DISENROLLMENT**

Please explain how you propose to execute Section B in its entirety and describe all relevant experience.

**SECTION C – BENEFICIARY NOTIFICATION**

Please explain how you propose to execute Section C in its entirety and describe all relevant experience. As part of your response, please address the following items.

## C.11 Value-Added Services

1. For any proposed value-added service or program, please clearly list:

* Where you have implemented equivalent programs, in Iowa or elsewhere;
* The number and type of individuals impacted, as applicable, and;
* The measurable outcomes achieved.

**SECTION D – PAYMENT**

Please explain how you propose to execute Section D in its entirety and describe all relevant experience.

**SECTION E – PROVIDERS AND PROVIDER NETWORK**

Please explain how you propose to execute Section E in its entirety and describe all relevant experience. As part of your response, please address the following items.

## E.1 Network Adequacy

1. Outline how you will establish written agreements with all Network Providers in accordance with Section E.1.06 Provider Agreements.
2. Describe how you will administer and fund the State's Health Home services in accordance with Section E.1.13 Health Homes
3. Explain you understanding of, and how you will adhere to, the requirements listed in E.1.29 Provider Credentialing Performance Metric.

## E.3.03 Credentialing Policies and Procedures

1. Describe your experience (if any) with the utilization of a centralized provider enrollment and credentialling system.

**SECTION F – Coverage (not including f.12)**

Please explain how you propose to execute Section F (not including F.12) in its entirety and describe all relevant experience. As part of your response, please address the following items.

## F.8.12 Client Participation

1. Describe how you will ensure that Client Participation is correctly applied.

## F.11 Outpatient Prescription Drugs

a) Describe how you will ensure that the State preferred drug list (PDL), prior authorization (PA), utilization edits, and reimbursement will be applied appropriately.

**SECTION F.12 – LONG-TERM SERVICES AND SUPPORTS (LTSS)**

Please explain how you propose to execute Section F.12 in its entirety and describe all relevant experience. As part of your response, please address the following items and provide any relevant data regarding member or provider satisfaction with MLTSS programs you operate in other states.

F.12 Long-Term Services and Supports (LTSS)

1. Explain how you will ensure that individuals are served in the community of their choice and that funding decisions take into account member choice and community-based resources.
2. Outline your proposed Enrolled Member and stakeholder education and engagement strategy per Section F.12.03 LTSS Member Stakeholder Engagement.

## F.12B 1915(c) and 1915(i) Home and Community-Based Services

1. Explain how you will meet the requirements outlined in the 1915(c) and 1915(i) waivers.
2. Explain how you will administer assessments as identified in this section. Include mechanisms to ensure assessors are properly trained and ongoing quality assurance is established to ensure consistency in assessment delivery.

F.12C Community Based Case Management

1. Explain how you will monitor case manager to member caseloads to ensure capacity for quality case management is not diminished.
2. Explain how you will ensure that community based case management requirements will be met to ensure active engagement and avoid preventable hospitalization, use of the emergency department, and facility placement.

**SECTION G – QUALITY, Care Coordination, AND UTILIZATION MANAGEMENT**

Please explain how you propose to execute Section G in its entirety and describe all relevant experience. As part of your response, please address the following items.

## G.2.21 Care Coordination Program

1. Describe proposed strategies to ensure the integration of LTSS care coordination and Contractor-developed care coordination strategies.

## G.2.45 Dual Eligible Special Needs Plan Coordination

1. Describe your proposed strategies to improve service delivery and benefits through coordination with contracted D-SNPs.
2. If you currently operate a D-SNP program in Iowa, please list membership by county.
3. If you propose to operate a D-SNP program in Iowa in the future, please describe the timeframe and counties you commit to serve.

**SECTION H – GriEVANCES AND APPEALS**

Please explain how you propose to execute Section H in its entirety and describe all relevant experience.

**SECTION I – Program Integrity**

Please explain how you propose to execute Section I in its entirety and describe all relevant experience.

**Section J – General Terms and Conditions**

Please explain how you propose to execute Section J in its entirety and describe all relevant experience. As part of your response, please address the following items.

## J.3 Subcontracts

1. Summarize your proposed subcontracts, including any with parent companies, and key work to be delegated under the subcontracted relationship.
2. Indicate if any of the subcontracts are expected to be worth at least five percent (5%) of capitation payments under this contract.
3. Describe the metrics used to evaluate prospective subcontractors’ abilities to perform delegated activities prior to delegation.

J.7.07 Reinsurance

1. Describe how you will comply with the requirements for reinsurance. Will you obtain contracts of reinsurance or submit a plan of self-insurance?

**SECTION K – HEALTH Information SYSTEMS AND ENROLLEE DATA**

Please explain how you propose to execute Section K in its entirety and describe all relevant experience. As part of your response, please address the following items.

## K.29 Electronic Visit Verification System

1. Describe the Electronic Visit Verification (EVV) systems you have experience utilizing, and the system you propose to implement.
2. Describe how you will participate in EVV planning activities and confirm that you will use the Contractor-proposed, Agency-approved EVV system within the Agency determined timeframe.

## K.41 Claims Processing

1. Explain how you will meet all of the requirements in this section in addition to ensuring that claims are reimbursed accurately according to provider contracted rates as well as applicable State and federal policy.
2. Describe how you will be able to work with the State and other health plans on standardization, where possible, of billing procedures and system edits, including relevant past experience in other states as applicable.

K.42 Encounter Claim Submission – K.45 Encounter Claims Policies

1. Explain your process to build encounter data files that comport with the data file layout determined by the state.
2. Describe how you will work internally to identify encounter data abnormalities or quality issues prior and subsequent to submission to the state.
3. Explain how you will ensure that encounter data quality and timeliness issues are addressed within the designated timeframes.

**SECTION M – Termination**

Please explain how you propose to execute Section M in its entirety and describe all relevant experience.

**SECTION N – Reporting**

Please explain how you propose to execute Section N in its entirety and describe all relevant experience. As part of your response, please address the following items.

1. Description of how you propose to work with the Agency to ensure quality data is received in a timely fashion.
2. Describe your approach to data quality assurance.
3. Describe your ability to adjust to dynamic and ad hoc data and reporting requests as may be required by the Agency.