

RFP MEDIOMC27001

Iowa Dental Wellness Plan and Hawki Dental Pre-Paid Ambulatory Health Plan (PAHP)

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 2: 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 700 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

- a) 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.
- b) 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.

A.03 Organizational Structures

- a) Describe your proposed organizational structure and indicate which operational functions will be conducted in Iowa and which functions will be conducted out-of-state.
- b) Describe how your administrative structure and practices will support the integrated delivery of dental services.

A.04 Staffing Requirements – A.14 Staff Training and Qualifications

- a) Describe in detail your staffing plan and the staffing levels you commit to maintaining.
- b) 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
- c) Describe your back up personnel plan, including a discussion of the staffing contingency plan for:

- i. The process for replacement of personnel in the event of a loss of Key Personnel or others.
 - ii. Allocation of additional resources in the event of an inability to meet a performance standard.
 - iii. The method of bringing replacement or additions up to date regarding the Contract.
- d) Describe which staff will be located in Iowa, and where other staff will be located.
- i. 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.
 - ii. Indicate the proposed location of the Iowa office from which key staff members will perform their duties and responsibilities.
- e) Describe how you will ensure that all staff are knowledgeable in Iowa-specific policies and operations.
- f) 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

- a) Outline how you propose to coordinate with:
- o Other Program Contractors
 - o State agencies, including but not limited to, the Wellness and Preventive Services Bureau and their Title V contractors, I-Smile
 - o Other relevant third parties.

Describe how you will collaborate with the Iowa Health Link Managed Care Organizations (MCOs) to support the Enrolled Member's overall health.

A.21 Participation in Readiness Reviews

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

A.26 Material Change to Operations

- a) 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

- a) 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

- a) Outline how you will establish written agreements with all Network Providers in accordance with Section E.1.06 Provider Agreements.
- b) Explain your understanding of, and how you will adhere to, the requirements listed in E.1.29 Provider Credentialing Performance Metric.
- c) Describe how you will adhere to all requirements set forth in Special Contract Exhibit C.

SECTION F – Coverage

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

F.1 Emergency and Post-Stabilization Services

- a) Describe how you will ensure members and providers are aware of emergency dental services, including the ability for a member to utilize an out-of-network provider when necessary.

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.

G.2 Care Coordination

- a) Describe how you will coordinate care for members, including how you will connect members with referrals found during outreach and via the Initial Oral Health Risk Screening
- b) Explain what community partners you plan to engage with and how you plan to provide referrals that address member's social determinant of health needs, focusing on enabling the member to access services (e.g., warm hand-offs to referral sources, streamlined internal referrals).
- c) Describe how you will identify members who are not accessing their benefits to ensure members are aware of their dental benefit and have access to a dental provider in their area.
- d) Describe how you will track and monitor your care coordination program.

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

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

J.4 Third Party Liability Activities

- a) Outline how you will meet the TPL requirements listed in the RFP, including, but not limited to, how TPL will be identified and cost avoidance measures will be conducted.

J.7.07 Reinsurance

- a) 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.41 Claims Processing

- a) 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.
- b) Describe how you will be able to work with the State and other Program Contractors on standardization, where possible, of billing procedures and system edits, including relevant past experience as applicable.

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

- a) Explain your process to build encounter data files that comport with the data file layout determined by the State.
- b) Describe how you will work internally to identify encounter data abnormalities or quality issues prior and subsequent to submission to the State.
- c) 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.

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