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Angela Marshall Angela Marshall

RFP# 305PUR-DHHRFP-DENTAL-PAHP-MVA

Addendum #4
CHANGES TO ATTACHMENT VI
DBP PROPOSAL EVALUATION POINTS SUMMARY
Department of Health and Hospitals
Bureau of Health Services Financing
Dental Benefit Management Program

ORIGINAL

DELTA DENTAL

DBP PROPOSAL EVALUATION POINTS SUMMARY **ATTACHMENT VI**

PART I – MANDATORY

Section	Category	Total Possible Points
A	Mandatory Requirements	Pass/Fail

PART II – TECHANICAL - Total Possible Points – 1250

Section	Category	Total Possible Points
B	Qualifications and Experience	155
C	Planned Approach to Project	75
D	Member Enrollment	20
E	Service Coordination	75
F	Provider Network	100
G	Utilization Management	100
H	EPSDT	40
I	Quality Management	100
J	Member Materials	15
K	Member/Provider Service	100
L	Emergency Management Plan	20
M	Grievance and Appeals	25
N	Fraud and Abuse	25
O	Third Party Liability	25
P	Claims Management	125
Q	Information Systems	125
S	Veteran or Hudson Initiative	125
	Total	1250

LOUISIANA BAYOU HEALTH PROGRAM DBP PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA	
PROPOSER NAME	

THE PROPOSER MUST COMPLETE THIS FORM AND SUBMIT WITH THEIR PROPOSAL.

PART ONE: MANDATORY REQUIREMENTS

The Proposer shall address ALL Mandatory Requirements section items and should provide, in sequence, the information and documentation as required (referenced with the associated item references).

The DHH Division of Contracts and Procurement Support will review all general mandatory requirements.

The DHH Division of Contracts and Procurement Support will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with included or not included.

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said Contract (Refer to Section IV and V of RFP).

The Proposer shall adhere to the specification outlined in Section IV and V of the RFP in responding to this RFP. The Proposer should complete all columns marked in ORANGE ONLY.

NOTICE: In addition to these requirements, DHH will also evaluate compliance with ALL other RFP provisions.

Proposal Section and Page Number	PART ONE: MANDATORY REQUIREMENT ITEMS	For State Use Only	
		INCLUDED/NOT INCLUDED	DHH COMMENTS
	A.1 Provide the **Proposal Certification Statement (RFP Attachment II** completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. ***The Proposer must sign the Proposal Certification Statement without exception or qualification.***	✓	Included
	A.2 Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.	✓	Included

PART II: TECHNICAL PROPOSAL & EVALUATION GUIDE

The Proposer should adhere to the specifications outlined in Section V of the RFP in responding to this RFP. The Proposer should address ALL section items and provide, in sequence, the information and documentation as required (referenced with the associated item references and text and complete all columns marked in ORANGE ONLY.

Proposal Evaluation Teams, made up of teams of State employees, will evaluate and score the proposal's responses.

For those items in Part II that state "Included/Not Included" the proposals will be scored as follows:

a. **All items scored Included = 0 points**
b. **If 1-3 items are scored "Not Included" = -10 points**
c. **If 4-5 items are scored "Not Included" = -20 points**
d. **If more than 6 items are scored "Not Included" = -30 points**

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said contract.

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B. Qualifications and Experience (Sections 2, 3, and 4 of the RFP)	**155**		
	B.1 Indicate your organization's legal name, trade name, *dba*, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (*e.g.* publicly traded corporation). Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any oral health care professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest. Provide your federal taxpayer identification number and Louisiana taxpayer identification number. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.	**Included/Not Included**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.2 Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		
	B.3 Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled *nolo contendere* to any felony and/or any Medicaid or health care related offense or have **ever** been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 25**	0	
	B.4 Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality dental services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 25**	-10	quality and claims issues

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.5 Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 50**		financial
	B.6 If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 10**		financial

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.	**Included/Not Included**		financial
	B.8 Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		
	B.9 Provide a narrative description of your proposed Bayou Health project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level.	**5**	3	did not meet minimum State Requirements

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.10 Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience. If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number. If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages. For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.	15	5	Lack of job description or resume for functional areas for key personnel per RFP section E.1.

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.11 Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than $100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located. In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B10 and, B.~~16~~ 15 through B.~~27~~ 23 If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.	5	5	
	B.12 Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.	10	7	lack of communication with DHH and detail in monitoring process

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.	**5**	5	
	B.~~15~~ 14 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:~~31~~ 27: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.	**10**		financial

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~16~~ 15 Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. **Include your organization's parent organization, affiliates, and subsidiaries.**	25	15	Contracts did not demonstrate full scope of RFP functions
	B.~~17~~ 16 Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/~~Not~~ Included**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~18~~ 17 If the contract was terminated/non-renewed in B.~~17~~ 16 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 50**	-10	Information provided in Proposal demonstrates corrective action needed
	B.~~19~~ 18 As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from each of the following: • AM Best Company (financial strengths ratings); • TheStreet.com, Inc. (safety ratings); and • Standard & Poor's (long-term insurer financial strength).	**Included/Not Included**		
	B.~~20~~ 19 For any of your organization's contracts to provide oral health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 20**	0	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~21~~ 20 Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2012. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (**including your organization's parent organization, affiliates, and subsidiaries**) in response to the report.	10	0	noncompliance of EQRO Recommendation of previous year

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~22~~ 21 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 15**	-10	Relevant administrative sanctions and fines
	B.~~23~~ 22 Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. **Include your organization's parent company, affiliates and subsidiaries.**	**0 to - 10**	0	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~24~~ 23 Submit customer references (minimum of two, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Attachment VII. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps: a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Attachment VII (for your organization or for subcontractors, adding the following customized information: • Your/Subcontractor's name; • Reference organization's name; and • Reference contact's name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and • Return it directly to you. e. Enclose the unopened envelopes in easily identifiable and labeled larger	**20**	10	Did not provide one State large Medicaid, government or private industry contract reference

	envelopes and include these envelopes as a part of the Proposal. When DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references. **THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.** Each completed questionnaire should include: • Proposing Organization/Subcontractor's name; • Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.			
	B.~~25~~ 24 Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (*e.g.* Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.	**Included/~~Not Included~~**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~26~~ 25 Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.	**0 to - 10**	0	
	B.~~27~~ 26 Provide the following as documentation of financial responsibility and stability: • a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars ($500,000.00).	**25**		financial

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~28~~ 27 Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required: • The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: o Prepared with all monetary amounts detailed in U.S. currency; o Prepared under U.S. generally accepted accounting principles; and o Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements. • The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to- Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows. • Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable. **Proposer shall include the Proposer's parent organization.**	**25**		financial

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section C: Planned Approach to Project	**75**		
	Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by May 1, 2014. **C.1** Discuss your approach for meeting the implementation requirements and include: • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: o Issue identification, assessment, alternatives analysis and resolution; o Resource allocation and deployment; o Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and o Automated tools, including use of specific software applications.	**20**	5	lack of detail on issue identification and communication with DHH. Did not demonstrate capability of meeting implementation required in the RFP

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	C.2 Provide a work plan for the implementation of the Louisiana Medicaid DBP Program. At a minimum the work plan should include the following: • Tasks associated with your establishment of a "project office" or similar organization by which you will manage the implementation of the DBP Program; • An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the DBP Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables. o All activities to prepare for and participate in the Readiness Review Process; and o All activities necessary to obtain required contracts for mandatory dental care providers as specified in this RFP. • An estimate of person-hours associated with each activity in the Work Plan; • Identification of interdependencies between activities in the Work Plan; and • Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the DBP shall understand DHH shall not be obligated to meet the DBP's expectation.)	**15**	13	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	C.3 Describe your Risk Management Plan. • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: o Delays in building the appropriate Provider Network as stipulated in this RFP; o Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the DBP program; o Delays in hiring and training of the staff required to operate program functions; o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions; o Delays in enrollment processing during the implementation of DBP; and o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents. • For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following: o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools.	15	8	lack of detail on Risk identification and mitigation strategies

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	C.4. Provide a copy of the work plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with this activities.	15	13	
	C.5 Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the provider network.	5	5	
	C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).	5	5	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section D: Member Enrollment and Disenrollment	**20**		
	D.1 Describe how you will ensure that you will coordinate with DHH and its Agent to transmit and obtain files sent by the Fiscal Intermediary.	~~20~~ 10	10	
	D.2 Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.	10	8	lack of information in assigning member

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section E: Service Coordination	**75**		
	E.1 DHH intends to provide DBPs with two years of historic claims data for members enrolled in the DBP effective the start date of operations. Describe how you will ensure the continuation of all active prior authorized services for members effective the start date of operations. The description should include: • How you will identify these enrollees, and how you will uses this information to identify these enrollees; • What additional information you will request from DHH, if any, to assist you in ensuring continuation of services; • How you will ensure continuation of services and use of non-contract providers; • What information, education, and training you will provide to your providers to ensure continuation of services; and • What information you will provide your members to assist with the transition of care.	**10**	7	did not provide an appropriate description for each bullet

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	E.2 Provide your communication plans with the Bayou Health Plans and Medicaid fee-for-service in coordinating the following services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs: • Outpatient facility fees for dental services • Fluoride Varnish performed by Primary Care Physician • Current Procedural Terminology (CPT) codes billed by Oral Surgeons	**20**	5	lack of detail in communication plan on coordinating services

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	E.3 What specific measures will you take to ensure that members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?	15	5	did not adequately address specific measures
	E.4 Detail the strategies you will use to influence the behavior of members to access oral health care resources appropriately and adapt healthier lifestyles. Include examples from your other Medicaid/CHIP managed care contracts as well as your plan for Louisiana Medicaid DBP members.	20	13	Strategies lacking detail
	E.5 Much faith based, social and civic groups, resident associations, and other community-based organizations now feature health education and outreach activities, incorporate health education in their events, and provide direct oral health services. Describe what specific ways would you leverage these resources to support the oral health and wellness of your members.	10	5	Lack state specific outreach efforts

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section F: Provider Network	**100**		
	F.1 Provide a listing of the proposed provider network using the List of Required In-Network and Allowable Out-of-Network Providers as described in this RFP, including only those providers with whom you have obtained a signed LOI or executed subcontract. LOIs and signed subcontracts will receive equal consideration. LOIs and subcontracts should NOT be submitted with the proposal. DHH may verify any or all referenced LOIs or contracts. Along with the provider listing, provide the number of potential linkages per primary care dentist. Using providers, with whom you have signed letters of intent or executed contracts, provide individual maps and coding by parish. You should provide individual maps as well as overlay maps to demonstrate distance relationships between provider types, if applicable (i.e, pediatrics, general dentist and orthodontist). The DBP should provide an Excel spreadsheet of their proposed provider network and include the following information: (Sample spreadsheet is available in the Procurement Library) 1. Practitioner Last Name, First Name and Title - For types of service such as primary care dentist and specialist, list the practitioner's name and practitioner title such as DDS, DMD, etc. 2. Practice Name/Provider Name - - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable. 3. Business Location Address - Indicate the business location address where services are provided including but not limited to, 1st line of address, 2nd line of address, City, State, Postal Code 4. Provider Type and Specialty Code - Indicate the practitioner's specialty using	~~30~~ 25	10	Incomplete spreadsheet Per instructions and information provided does not demonstrate NA by go Live

	Medicaid Provider Type and Specialty Codes. 5. New Patient - Indicate whether or not the provider is accepting new patients. 6. Age Restriction - Indicate any age restrictions for the provider's practice. For instance, if a provider only sees patients up to age 19, indicate < 19; if a provider only sees patients age 13 or above, indicate > 13. 7. Primary Care Dentist - the number of potential linkages. 8. If LOI or contract executed. 9. Designate if Significant Traditional Provider. 10. Maps for this location.			
	F.2 Describe how you will handle the potential loss (i.e., contract termination, closure) in a parish of all providers within a certain specialty.	**5**	5	
	F.3 The DBP is encouraged to offer to contract with Significant Traditional Providers (STPs) who meet your credentialing standards and all the requirements in the DBP's subcontract. DHH will make available on www.MakingMedicaidBetter.com a listing of STPs by provider type by parish. Describe how you will encourage the enrollment of STPs into your network; and indicate on a copy of the listing which of the providers included in your listing of network providers (See ~~G~~ F.1) are STPs.	**15**	5	lack of detail on encouragement to enroll STPs
	F.4 Based on discussions with providers in obtaining Letters of Intent and executed subcontracts as well as other activities you have undertaken to understand the delivery system and enrollee population in the parish(es) for which a proposal is being submitted, discuss your observations and the challenges you have identified in terms of developing and maintaining a provider network. Provide a response tailored to each parish of the following provider types/services: o Primary Care o Specialty Care o FQHC/RHC	**5**	2	did not provide requested information for each parish

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	F.5 Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.	10	5	did not describe approach to ensure appropriate appointment & wait times as described in the RFP
	F.6 Describe your primary care dentist assignment process and the measures taken to ensure that every member in your DBP is assigned in a timely manner. Include your process for permitting members with chronic conditions to select a specialist as their primary care dentist and whether you allow specialists to be credentialed to act as primary care dentists..	5	4	
	F.7 Describe how you will monitor providers and ensure compliance with provider subcontracts. In addition to a general description of your approach, address each of the following: o Compliance with cost sharing requirements; o Compliance with ~~medical~~ dental record documentation standards; o Compliance with conflict of interest requirements; o Compliance with lobbying requirements; o Compliance with disclosure requirements; and o Compliance with member education requirements.	5	2	lack of detail on monitoring and compliance
	F.8 Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements.	10	10	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	F.9 Describe in detail how you will educate and train providers about billing requirements, including both initial education and training prior to the start date of operations and ongoing education and training for current and new providers.	5	2	lack of detail in Response to training and education
	F.10 Describe how you will educate and train providers that join your network after program implementation. Identify the key requirements that will be addressed.	5	2	lack of detail in response to training and education
	F.11 Describe your practice of profiling the quality of care delivered by network general dentists, and any other acute care providers including the methodology for determining which and how many Providers will be profiled. o Submit sample quality profile reports used by you, or proposed for future use (identify which). o Describe the rationale for selecting the performance measures presented in the sample profile reports. o Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports.	5	1	performance measures or rationale for selecting included
	F.12 Describe the process for accepting and managing provider inquiries, complaints, and requests for information that are received outside the provider grievance and appeal process.	5	1	lack of detail on complaint tracking system, timeframe for completion and escalation

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	F.13 If the Department receives written or verbal complaints on behalf of any provider in regards to excessive, unwarranted, and/or aggressive attempts to require any information to fulfill network adequacy requirements during the RFP process.	**0 to -50**	0	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section G: Utilization Management (UM)	**100**		
	G.1 Describe how you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration or scope as specified in the Louisiana Medicaid State Plan.	**30**	15	did not specifically addsess question
	G.2 If the UM guidelines were developed internally, describe the process by which they were developed and when they were developed or last revised.	**20**	20	
	G.3 Regarding your utilization management (UM) staff: • Provide a detailed description of the training you provide your UM staff; • Describe any differences between your UM phone line and your ~~member~~ provider services line with respect to bullets (2) through (7) in item K.1; • If your UM phone line will handle both Louisiana DBP and non-Louisiana DBP calls, o explain how you will track DBP calls separately; and o how you will ensure that applicable DHH timeframes for prior authorization decisions are met.	**25**	12	Incoming call procedures were lacking in clarity and lack of detail in training description

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	G.4 Describe how utilization data is gathered, analyzed, and reported. Include the process for monitoring and evaluating the utilization of services when a variance has been identified (both under- and over- utilization) in the utilization pattern of a provider and a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system. Individuals who will make medical necessity determinations must be identified if the criteria are based on the dental training, qualifications, and experience of the DBP dental director or other qualified and trained professionals	25	22	analysis of data without example to alter unfavorable utilization patterns in the system

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section H: EPSDT	**40**		
	H.1 Describe your system for tracking each member's screening, diagnosis, and treatment including, at minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.	**10**	10	
	H.2 Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in H.1 above and any innovative/non-traditional mechanisms. Include: • How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods; • How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and How you will design and monitor your education and outreach program to ensure compliance with the RFP.	**20**	15	lack of detail in monitoring outreach program
	H.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	**10**	3	unclear approach of monitoring of EPSDT reporting

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section I: Quality Management	**100**		
	I.1 Document experience in other States to positively impact the healthcare status of Medicaid and or CHIP populations. Examples of areas of interest include, but are not limited to the following: • Reduction of inappropriate utilization of emergent services • EPSDT • Children with special health care needs • Case management • Reduction in racial and ethnic health care disparities to improve health status	**25**	5	lack of proactive approach to positively impact healthcare status
	I.2 Describe how you will identify quality improvement opportunities. Describe the process that will be utilized to select a performance improvement project, and the process to be utilized to improve care or services. Include information on how interventions will be evaluated for effectiveness. Identify proposed members of the Quality Assessment Committee.	**5**	5	
	I.3 Provide a description of focus studies performed, quality improvement projects, and any improvements you have implemented and their outcomes. Such outcomes should include cost savings realized, process efficiencies, and improvements to member health status. Such descriptions should address such activities since 2002 and how issues and root causes were identified, and what was changed.	**5**	1	focus studies and QI projects lacked cost savings realized, process efficiencies and improvements

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	I.4 Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address: • The QAPI proposed to be implemented during the term of the contract. • How the proposed QAPI s will expand quality improvement services. • How the proposed QAPI will improve the health care status of the Louisiana Medicaid population. • Rationale for selecting the particular programs including the identification of particular health care problems and issues identified within the Louisiana Medicaid population that each program will address and the underlying cause(s) of such problems and issues. • How your will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner. • How the proposed QAPIs may include, but is not necessarily, limited to the following: o New innovative programs and processes. o Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics.	20	13	QAPI doesn't address how healthcare status will be impacted improved or new Provide new innovative programs or processes.
	I.5 Describe how feedback (complaints, survey results etc.) from members and providers will be used to drive changes and/or improvements to your operations. Provide a member and a provider example of how feedback has been used by you to drive change in other Medicaid managed care contracts.	5	5	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	I.6 Provide, in Excel format, the proposer's results for: 1) HEDIS measures specified below for the last three measurement years (~~2009~~ 2010, ~~2010~~ 2011, and ~~2011~~ 2012) for each of your State Medicaid contracts. ▪ If you do not have results for a particular measure or year, provide the results that you do have. ▪ If you do not have results for your Medicaid product line in a state where you have a Medicaid contract, provide the commercial product line results with an indicator stating the product line. ▪ If you do not have Medicaid HEDIS results for at least five states, provide your commercial HEDIS measures for your largest contracts for up to five states (e.g., if you have HEDIS results for the three states where you have a Medicaid contract, you only have Medicare HEDIS for one other state, provide commercial HEDIS results for another state). ▪ If you do not have HEDIS results for five states, provide the results that you do have. ▪ In addition to the spreadsheet, please provide an explanation of how you selected the states, contracts, product lines, etc. that are included in the spreadsheet and explain any missing information (measure, year, or Medicaid contract). Include the Proposer's parent organization, affiliates, and subsidiaries. Provide results for the following HEDIS measures:	**40**	10	all information requested was not provided

	1. Annual Dental Visit 2) CMS 416 Report measures specified below for the last three measurement years (20010, 2011, and 2012) for each of your State Medicaid contracts. • Line 12a - Total Eligibles Receiving Any Dental Services - • Line 12b - Total Eligibles Receiving Preventive Dental Services • Line 12c - Total Eligibles Receiving Dental Treatment • Line 12d — Total Eligibles Receiving a Sealant on a Permanent Molar Tooth, and • Line 12e — Total Eligibles Receiving Diagnostic Dental Services ▪ For each of your State Medicaid contracts that received a CMS State Focused Dental Review (2008), please outline all findings, recommendations, etc. revealed in the State-specific reports, as well as the steps that were taken to improve recommendations and rectify all findings. Focus			

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section J: Member Materials	**15**		
	J.1 Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.	**5**	5	
	J.2 Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6th) grade reading level requirement.	**2.5**	2.5	
	J.3 Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.	**5**	4	
	J.4 Describe how you will fulfill Internet presence and Web site requirements, including: • Your procedures for up-dating information on the Web site; • Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and • The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction.	**2.5**	2.5	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section K: Member/Provider Service	**100**		
	K.1 Provide a narrative with details regarding your member services line including: o Training of customer service staff (both initial and ongoing); o Process for routing calls to appropriate persons, including escalation; The type of information that is available to customer service staff and how this is provided (e.g., hard copy at the person's desk or on-line search capacity); o Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired; o Monitoring process for ensuring the quality and accuracy of information provided to members; o Monitoring process for ensuring adherence to performance standards; o How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (eg., Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and o After hours procedures.	25	15	lack of detail in escalation procedure, monitoring and csu line interaction with outside agencies
	K.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2013 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the rate.	25	10	not meeting Performance standards Required in the RFP and lack of clarity in graphs

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	K.3 Describe the procedures a Member Services representative will follow to respond to the following situations: o A Member has received a bill for payment of covered services from a network provider or out-of-network provider; o A Member is unable to reach his/her a provider within the network after normal business hours; o A Member is having difficulty scheduling an appointment for preventive care with her primary care dentist; and o A Member becomes ill while traveling outside of the state.	**20**	13	descriptions of Procedures in place not specific
	K.4 Describe how you will ensure culturally competent services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each.	**15**	5	lack of detail in Cultural competency Plan
	K.5 Describe how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.	**15**	15	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section L: Emergency Management Plan	**20**		
	L.1 Describe your emergency response continuity of operations plan. Attach a copy of your plan or, at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness and natural disaster recovery: o Employee training; o Identified essential business functions and key employees within your organization necessary to carry them out; Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable; o Communication with staff and suppliers when normal systems are unavailable; o Specifically address your plans to ensure continuity of services to providers and members; and o How your plan will be tested.	**10**	5	Lack of coordination with DHH and lacked information on contingency plan for data centers

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	L.2 Describe your plan in the following Emergency Management Plan scenario for being responsive to DHH, to members who evacuate, to network providers, and to the community. • You have thirty thousand (30,000) or more DBP members residing in hurricane prone parishes. Louisiana parishes include coastal and inland areas subject to mandatory evacuation orders during a major hurricane. A category 5 hurricane is approaching, with landfall predicted in 72 hours and certain parishes are under a mandatory evacuation order. State assisted evacuations and self-evacuations are underway. Members are evacuated to or have evacuated themselves to not only all other areas of Louisiana, but to other States. • Your provider call center and member call center are both located in Baton Rouge and there is a high likelihood of high winds, major damage and power outages for 4 days or more in the Baton Rouge Area (reference Hurricane Gustav impact on Baton Rouge). It is expected that repatriation of the evacuated, should damages be minimal, will not occur for 14 days. If damage is extensive, there may be limited repatriation, while other members may be indefinitely relocated to other areas in Louisiana or other states.	10	7	lack of detail in response to scenario 1.

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section M: Grievances and Appeals	**25**		
	M.1 Provide a flowchart (marked as Chart C) and comprehensive written description of your member grievance and appeals process which comply with the RFP requirements, including your approach for meeting the general requirements and plan to: o Ensure that the Grievance and Appeals System policies and procedures, and all notices will be available in the Member's primary language and that reasonable assistance will be given to Members to file a Grievance or Appeal; o Ensure that individuals who make decisions on Grievances and Appeals have the appropriate expertise and were not involved in any previous level of review; and o Ensure that an expedited process exists when taking the standard time could seriously jeopardize the Member's health. As part of this process, explain how you will determine when the expedited process is necessary. Include in the description how data resulting from the grievance system will be used to improve your operational performance.	25	22	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section N: Fraud & Abuse	**25**		
	N.1 Describe your approach for meeting the program integrity requirements including a compliance plan for the prevention, detection, reporting, and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss your approach for meeting the coordination with DHH and other agencies requirement.	25	20	fraud and abuse Reporting levels not clearly defined
	Section O: Third Party Liability	**25**		
	O.1 Describe how you will coordinate with DHH and comply with the requirements for cost avoidance and the collection of third party liability (TPL) specified in this RFP, including: o How you will conduct diagnosis and trauma edits, including frequency and follow-up action to determine if third party liability exists; (2) How you will educate providers to maximize cost avoidance; o Collection process for pay and chase activity and how it will be accomplished; o How subrogation activities will be conducted; o How you handle coordination of benefits in your current operations and how you would adapt your current operations to meet contract requirements; o Whether you will use a subcontractor and if so, the subcontractor's responsibilities; and o What routine systems/business processes are employed to test, update and validate enrollment and TPL data.	25	19	lack of detail in testing and provider education

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section P: Claims Management	**125**		
	P.1 Describe the capabilities of your claims management systems as it relates to each of the requirements as specified in Electronic Claims Management Functionality Section and the Adherence to Key Claims Management Standards Section. In your response explain whether and how your systems meet (or exceed) each of these requirements. Cite at least three examples from similar contracts.	75	37	did not address capabilities to Electronic Claims Management function and Adherence to Key Claims Management Standard section
	P.2 Describe your methodology for ensuring that claims payment accuracy standards will be achieved per, Adherence to Key Claims Management Standards Section. At a minimum address the following in your response: • The process for auditing a sample of claims as described in Key Claims Management Standards Section; • The sampling methodology itself; • Documentation of the results of these audits; and • The processes for implementing any necessary corrective actions resulting from an audit.	25	10	description not specific and inadequate documentation of results
	P.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.	25	10	lack of detail in Methodology

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section Q: Information Systems	**125**		
	Q.1 Describe your approach for implementing information systems in support of this RFP, including: • Demonstrate capability and capacity assessment to determine if new or upgraded systems, enhanced systems functionality and/or additional systems capacity are required to meet contract requirements; • Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements; • System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of DBP enrollees, claims/service utilization history for the initial set of DBP enrollees, active/open service authorizations for the initial set DBP enrollees, etc.; and • Internal and joint (DBP and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data. • Provide a Louisiana Medicaid DBP-Program-specific work plan that captures: o Key activities and timeframes and o Projected resource requirements from your organization for implementing information systems in support of this contract. • Describe your historical data process including but not limited to: o Number of years retained;	**20**	14	lack of detail Reference older bullets 1 and 6

	o How the data is stored; and o How accessible is it. The work plan should cover activities from contract award to the start date of operations.			
	Q.2 Describe your processes, including procedural and systems-based internal controls, for ensuring the integrity, validity and completeness of all information you provide to DHH and the Enrollment Broker. In your description, address separately the encounter data-specific requirements in, Encounter Data Section of the RFP as well as how you will reconcile encounter data to payments according to your payment cycle, including but not limited to reconciliation of gross and net amounts and handing of payment adjustments, denials and pend processes. Additionally, describe how you will accommodate DHH-initiated data integrity, validity and provide independent completeness audits.	**10**	6	did not address Correction of encounter data or Communication with DHH
	Q.3 Describe in detail how your organization will ensure that the availability of its systems will, at a minimum, be equal to the standards set forth in the RFP. At a minimum your description should encompass: information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major system; monitoring tools and resources; continuous testing of all applicable system functions, and periodic and ad-hoc testing of your business continuity/disaster recovery plan. Identify the timing of implementation of the mix of technologies and management strategies (policies and procedures) described in your response to previous paragraph, or indicate whether these technologies and management strategies are already in place. Elaborate, if applicable, on how you have successfully implemented the aforementioned mix of technologies and management strategies with other clients.	**10**	7	System redundancies and recovery time objectives not addressed

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Q.4 Describe in detail: • How your *key production systems* are designed to *interoperate*. In your response address all of the following: o How identical or closely related data elements in different systems are named, formatted and maintained: - Are the data elements named consistently; - Are the data elements formatted similarly (# of characters, type-text, numeric, etc.); - Are the data elements updated/refreshed with the same frequency or in similar cycles; and - Are the data elements updated/refreshed in the same manner (manual input, data exchange, automated function, etc.). o All exchanges of data between key production systems. - How each data exchange is triggered: a manually initiated process, an automated process, etc. - The frequency/periodicity of each data exchange: "real-time" (through a live point to-point interface or an interface "engine"), daily/nightly as triggered by a system processing job, biweekly, monthly, etc. • As part of your response, provide diagrams that illustrate: o point-to-point interfaces, o information flows, o internal controls and o the networking arrangement (AKA "network diagram") associated with the information systems profiled. These diagrams should provide insight into how your Systems will be organized and interact with DHH systems for the purposes of exchanging Information and automating and/or facilitating specific functions associated with the Louisiana	10	8	lack of detail on data element inconsistencies and internal control

	Medicaid DBP Program.			
Proposal Section and Page Number	**PART II: TECHNICAL APPROACH**	**Total Possible Points**	**Score**	**DHH Comments**
	Q.5 Describe your ability to provide and store encounter data in accordance with the requirements in this RFP. In your response: • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully providing encounter data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications, with at least two of these instances involving the provision of encounter information from providers with whom you have capitation arrangements. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program. • If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. (4) Identify challenges and "lessons learned" from your implementation and operations experience in other states and describe how you will apply these lessons to this contract.	5	3	Did not elaborate on requirements in RFP

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Q.6 Describe your ability to receive, process, and update eligibility/enrollment, provider data, and encounter data to and from the Department and its agents. In your response: • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully receiving, processing and updatingeligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program. • If you are not able at present to meet a particular requirement contained in the aforementioned sections, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. • Identify challenges and "lessons learned" from implementation in other states and describe how you will apply these lessons to this contract.	5	1	processing enrollment and member updates do not meet RFP Requirements
	Q.7 Describe the ability within your systems to meet (or exceed) each of the requirements in the Technical Requirements section. Address each requirement. If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.	10	5	Lack of detail in description of ability to meet each Requirement in the Technical Requirement section

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Q.8 Describe your information systems change management and version control processes. In your description address your production control operations.	10	3	lack of detail in change Management plan and no reference to version control process
	Q.9 Describe your approach to demonstrating the readiness of your information systems to DHH prior to the start date of operations. At a minimum your description must address: • provider contract loads and associated business rules; • eligibility/enrollment data loads and associated business rules; • claims processing and adjudication logic; and • encounter generation and validation prior to submission to DHH.	5	4	
	Q.10 Describe your reporting and data analytic capabilities including: • generation and provision to the State of the management reports prescribed in the RFP; • generation and provision to the State of reports on request; • the ability in a secure, inquiry-only environment for authorized DHH staff to create and/or generate reports out of your systems on an *ad-hoc* basis; and • Reporting back to providers within the network.	5	5	
	Q.11 Provide a detailed profile of the key information systems within your span of control.	5	2	lack of detail in claims processing system

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Q.12 Provide a profile of your current and proposed Information Systems (IS) organization.	5	2	lacks description of profile
	QR.13 Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	5	3	lacking a proactive approach
	Q.14 Indicate how many years your IT organization or software vendor has supported the current or proposed information system software version you are currently operating. If your software is vendor supported, include vendor name(s), address, contact person and version(s) being used.	(Included) Not Included		
	Q.15 Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates. Describe your plans to utilizing ICD-10 and 5010.	10	7	did not detail ability to support meaningful use of EHR and plans for ICD-10
	Q.16 Describe the procedures that will be used to protect the confidentiality of records in DHH databases, including records in databases that may be transmitted electronically via e-mail or the Internet.	10	9	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section R: Veteran or Hudson Initiative **R.1** Certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurships as subcontractors. (See Attachment I)	125	12	6 subcontractors

FINANCIAL STATEMENTS REVIEW FORM
Department of Health and Hospitals

RFP Number: 305PUR-DHHRFP-DENTAL-PAHP-MVA

RFP Name: DENTAL BENEFIT MANAGEMENT PROGRAM

Office of: Bureau of Health Services Financing/Medicaid

Proposer: DELTA DENTAL

Evaluator: Pam Duey

Evaluation Date: 3/19/14

total score: 40

Comments: Attachment B.2 Financials

ORIGINAL

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.5 Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 50**	0	
	B.6 If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 10**	-10	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.	**Included/Not Included**	F	
	B.8 Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		
	B.9 Provide a narrative description of your proposed Bayou Health project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level.	5		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.	5		
	B.~~15~~ 14 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:~~31~~ 27: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.	10	10 PO	~~couldn't locate~~ [illegible]

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	~~B.26~~ 25 Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.	~~0 to 10~~		
	~~B.27~~ 26 Provide the following as documentation of financial responsibility and stability: • a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars ($500,000.00).	25	25	

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B.~~28~~ 27 Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required: • The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: o Prepared with all monetary amounts detailed in U.S. currency; ✓ o Prepared under U.S. generally accepted accounting principles; and ✓ o Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements. ✓ • The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to- Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows. • Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable. **Proposer shall include the Proposer's parent organization.**	**25**	25	