**Iowa Department of Human Services – MED-18-029**

IA Health Link

Attachment K – Technical Proposal Response Form

Required Content of Proposals

**Bid Proposal Due Date:** January 5, 2018

INTRODUCTION

This document provides questions and prompts for the Bidder to address their planned approach to the Scope of Work. 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 Bid Proposal, including your response to this form, should be limited to 200 pages (note financial information, resumes, and RFP Forms will not count toward this page limit). 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, as well as your ability to start-up services quickly.

SECTION 2 – GENERAL AND Administrative Requirements

Please explain how you propose to execute Section 2 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

## 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.
4. Indicate whether you plan to participate in Iowa’s individual health insurance market starting calendar year 2019 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 whether you intend to provide statewide coverage and intend to participate for the duration of your contract with the Agency.

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

2.8 Organizational Structure

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.

2.9 Staffing

1. Describe in detail your staffing plan and expected staffing levels.
2. Confirm that a final staffing plan, including a resume for each Key Personnel member, will be delivered within ten (10) calendar days after notice of award.
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 how Iowa-based staff shall maintain a full understanding of the operations conducted out-of-state.
6. Indicate the 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 is 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.

2.11 Coordination with Other State Agencies and Program Contractors

2.14 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.

2.20 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 3 – Scope and Covered Benefits

Please explain how you propose to execute Section 3 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

3.2.2 Benefit Packages

3.2.4 Integrated Care

* + 1. Emergency Services
		2. Pharmacy Services
		3. EPSDT Services

3.2.8 Behavioral Health Services

* + 1. Health Homes

3.2.11 1915(i) Habilitation Services and 1915(c) Children’s Mental Health (CMH) Services

3.2.13 Iowa Health and Wellness Plan Benefits

* + 1. Value-Added Services
	1. Continuity of Care
	2. Coordination with Medicare

SECTION 4 – LONG TERM SERVICES AND SUPPORTS

Please explain how you propose to execute Section 4 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience. Provide any relevant data regarding member or provider satisfaction with MLTSS programs you operate in other states.

4.1 General

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.

4.2 Level of Care and Support Assessments

1. Explain how you will administer Core Standardized 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.

4.3 Community-Based Case Management Requirements

1. Explain how you will monitor case manager to member caseloads to ensure capacity for quality case management is not exceeded.
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.

4.3.12 Nursing Facilities and ICF/IDs

4.4 1915(c) HCBS Waivers

1. Explain how you will meet requirements outlined in the 1915c waivers.

SECTION 5 – Billing and Collections

Please explain how you propose to execute Section 5 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

5.2 Healthy Behaviors Program.

5.3 Copayments

5.4 Patient Liability

SECTION 6 – PROVIDER NETWORK REQUIREMENTS

Please explain how you propose to execute Section 6 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

6.1 General Provisions

* + 1. Provider Agreements

6.1.3 Provider Credentialing

* + 1. Cultural Competence
		2. Provider-Patient Communications
		3. Provider Relations and Communications
	1. Network Development and Adequacy

SECTION 7 – Enrollment

Please explain how you propose to execute Section 7 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

7.4 Member Disenrollment

7.5 Indian Medicaid Managed Care

SECTION 8 – MEMBER SERVICES

Please explain how you propose to execute Section 8 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

8.1 Marketing

8.2 Member Communications

8.3 Member Services Helpline

8.4 Nurse Call Line

8.5 Electronic Communications

8.6 Member Website

8.7 Health Education and Initiatives

8.8 Cost and Quality Information

8.11 Redetermination Assistance

8.12 Member Stakeholder Engagement

8.13 Stakeholder Education

8.14 Implementation Support

SECTION 9 – Care Coordination

Please explain how you propose to execute Section 9 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

9.1 General Obligations Applicable to Care Coordination

1. Describe proposed strategies to ensure the integration of LTSS care coordination and Contractor-developed care coordination strategies as described in Section 9.

9.3.1 Initial Screening

9.3.2 Comprehensive Health Risk Assessment

9.3.3 Care Coordination

9.3.4 Risk Stratification

9.3.5 Member Identification

9.3.6 Care Plan Development

9.3.7 Tracking and Reporting

9.3.8 Monitoring

9.3.9 Reassessments

SECTION 10 – Quality Management and Improvement Strategies

Please explain how you propose to execute Section 10 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

* 1. Incentive Programs
	2. Critical Incidents

SECTION 11 – Utilization Management

Please explain how you propose to execute Section 11 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

* 1. Utilization Management Program

11.2 Coverage and Authorization of Services

SECTION 12 – Program Integrity

Please explain how you propose to execute Section 12 in its entirety and describe all relevant experience.

SECTION 13 – Information Technology

Please explain how you propose to execute Section 13 in its entirety, including but not limited to the specific sections highlighted below, and describe all relevant experience.

13.1 Information Services & System

13.1.12 Electronic Visit Verification

1. To ensure consistency of delivery among contractors, please confirm that you will use HealthStar's Electronic Visit Verification (EVV) solution starting 1/1/19.

13.2 Contingency and Continuity Plan

* 1. Data Exchange

13.4 Claims Processing

13.5 Encounter Claims Submission

13.6 Third Party Liability (TPL) Processing

13.7 Health Information Technology

SECTION 14 – Performance Targets and Reporting Requirements

Please explain how you propose to execute Section 12 in its entirety and describe all relevant experience, including but not limited to:

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

SECTION 15 – Termination

Please explain how you propose to execute Section 15 in its entirety and describe all relevant experience.