

RFP Proposal Template

The Department is providing the following summary of bidder proposal content requirements to assist bidders in their preparation of responsive proposals. This template is not intended to replace the full requirements of the RFP and the Department advises all bidders to refer to the full RFP in developing their proposals. While every attempt has been made to faithfully capture all the requirements included in the RFP, the Department is not responsible for any omissions in this template.

SECTION III: PROPOSAL FORMAT REQUIREMENTS

B. Bidder's Proposal

- B.1. Bidder's Proposal - Section One: A separate section labeled "Section One – Transmittal and Assurances Section" must contain each of the transmittal requirements stated in this RFP.
- B.2. Bidder's Proposal – Section Two: A separate section labeled "Section Two – Scope of Work Requirements" must contain the bidder's specific responses to each "The Bidder Shall..." statement in Section Two – Scope of Work Requirements.
- B.2.1. The bidder's response will generally be in the form of proposals, plans, methodologies, and/or descriptions of various bidder activities that would demonstrate the bidder's understanding of and ability to perform the resultant contractor's performance requirement.
- B.2.2. Section Two of the bidder's proposal must present the bidder's understanding of the project, including how the bidder proposes to perform the tasks, identify problems and solve them without a mere re-writing of the RFP requirements. A responsive proposal shall address each task requirement separately and where appropriate the bidder must address different approaches, plans or methodologies for the three categories of clients.
- B.3. Bidder's Proposal – Section Three: A separate section labeled "Section Three – Organization, Project Management, Key Personnel" must contain the bidder's organizational information as it relates to the bidder's ability to perform the activities as presented in Section Two.
- B.3.1. Section Three of the bidder's response must describe the background and experience of the bidder's organization and subcontractors (if any) and include details regarding its size and resources, its experience relevant to the functions to be performed under the contract resulting from this RFP or recent contracts for similar services.
- B.4. Bidder's Proposal – Section Four: A separate section labeled "Section Four – Sample Documents and Exhibits" must contain only those sample documents and exhibits that are expressly permitted or expressly required in the RFP.
- B.5. Bidder's Proposal – Section Five: A separate section labeled "Section Five – Business (Cost) Proposal" must contain the bidder's cost and price information in response to the RFP requirements.

C. Delivery Condition – Copies Necessary

- C.1. The original (clearly marked) and eight (8) exact, legible copies of the proposal with the designated separate sections - (Section One: Transmittal and Assurances; Section Two: Scope of Work Requirements; Section Three: Organization, Project Management and Key Personnel; Section Four: Sample Documents and Exhibits; and Section Five: Business (Cost) Proposal) must be submitted by the stated deadline in sealed container(s) properly marked "MEDICAL ASO RFP"..

D. Proposal Construction Requirements

- D.1. Binding of Proposal - Bidders must submit proposals that coincide with the RFP Table of Contents in a format that will allow updated pages to be easily incorporated into the original proposal. The original (clearly marked – Medical ASO RFP) and eight (8) exact, legible copies of the Proposal must be submitted in loose leaf or spiral bound notebooks. The official name of the organization must appear on the outside front cover of each binder and on each page of the proposal. Location of the name is at the bidder's discretion.
- D.2. Tab Sheet Dividers - A tab sheet keyed to the table of contents must separate each major section and subsection of each part of the proposal. The title of each major section and subsection must appear on the tab sheet.
- D.3. Table of Contents - Each proposal must incorporate a complete Table of Contents in Part One. It is through this Table of Contents that the Department will evaluate conformance to uniform proposal content and format.
- D.4. Cross-referencing RFP and Proposal - All responses must correspond to the specific assigned task number in the RFP and shall follow the sequence order found in the RFP. Each section and subsection of the proposal must cross-reference the appropriate section and subsection of the RFP that is being addressed. Proposal responses to specific task requirements must reference the RFP request citation. This will allow the Department to determine uniform compliance with specific RFP requirements.
- D.5. Page Numbers - Each page of each part of the proposal must be numbered consecutively in Arabic numerals from the transmittal page.
- D.6. Page Limitations
 - D.6.1. Part One – Section One has no page limitations. All forms shown as Appendices in this RFP and submitted in Part One – Section One of the proposal are not subject to page limitations.
 - D.6.2. Part One – Section Two is limited to 65 pages (double-sided) or 130 pages (single).

- D.6.3. Part One – Section Three is limited to 35 pages (double-sided) or 70 pages (single), not including resumes or job descriptions.
- D.6.4. Part One - Section Four has no page limits.
- D.6.5. Part One – Section Five Business (Cost) Proposal is limited to 15 pages (double-sided) or 30 pages (single) not including audit information and corporate disclosure information.
- D.7. Page Format: The standard format to be used throughout the proposal is as follows:
 - D.7.1. Text shall be on 8 ½” x 11” paper in the “portrait” orientation.
 - D.7.2. Text shall be single-spaced.
 - D.7.3. Font shall be a minimum of twelve (12) point in Arial (not Arial narrow) or Times New Roman (not Times New Roman Condensed) font as used in Microsoft® Word.
 - D.7.4. The binding edge margin of all pages shall be a minimum of one and one half inches (1 ½”). All other margins shall be 1”.
 - D.7.5. Graphics may have a “landscape” orientation, bound along the top (11”) side. If oversized, graphics may have a maximum of one (1) fold.
 - D.7.6. Graphics may have a smaller text spacing, pitch, and font size.
 - D.7.7. Resumes are considered text not graphics.

SECTION IV: PROPOSAL CONTENTS

Section One: Transmittal Communication, Forms and Acceptances

- A.1. Section One of the original proposal (clearly marked) and each of the eight (8) exact copies of the proposal must include the following in the specified order.
- A.1.1. **Amendment Acknowledgement:** The bidder must insert acknowledgement of the receipt of all amendments issued to bidders.
- A.1.2. **Transmittal Letter:** A Transmittal Letter of no more than four (4) pages signed by a corporate officer with the authority to bind the bidder that addresses:
- A.1.2.1. Each of the Bidder assurances (RFP Section II - O 1 through 9);
- A.1.2.2. The following identifying information:
- A.1.2.2.1. Full Legal name of the corporation and address.
 - A.1.2.2.2. Federal Taxpayer Identification Number.
 - A.1.2.2.3. Name, title, and telephone number of the individual with authority to bind the bidder to sign a contract with the Department.
 - A.1.2.2.4. Name, title, telephone number and e-mail address of the bidder's principal contact to receive amendments to the RFP and requests for clarification.
- A.1.3. **Table of Contents** - for the entire Proposal beginning with the Transmittal Letter.
- A.1.4. **Identification of any Proprietary Information** -See RFP Section II – R
- A.1.5. **Procurement Agreement Signatory Acceptance** – Appendix A
- A.1.6. **Notification to Bidders/ Workforce Analysis Form** - Appendix B - This information must include a signed statement of the bidder's affirmative action plan and the bidder's affirmative action policy statement. Additionally, bidders must address in writing the following five factors as appropriate to the bidder's particular situation. These factors are:
- A.1.6.1. **Affirmative Action Plan:** The bidder's success in implementing an Affirmative Action Plan;
 - A.1.6.2. **Development of Affirmative Action Plan:** The bidder promises to develop and implement a successful Affirmative Action Plan if no successful Affirmative Action Plan is in place;
 - A.1.6.3. **Apprenticeship Program:** The bidder's success in developing an apprenticeship program complying with Sections 46 a-68-1 to 46a-68-17 of the Regulations of Connecticut State Agencies, inclusive;
 - A.1.6.4. **EEO-1 Data:** The bidder's submission of EEO-1 data indicating that the

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composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and

- A.1.6.5. **Set-Aside for Minority Business:** The bidder's promise to set-aside a portion of the contract for legitimate minority business enterprises, and to provide the Department's Set-Aside reports in a mutually agreed upon format
- A.1.7. **Lobbying Restrictions** – Appendix C - The bidder must include a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member or Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- A.1.8. **Consulting Agreement** - Appendix D - The bidder must include a signed and notarized Gift/Campaign Contribution Affidavit statement regarding the giving of gifts or campaign contributions to any state official or employee of the Department of Social Services or any state official or employee of any state agency which has supervisory or appointing authority over the Department, including, the Governor's Office, the Office of the Attorney General and the Office of Policy and Management during the two-year period preceding the submission of the proposal.
- A.1.9. **State of Connecticut Mandatory Terms and Conditions** - Appendix E - These terms and conditions are required elements in the contract that results from this procurement.

Section Two: Scope of Work (65 double-sided pages)

A. Overview and Five Year Strategic Plan

The Department's primary goal is to improve quality of care and the care experience for our members, while reducing cost. Secondary goals include fostering change in local service delivery through the provision of performance data and technical assistance to support the emergence of medical homes and integrated care organizations.

The Department seeks to achieve substantive improvements in service access, appropriateness and quality while reducing expenditures. The bidder will propose a strategic business plan for the targeted deployment of administrative resources to achieve these goals over the course of the 5-year contract. This initial plan must be fully responsive to the scope of work and will be referred to as FULL SCOPE – OPTION A.

The bidder will also propose a reduced scope option, REDUCED SCOPE – OPTION B. The bidder should propose reductions in scope that would optimize the value of the Contractor's services relative to the goals of the Department, while reducing the overall cost of the Contract. Reductions might include the elimination of functions, reducing the scope or extent of various functions, or easing proposed timeframes.

In the reduced scope option, the bidder should attempt to provide the greatest value possible for the lowest price possible. The bidder should indicate whether, how and to what extent the proposed reductions would affect the bidder's ability to achieve the Department's goals.

A.1. The Bidder Shall

- A.1.1. Provide an overview of the bidder's approach to this scope of work and to realizing the goals established by the Department, and for making the most of the bidder's expertise and administrative resources.
- A.1.2. Propose a strategic business plan for the targeted deployment of administrative resources to achieve the Department's goals over the course of the 5-year contract. This plan should be responsive to the full scope of work outlined in this RFP.
- A.1.3. Propose a reduced scope strategic business plan for the targeted deployment of administrative resources to achieve the Department's goals over the course of the 5-year contract. This plan should reduce the overall cost of the contract, while minimizing the loss of administrative value.
- A.1.4. For REDUCED SCOPE - OPTION B, the bidder should describe material alterations to the RFP requirements that might result in a more cost-effective strategy for achieving the Department's goals. The bidder must specify and clearly identify such departures in the proposal. The bidder shall complete the Scope of Work Options Synopsis (Exhibit B) to facilitate comparison of the bidder's Reduced Scope Option to its Full Scope Option. The Bidder's Section Two shall make appropriate notation where a function would be reduced or eliminated under

OPTION B.

A.1.5. Complete the Scope of Work Options Synopsis (Exhibit B) to facilitate comparison of the bidder's proposed options.

A.1.6. The bidder's responses to each subsection of Section IV, Part Two should make appropriate notation where a function would be reduced or eliminated under OPTION B.

B. CONTRACT MANAGEMENT AND ADMINISTRATION

B.1. Contract Oversight

B.2. Key Person

B.3. Key Positions and Personnel

B.4. Contract Administration

B.5. Deliverables – Submission and Acceptance Process

B.6. Committee Structure

B.7. Participation at Public Meetings

B.8. Cooperation with External Evaluations

B.9. Policy Manual

B.10. The Bidder Shall:

B.10.1. Describe the Contractor's plan for working with the Department under the above model and provide additional recommendations that would further support this management model including any proposed modifications to the model and corresponding justification.

C. ELIGIBILITY

C.1. Eligibility Determination and File Production and Transmission

C.2. Eligibility Verification and Authorization Requests:

C.2.3. The Bidder Shall

C.2.3.1. Describe its method to validate eligibility and respond to provider requests including the maximum amount of time from the time of the provider's request to the response to the provider.

D. UTILIZATION MANAGEMENT

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- D.1. General Provisions
- D.2. Medical Necessity
- D.3. Approval of the Contractor's UM Program
- D.4. Design and Conduct of the Utilization Management Program
- D.5. Clinical Review Process
- D.6. Clinical Review Availability and Timelines
- D.7. Peer Review Requirements
- D.8. Out-of-State Providers
- D.9. Written Notice
- D.10. Web-Based Automation
- D.11. Staff Credentials, Training and Monitoring
- D.12. Records
- D.13. Inpatient Census Report
- D.14. Transitional Care Management

D.15. The Bidder Shall:

D.15.1. Provide a written program description outlining the UM program model, methods, structure and accountability that would be implemented for the resultant contract.

D.15.1.1. The description shall include the Contractor's recommendation for services for which to require prior authorization, proposed standards to determine which individuals require transition planning (or alternatively, which do not) and strategies to enlist the provider community's cooperation with and support of its utilization management program. This requirement is in addition to the requirement for full organizational disclosure located in Part Three of this RFP.

D.15.1.2. Include a proposed organizational chart and flow chart consistent with the program description.

D.15.2. Provide a full description of the UM system capabilities including screen prints to illustrate how the system prompts reviewers to use and apply clinical criteria, to document decisions and the basis for the decisions and to issue required notices.

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- D.15.3. Propose an organizational chart, flow chart and written program description outlining the UM program structure and accountability that would be implemented for the resultant contract. This requirement is in addition to the requirement for full organizational disclosure located in Part Three of this RFP.
- D.15.4. Comment on Exhibit C - UM Scope and Thresholds. Indicate whether requiring prior authorization and continued care review is recommended for the identified service types and, if not, describe the modifications recommended. In addition, please propose frequency of review criteria for each service type and recommended usual units/days authorized.
- D.15.5. Describe the level of care guidelines or medical necessity criteria that are used for utilization review.
- D.15.5.1. Discuss how these guidelines are updated.
 - D.15.5.2. Describe any other databases or information resources that will be used to support utilization review decisions.
 - D.15.5.3. Describe how utilization review will be based on the latest medical evidence and allow the rigorous but appropriate application of the criteria contained in the Department's medical necessity definition.
- D.15.6. Propose a "bypass" program to enable high performing providers to fulfill prior authorization requirements through the notification process. The Bidder shall at a minimum describe the process that would be used to identify providers who would be eligible for participation, the percentage of providers using it in their existing contracts, and the procedures for conducting random retrospective audits (data and/or on-site) to ensure continued qualification as a high performing provider. Include a methodology to monitor the success of the overall program, and the performance of those providers put on "by-pass."
- D.15.7. Propose an approach to facilitating and enhancing the discharge planning process and the provision of transitional care management for individuals admitted to inpatient facilities, to include but not be limited to proactive plans of care and follow-up, strategies for communication, medication information and reconciliation, and processes for transitions or "hand-offs" (across providers and settings).
- D.15.8. Propose an approach to monitor transitional care management, including tracking of hospital readmissions, and coordination of transitions of care for individuals receiving waiver services with the appropriate waiver personnel.

E. INTENSIVE CARE MANAGEMENT

- E.1. General Provisions
- E.2. Intensive Care Management Program Development and Approval
- E.3. Local Area Assignment
- E.4. Reporting

E.5. The Bidder Shall:

E.5.1. Propose an ICM program plan that meets the above requirements. The plan should include but not be limited to:

- E.5.1.1. Organizational structure with reporting and supervisory relationships.
- E.5.1.2. ICM staff credentials and orientation and training procedures
- E.5.1.3. A description of proposed data analytics for population health management and/or health risk stratification that support intensive care management. The detailed narrative should communicate the uniqueness of the bidder's capabilities in this area.
- E.5.1.4. ICM process including identification of members requiring ICM, enrollment processes, intervention strategies for ICM, use of a care plan, coordination with primary care and other providers, and local services and supports.
- E.5.1.5. A process for individuals to opt out of the ICM process.
- E.5.1.6. A strategy for identifying individuals excessively seeking care in inappropriate care settings and developing mechanisms to facilitate care in more appropriate settings.
- E.5.1.7. A strategy for communication with the member, service and support providers, local social and community service agencies, and the member's family and key supports.
- E.5.1.8. The role of the bidder's information systems in supporting the ICM process and fidelity to the proposed ICM model.
- E.5.1.9. Plan for coordination, communication and integration of the work of the ICM staff with the local service system such as by establishing local or regional outstations and building collaborative relationships with providers.
- E.5.1.10. Describe any analyses that the bidder has undertaken using claims or encounter data to develop care management or ICM priorities. Propose a

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monthly ICM program capacity (e.g., individuals served per month).

- E.5.1.10.1. What conclusions did the bidder reach based on its analyses?
- E.5.1.10.2. What does the data suggest would be the most important areas to focus ICM resources during the first two years?
- E.5.1.10.3. Based on this analysis, what is the bidder proposing for monthly ICM program capacity (e.g., individuals served per month).
- E.5.1.11. Describe differences in the approach that would be used for ICM for members who are attributed to medical and health homes.
- E.5.1.12. Provide an example of ICM care plans currently in use and describe the process utilized to capture data related to care plans.
- E.5.1.13. Describe the process for ICM unit communication with other units within the ASO such as the UM, QM, Provider Network and Provider Relations Department.
- E.5.1.14. Describe the process by which the ICM unit will communicate and coordinate care with the Behavioral Health Partnership and the Dental Health Partnership.
 - E.5.1.14.1. Include a proposal to establish lead ICM responsibility for individuals with serious medical and behavioral health co-morbidities,
- E.5.1.15. Describe how Contractor's ICM resources might be modified or reduced in coordination with the emergence of PCMH/HH providers.
 - E.5.1.15.1. Detail considerations with respect to this transition.
- E.5.1.16. Provide a description of how the bidder's proposed ICM program takes into consideration cultural diversity and poverty.
 - E.5.1.16.1. Include a description of its record of collaborative work with community-based organizations, other government and non-government agencies, and community-based advocacy groups to create innovative approaches to health care delivery in the context of poverty and cultural diversity.

F. PRIMARY CARE PROVIDER ASSIGNMENT

- F.1. General Provisions
- F.2. Requirements of the Contractor.
- F.3. The Bidder Shall**

F.3.1. Propose a PCP Assignment plan that meets all of the above requirements.

G. PERSON-CENTERED MEDICAL HOME AND HEALTH HOME ATTRIBUTION

G.1. General Provisions

G.2. Requirements of the Contractor.

G.3. The Bidder Shall

G.3.1. Propose a PCMH/HH attribution plan that meets all of the above requirements.

H. EARLY AND PERIODIC, SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES

H.1. Requirements

H.2. Access to Services Recommended Pursuant to an EPSDT Exam

H.3. The Bidder shall:

H.3.1. Describe how it would implement procedures to effectively inform all EPSDT clients of the services available under EPSDT. This shall include a detailed description of the processes for informing members in writing, or orally, or a combination thereof.

H.3.2. Describe how it will document and record proof of informing each client, including documentation of materials sent, date sent and to whom the materials were sent.

H.3.3. Describe its processes for ensuring that EPSDT clients are generally informed of services within 60 days of the client's eligibility determination, and for clients who have not used EPSDT services, annually thereafter

H.3.4. Describe its methods for ensuring that EPSDT clients with limited English proficiency, visual and hearing impairments will be informed of EPSDT services.

H.3.5. Describe its processes for identifying Children with Special Health Care Needs to outreach for EPSDT services.

H.3.6. Describe its processes and procedures for providing assistance with non-emergency medical transportation to EPSDT clients.

H.3.7. Describe its process for providing scheduling assistance for EPSDT services.

H.3.8. Describe policies and procedures to maintain and improve upon current EPSDT participation and screening ratios for all age groups, including strategies to improve screening rates for adolescents and other hard to reach populations.

I. REQUIREMENTS FOR OTHER PROGRAMS AND POPULATIONS

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I.1. Children's Health Insurance Plan (CHIP) Requirements

I.1.1. Coordination of CHIP Benefits

I.1.4. The Bidder Shall:

- I.1.4.1. Describe how it would implement procedures to effectively inform all CHIP clients of the services available under CHIP.
- I.1.4.2. Describe how it will document and record proof of providing written information to each client, including documentation of materials sent, date sent and to whom the materials were sent.
- I.1.4.3. Describe its methods for ensuring that CHIP clients with limited English proficiency or visual and hearing impairments will be informed of CHIP services.
- I.1.4.4. Describe its processes for ensuring that CHIP clients are generally informed of services within 60 days of the client's eligibility determination, and for clients who have not used CHIP services, annually thereafter.
- I.1.4.5. Describe its process for providing scheduling assistance for CHIP services.
- I.1.4.6. Describe its processes for coordinating benefits across all entities administering the CHIP benefit.

J. PRENATAL CARE

K. COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH CARE

- K.1. Overview.
- K.2. Behavioral Health-related Responsibilities of the ASO
- K.3. Coordination with CT BHP

K.4. The Bidder Shall

- K.4.4. Provide a plan to facilitate the coordination of services for individuals with both behavioral health and physical health care needs. The plan should address:
 - K.4.4.1. Screening tools for use in primary care and recommendations for their use;
 - K.4.4.2. Proposed protocols for communication between primary care and behavioral health providers;
 - K.4.4.3. Identification of medical conditions that require behavioral health

screening or assessments; and

- K.4.4.4. Recommendations for working with primary care providers whose clients might not normally seek behavioral health services due to generational, ethnic, racial or cultural background to make the behavioral health services available in the primary care setting or to facilitate access elsewhere.

L. COORDINATION WITH THE DENTAL HEALTH PARTNERSHIP

L.1. Coordination with the DHP

L.2. The Bidder Shall

L.2.1. Provide a plan to facilitate the coordination of services for individuals with both dental health and special physical health care needs. The plan should address:

L.2.1.1. Dental screening practices for use in primary care and recommendations for their use;

L.2.1.2. Proposed protocols for communication between primary care and dental health providers;

L.2.1.3. Identification of medical conditions which ought to trigger special dental health assessments such as pregnancy, as well as dental health concerns or findings which ought to trigger communications with primary care providers; and

L.2.1.4. Recommendations for working with primary care providers whose clients might not normally seek dental health services due to generational, ethnic, racial or cultural background to make the dental health services available in the primary care setting or to facilitate access elsewhere.

M. COORDINATION WITH HOME AND COMMUNITY BASED WAIVER PROGRAMS

N. QUALITY MANAGEMENT

N.1. Quality Management (QM) refers to a comprehensive program of quality and cost measurement, quality improvement and quality assurance activities responsive to the Department's objectives. The Department seeks to ensure that all individuals receive appropriate, effective, medically necessary, and cost effective treatment in order to maximize health outcomes. The Contractor will systematically and objectively measure access to care, demand for services, quality of care, and outcomes and analyze utilization data, satisfaction surveys, complaints, and other sources of quality information. This information will support the development of continuous quality improvement strategies by the bidder and by providers that are consistent with the vision and mission of the Department.

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- N.2. Quality Management Oversight:
- N.3. General Provisions
- N.4. Annual Quality Management Project Plan and Program Evaluation
- N.5. Member Satisfaction Surveys
- N.6. Provider Satisfaction Surveys
- N.7. Clinical Issue Studies
- N.8. Ongoing Quality Management Activities
- N.9. Quality Improvement Initiatives
- N.10. Provider Profiling
- N.11. Person Centered Medical Home/Health Home Performance Measurement
- N.12. Statewide Performance Measurement
- N.13. Network Managers
- N.14. Annual Quality Management Project Plan Evaluation
- N.15. Critical Incidents
- N.16. **The Bidder Shall**
 - N.16.1. Propose a QM Program Plan outline based on the bidder's previous experience and modified to be responsive to this application.
 - N.16.2. Propose quality indicators and methods that might serve as effective measures of successful implementation during the first nine (9) months of implementation.
 - N.16.3. Propose a methodology for meeting the requirements of the Annual QM Program Plan.
 - N.16.4. Propose a survey methodology for obtaining member and provider satisfaction and feedback regarding access, quality and the care experience.
 - N.16.5. Provide a flow chart and describe how the bidder will track, monitor, respond and resolve all complaints. The bidder shall identify if this process is manual or automated and describe each process in detail. This could include segregating those complaints that can be resolved by the Contractor versus those that would require the Department's assistance.

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- N.16.6. Propose a methodology to identify Clinical Study issues.
- N.16.7. Propose a methodology to identify members with multiple emergency department admissions, and identify and refer for ICM high-risk members with multiple chronic conditions/co-occurring medical/behavioral health needs.
- N.16.8. Propose position description and qualifications for network managers.
- N.16.9. Propose a methodology and plan to identify and address provider relations issues (i.e., authorization problems, enrollment problems, data exchange problems and other issues).
- N.16.10. Propose a methodology, including specific material, reports, data and events to initiate desk or on-site provider quality audits in response to quality of care complaints or incidents in order to improve the quality of care at specific provider sites.
- N.16.11. Propose a methodology that clearly describes the process for establishing corrective action plans, and if necessary, provider sanctions based on the quality audit and subsequent findings.
- N.16.12. Describe the proposed approach to conducting the required provider profiling activities as stated above.
- N.16.13. Describe the proposed approach to conducting the required PCMH/HH performance measurement activities as stated above.
- N.16.14. Describe the proposed approach to conducting the required statewide performance measurement.
 - N.16.14.1. Include specific information regarding all how the Contractor will administer this requirement using claims data provided by the Department and detail the plan for the gathering of information necessary to satisfy all hybrid measure requirements.
- N.16.15. Describe how the provider profiling and PCMH/HH performance measurement system can be accessed by the Department for use in profiling individual providers and PCMH/HH providers.
- N.16.16. Describe how the provider profiling and PCMH/HH performance measurement system can be accessed by providers to support their ongoing performance monitoring and quality improvement.
- N.16.17. Describe whether and how this system might facilitate comparison with other similar providers or levels of care statewide.

O. PROVIDER RELATIONS

- O.1. Introduction

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- O.2. General Aims:
- O.3. Provider Handbook
- O.4. Provider Notification
- O.5. Provider Orientation
- O.6. Provider Training and Targeted Technical Assistance
- O.7. Provider Inquiries and Complaints
- O.8. Throughout the term of the Contract the Contractor shall:
- O.9. Web-based Communication Solution
- O.10. **The Bidder Shall**
 - O.10.1. Propose its method for providing on-going and seamless communication between providers and the Contractor.
 - O.10.2. Propose a provider notification process.
 - O.10.3. Propose a plan for an orientation program and targeted technical assistance for providers with specific attention to engaging providers.
 - O.10.4. Propose a methodology to identify providers who require targeted training.
 - O.10.5. Propose a plan to assist with the facilitation of biannual regional community meetings for the purposes of information sharing and feedback with providers, consumers and advocacy groups.
 - O.10.6. Propose a mechanism to track and manage all provider inquiries, complaints and/or grievances.
 - O.10.7. Propose a web-based solution to address communication needs of providers including the way the bidder's Connecticut website will relate to the bidder's entire web address and the ASO website.

P. PROVIDER AND MEDICAL HOME/HEALTH HOME NETWORK DEVELOPMENT

- P.1. Introduction
- P.2. Access to Provider Files
- P.3. Provider Search Function
- P.4. Network Assessment

P.5. Network Development

P.6. Critical Access and Single Case Agreements

P.7. Payment Related Troubleshooting and Technical Assistance

P.8. The Bidder Shall

P.8.1. Propose a plan for building and maintaining a provider file with recommended minimum data elements, and demonstrate the utility of the system and ease of access to provider file data by the Utilization Management, Intensive Care Management, and Recipient Services units.

P.8.2. Demonstrate how the provider database identifies where the services reside by location, provider type, and specialty.

P.8.3. Propose a plan for the recruitment and retention of providers to address network deficiencies, with emphasis on adequate access to primary care providers and to a complete range of specialist types.

P.8.4. Propose a plan to support expanded client access to care, including but not limited to identification of providers that are accepting new patients, offering expanded hours (i.e. evenings, weekends), and offer other services of importance to special populations (cultural competence, special expertise in caring for specific clinical conditions).

P.8.5. Propose approaches, in addition to those described in F.7.1.2., to identify and resolve provider authorization and payment related problems.

P.8.6. Propose a reporting format to support monitoring of network development, including standardize reports access reports with only providers that are accepting new patients.

P.8.7. Propose a plan for providing technical assistance and support to providers interested in becoming medical homes or health homes.

P.8.8. Propose operational procedures for the payment of providers under special service agreements, through the Department's MMIS.

Q. MEMBER SERVICES

Q.1. General Requirements

Q.2. Policies and Procedures

Q.3. Transportation

Q.4. Semi-Annual Community Meetings

Q.5. Member Brochure

Q.6. Member Handbook

Q.7. **The Bidder Shall**

Q.7.1. Propose and fully describe the staffing needed to adequately address member services inquiries. The description shall include:

Q.7.1.1. A flow chart and narrative that describes and justifies the relationship between the member services staff and other on-call staff with clinical expertise and Quality Management staff;

Q.7.1.2. A staffing schedule to operate the system as described above;

Q.7.2. Provide a description of the decision process that member services staff will use to respond to requests for services and/or information. Recognizing that non-clinical staff will answer some member services phone calls that may require clinical judgment, the bidder shall fully explain its method to redirect calls to clinical staff;

Q.7.3. Provide an outline of a reference manual for member services staff;

Q.7.4. Provide a description of a member services training program the bidder implemented in other public sector health programs.

Q.7.5. Describe the Contractor's strategy for responding to member access inquiries and complaints, including a description of how complaint related information is captured to support complaint reporting as established in Exhibit E: Reporting Matrix. Include a description of the process for identifying participating providers, facilitating access, and assisting with appointment scheduling when necessary.

Q.7.6. Describe the bidder's website capabilities available for use in its public sector managed care programs, including web based video capabilities.

R. TELEPHONE CALL MANAGEMENT

R.1. General Requirements

R.2. Line Specifications

R.3. Performance Specifications

R.4. Automatic Call Distribution Reporting

R.5. **The Bidder Shall**

R.5.1. Describe and justify the capabilities of the phone system to support the requirements of the contract including:

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- R.5.1.1. The number of phone lines;
- R.5.1.2. Anticipated number of calls by time of day and day of the week by service line including peak call times;
- R.5.1.3. Number and type of or job classification of staff including experienced staff assigned to the Crisis Line, Member Services Line and Provider Lines by time of day and day of the week;
- R.5.1.4. A proposed methodology to monitor the performance specifications listed above in N.3;

R.5.2. Describe its Disaster Recovery Plan including:

- R.5.2.1. Plan to respond to phone calls seamlessly in the event of local power failures, phone system failures, or other emergencies;
- R.5.2.2. Plan to provide operator response to calls when the number of calls exceeds the anticipated call demand;

R.5.3. Describe its comprehensive inbound and outbound AVR system to be operated within the parameters described above;

R.5.4. Propose a plan to accommodate the cultural and language needs of individuals who call in to the AVR;

R.5.5. Describe its training requirements and standards related to Member Services; and

R.5.6. Describe its staffing ratios to handle the expected volume of calls coming into the Telephone Call Management Center as well as its contingency plan for when its staffing cannot fully support the call volume as identified by its staffing ratios.

S. DATA REPORTING REQUIREMENTS

- S.1. General Requirements
- S.2. Report Production, Integrity and Timeliness
- S.3. Data Storage and Elements
- S.4. Data Aggregation
- S.5. Standard and Ad-hoc Reports
- S.6. **The Bidder Shall**

S.6.1. Provide a description of the bidder's information system and its ability to meet the requirements of this section.

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- S.6.2. The Department recognizes that a managed care organization typically undertakes HEDIS reporting using its own claims data and that the use of the Department's MMIS claims data may present special challenges. Please describe in detail how the bidder would propose to use the Department's claims data to produce all required HEDIS reports. In its description, the bidder shall identify any challenges associated with the use of Department provided claims data for the production of HEDIS reports and any proposed resolution.
- S.6.3. Review and cross-reference the reports and needed data requested in Exhibit E with its standard reports and provide a sample and/or a template of each report that matches what is being requested in Exhibit E.
- S.6.4. Provide a description of procedures that the bidder will undertake to ensure the integrity of the data maintained within its information system and to assure the quality and integrity of any reports that the bidder is required to produce under the resulting Contract.
- S.6.5. Provide additional reports that have been utilized by the bidder in the management of similar populations.

T. INFORMATION SYSTEM

- T.1. System Requirements
- T.2. Eligibility Data
- T.3. Build and Maintain the Provider File
- T.4. Data Extracts from the Department to the Contractor
- T.5. Batch Authorization Files
- T.6. Data Extracts from Contractor to the Department
- T.7. Access by the Contractor to Department's Data Warehouse
- T.8. Access by Department to Contractor's Databases/Data Warehouse
- T.9. Telecommunications and IT Systems Outage
- T.10. Disaster Recovery and Business Continuity
- T.11. **The Bidder Shall**
 - T.11.1. Describe its information system's capability to accommodate all operational and reporting functions required in this RFP.
 - T.11.2. The bidder shall describe its ability to adapt its information technology systems to the needs of this contract, including but not limited to its ability to exchange data electronically, configure its data exchange mechanisms to be fully

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compatible with the Department's MMIS, as well as the systems used by the Department's other health care contractors. If a bidder contracts with other states or large organizations requiring large data exchanges, the bidder must clearly demonstrate to the Department that its information systems may be altered to meet the specific needs of this contract and these alterations will not be impacted by the business needs of the Contractor's other large contractors.

- T.11.3. The bidder is expected to conduct effective and efficient health data analytics to support health risk stratification, ICM assignment and population health management using MMIS claims data provided by the Department. The bidder shall describe whether and to what extent the bidder and its health data analytics solution can analyze data sets using data other than the bidders own claims data. The bidder shall also describe in detail how its health data analytics solution can use the Department's MMIS claims data. In its description, the bidder shall identify any challenges associated with the use of Department provided claims data for the conduct of health data analytics and any proposed resolution.
- T.11.4. Describe its disaster recovery plan.
- T.11.5. Describe its plan to assemble a single comprehensive eligibility database.
- T.11.6. Describe its process to verify eligibility of individuals who are not listed in the eligibility file at the time of their service request.
- T.11.7. Describe its plan to assemble a single comprehensive authorization file.
- T.11.8. Describe its plan to assemble a single comprehensive provider file.

U. NOTICES OF ACTION, DENIAL NOTICES, APPEALS AND ADMINISTRATIVE HEARINGS

- U.1. General Requirements
- U.2. Notices of Action and Denial Notices
- U.3. Continuation of Benefits Pending Appeal
- U.4. Contractor Appeals Process – Routine
- U.5. Contractor Appeals Process – Expedited
- U.6. Administrative Hearings-Medicaid
- U.7. External Review - Charter Oak and HUSKY B
- U.8. **The Bidder Shall**

U.8.1. Propose the method that would be used for issuing NOAs and denials. This

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description shall at a minimum indicate if the process for issuing the NOA or denials will be automated or completed manually, how the NOA process will differ from the denial process and the timeframes for distribution.

U.8.2. Describe the process that would be used to ensure that all NOAs and denials are distributed in accordance with the timeframes required by the contract resulting from this RFP.

U.8.3. Propose an internal grievance and expedited appeals process.

V. PROVIDER APPEALS

W. SECURITY AND CONFIDENTIALITY

W.1. Compliance with State and Federal Law

W.2. Staff Designation

W.3. Security and Privacy Plan

W.4. Security or Privacy Breaches

W.5. Requests for Personal Healthcare Information

W.6. **The Bidder Shall**

W.6.1. Provide its plan for implementing security and protecting the confidentiality of client data.

W.6.2. Describe methods used to identify breaches.

W.6.3. Describe process for notifying the Department when a breach has occurred and the steps the Contractor will take to resolve breaches and recover unauthorized release of information.

W.6.4. Describe safeguards for protecting data that may be exchanged over the Internet.

W.6.5. Provide a copy of confidentiality and security statement and criteria for identifying those individuals who will be required to sign the statement.

X. CONTRACT COMPLIANCE, PERFORMANCE STANDARDS, AND SANCTIONS

Y. PERFORMANCE TARGETS AND WITHHOLD ALLOCATION

Y.1. General Provisions

Y.2. **The Bidder Shall**

Y.2.1. Propose its plan to address the performance areas proposed as Performance

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Targets as outlined in the Reporting Matrix at Exhibit E.

Y.2.2. Suggest additional targets that have been useful in other programs and are not already contained in Exhibit E.

Z. TRANSITION REQUIREMENTS

Z.1. General Provisions

Z.2. Contractor Responsibilities

Z.3. **The Bidder Shall**

Z.3.1. Provide a plan to conduct training sessions with providers to review UM requirements and procedures and otherwise facilitate a smooth transition.

Z.3.2. Provide a plan for the safe and appropriate transition of individuals who require continued treatment, but who are receiving services from providers that are not enrolled as a provider in the Connecticut Medical Assistance Program (i.e., current HUSKY network or out-of-network providers).

Z.3.3. Propose a plan for authorizing services for which providers failed to obtain prior authorization and to educate those providers about the UM procedures, during a transition period, not to exceed three (3) months. This provision shall not exempt the service and retro-authorization from medical necessity requirements.

AA. CONTRACT IMPLEMENTATION, REVIEW AND TERMINATION PROVISIONS

AA.1. Implementation Plan

AA.2. Performance Bond or Statutory Deposit

AA.3. Implementation Review

AA.4. Annual Performance Review

AA.5. Termination Provisions

AA.6. The Bidder Shall

AA.6.1. Provide a written assurance to the Department, that if selected, it will engage in good faith negotiations to execute a contract by August 1, 2011 and provide a fully operational system on January 1, 2012 and will maintain a fully operational system thereafter.

AA.6.2. Provide samples of previously used Implementation Plans and corresponding project plans that show the full scope of work required to implement a contract of this size. Describe the experience of the contractor's staff responsible for carrying out implementations of this size and scope. At a minimum identify the number of times that each of these individuals has executed a public

sector account of similar proportion.

BB. STAFFING, RESOURCES AND PROJECT MANAGEMENT

C. Section Three: Organization, Project Management; Key Personnel (35 double-sided pages)

C.1. Section Three must describe the background and experience of the bidder's organization and Subcontractors (if any) and include details regarding its size and resources, its experience relevant to the functions to be performed under the contract resulting from this RFP and recent contracts for similar services. All corporation identifiable aspects of the services described in this RFP must be addressed in Part One – Section Three in the following order:

C.1.1. Organization: Corporate Project Unit: The Bidder Shall:

C.1.1.1. Provide a functional organization chart detailing how the proposed project structure fits within the entire structure.

C.1.1.2. Describe how the proposed organizational structure will manage and operate the project proposed by the bidder.

C.1.1.3. Justify its staffing resources to successfully meet its RFP response requirements in light of any other similar obligations for any other entity and the names of bidder personnel proposed for this project.

C.1.2. Key Positions/ Personnel and Staff Resources:

C.1.2.3. The Bidder Shall

C.1.2.3.1 Identify Key Positions – those positions that will be responsible for the operation and success of the ASO

C.1.2.3.2 Describe a management plan for the project that includes at a minimum:

C.1.2.3.2.1 A description of the duties, authority and responsibilities of each of the key position/personnel, including the number and type of personnel to be supervised by each;

C.1.2.3.2.2 A complete description of the employment status with the Contractor if the Key positions/personnel are not full-time staff of the Contractor;

C.1.2.3.2.3 An organizational structure of the company indicating lines of authority; and Identification of any other current or planned contractual obligations that might have an influence on the bidder's capability to perform the work under a contract with the Department.

C.1.2.3.2.4 Identify a Project Manager who will be responsible for the

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implementation and management of the project, for monitoring and ensuring the performance of duties and obligations under a contract, the day to day oversight of the project and who will be available to attend all project meetings at the request of the Department.

- C.1.2.3.2.4.1. The Project Manager must be permanently located in the Connecticut office. The Project Manager will respond to the Department's requests for status updates, and ad hoc and interim reports.

C.2. Resumes - The Bidder Shall

- C.2.1. Include proposed personnel job descriptions and resumes for key personnel (including the Project Manager) indicating contract-related experience, credentials, education and training, and work experience.
- C.2.2. Resumes of personnel proposed for key positions are limited to two (2) pages per resume and must include:
 - C.2.2.1. Experience with bidder (or Subcontractor);
 - C.2.2.2. Relevant education, experience, and training;
 - C.2.2.3. Names, positions, titles, and telephone numbers of persons who are able to provide information concerning the individual's experience and competence; and
 - C.2.2.4. Each project referenced in a resume should include the customer, and a brief description of the responsibility of the individual to the project.

C.3. Personnel and Tasks - The Bidder Shall

- C.3.1. Describe the relationship between specific key personnel, for whom resumes have been submitted, and the specific tasks and assignment proposed to accomplish the scope of work.

C.4. Availability of Staff - The Bidder Shall:

- C.4.1. Propose a plan to maintain staff twenty-four hours per day and seven days per week. The plan should fully describe peak and limited service times citing prior experience.

C.5. Evidence of Qualified Entity – The Bidder Shall:

- C.5.1. Provide written assurance to the Department from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the

services required under any resultant contract.

C.6. Location of Bidder Facilities - The Bidder Shall:

C.6.1. Identify or propose its Connecticut location and identify any other state where the bidder or its parent has a principal place of business.

C.7. Governance – Disclosure – The Bidder Shall:

C.7.1. Provide the following information for the bidder as the proposed prime contractor and any proposed subcontractor:

C.7.1.1. The name, work address, home address, gender, and percentage of time spent on the contract resulting from this RFP of each responsible director.

C.7.1.2. The role of the board of directors in governance and policy making.

C.7.1.3. The manner in which clients are to be represented, if any, in an advisory or decision-making capacity concerning the contract.

C.7.1.4. A current organizational chart defining levels of ownership, governance and management.

C.8. Ownership – Disclosure - The Bidder shall provide the following:

C.8.1. A complete description of percent of ownership by the principals of the company or any other individual or organization who retain 5% or more including: name, work address, home address, and gender.

C.8.2. The relationship of the persons so identified to any other owner or governor as the individual's spouse, child, brother, sister, or parent.

C.8.3. The name of any person with an ownership or controlling interest of five percent or more, in the bidder, who also has an ownership or control interest of five percent or more in any other related entity including subcontracting entity or parent entity or wholly owned entity. The bidder shall include the name or names of the other entity.

C.8.4. The name and address of any person with an ownership or controlling interest in the disclosing entity or is an agent or employee of the disclosing entity who has been convicted of a criminal offense related to that person's involvement in any program under Title XVIII, XIX, XX or XXI of the Social Security Act, since the inception of such programs.

C.8.5. Whether any person identified in subsections (a) through (d) above, has been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, from any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, or has within the last five years been reinstated to participation in any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in such programs.

C.8.6. A description of the relationship with other entities including:

C.8.6.1. Whether the bidder is an independent entity or a subsidiary or division of another company. If the bidder is not an independent entity, the bidder shall describe the organization linkages and the degree of integration/collaboration between the organizations including any roles of the organization's principals; and

C.8.6.2. A complete listing and explanation of any financial relationship with any other health management or consulting organization.

C.9. Accreditation, Licensure and QIO-Like Status - The Bidder shall:

C.9.1. Provide documentation of any accreditation by a nationally recognized accrediting body and licenses held relative to functions required by this RFP.

C.9.2. Be required to be a QIO or QIO-like entity in Connecticut at the time of application or no later than January 1, 2012. The Bidder shall demonstrate the following:

C.9.2.1. Its understanding of the requirements for obtaining QIO or QIO-like designation in Connecticut within the required timeframes and

C.9.2.2. A methodology for time study and cost allocation necessary to support a claim for enhanced match for professional medical review services rendered by the Contractor.

C.10. Organization: Qualifications and Corporate Experience - The Bidder shall:

C.10.1. Describe the bidding organization's overall qualifications to carry out a project of this nature and scope. The detail of corporate experience and success relevant to the "MEDICAL ASO RFP" scope of work for this project should include the following information concerning the bidder's experience in other contracts or projects, whether ongoing or completed:

C.10.2. Disclose all other state agency(s) in all states or commercial vendors with which bidder had a contract for the administration of Medicaid programs or other public health care programs in the past five years. Describe the nature of contract, and identify those contracts that are (were) similar to the scope of work for this project. For those contracts identified as similar to the scope of work for this project the Bidder shall provide responses to the following:

C.10.2.1. A description of its projects or the work performed in the past five years for those agencies or commercial vendors.

C.10.2.2. A signed release allowing the Department to access any evaluative information including but not limited to site reviews conducted by any state agency or commercial entity for which the bidder has performed work in the past five years.

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- C.10.2.3. Contacts for those projects including: name of customer's project officer, title, address and telephone number. The Department reserves the right to contact the Medicaid director or similarly situated individual in any state within which the bidder has administered Medicaid covered services.
- C.10.2.4. The amounts of initial and final contracts.
- C.10.2.5. Identification of subcontractors used and a description of their responsibilities under the contract.
- C.10.2.6. The term of the contracts including the date of contract signing, the date of project initiation, the initial schedule completion date and the actual completion date.
- C.10.2.7. A description of the project services provided and where project services can be quantified, a disclosure of the level of services provided, i.e.: the number of prior authorizations and type reviewed.
- C.10.2.8. For similar contracts requiring prior authorization services, a description of the response time for prior authorization.
- C.10.2.9. A description of the linkage with the data systems in those states.
- C.10.3. Describe the bidding organization's ability to secure and retain professional staff to meet the contract requirements.
- C.10.4. Provide a written assurance that the company, its principals and staff will avoid real or perceived conflicts of interest and that staff will have no relationships with health care providers during the term of the contract that conflict with the goals and intent of this project. For purposes of this contract, a conflict for the organization and staff person would arise when a staff person would benefit materially from a relationship with a health care provider including but not limited to:
 - C.10.4.1. When a staff person provides information on behalf of a provider to the resulting Contractor and benefits materially from that information sharing;
 - C.10.4.2. When a staff person or his/her agency/firm has agreed to be a subcontractor for services resulting from any resultant contract; and
 - C.10.4.3. When a staff person serves on the Board of Directors of a health care provider.
- C.10.5. Provide a written assurance that should the bidder become aware of a potential or perceived conflict that may compromise the bidder's objective provision of services under the resultant contract, the bidder shall discuss this situation with the Department's Contract Administrator. The Contract Administrator will determine the necessary remedy.

C.11. Bidder References (Organization): The Bidder shall:

C.11.1. Supply Corporation Reference Contacts for all contracts identified in Section C.12.2 of this RFP including names, phone numbers and e-mail addresses for the reference.

C.11.1.1. Corporation references are individuals that are able to comment on the performance of the bidding organization's capacity to perform work. The contact person must be an individual familiar with the performance of the organization and its day-to-day performance on the identified contract. This request for corporation references is in addition to the request for references for key personnel. The Department expects to utilize these references in its evaluation process.

C.12. **Subcontracts:** The Contractor may subcontract for any function, excluding Telephone Call Management and Member Services. The following provisions of this section apply to those subcontractors retained by the Contractor for the purposes of providing the contractor's requirements. For each subcontract arrangement the Contractor shall be required to comply with following contractual conditions in addition to those Terms and Conditions approved by the Attorney General.

C.12.8. The Bidder shall:

C.12.8.1. Identify any of the services where the bidder intends or is contemplating utilizing a subcontractor to perform the services or duties of the Contractor.

C.12.8.2. Identify subcontractors and describe their experience and qualifications.

C.12.8.3. For each identified subcontractor submit four (4) references who can attest to the subcontractor's past performance in contracts of a similar nature and scope.

C.12.8.4. Describe the means the Bidder used to select the subcontractor or if a subcontractor has not been selected to provide a specific service, but a decision has been made to subcontract a particular service describe the minimum experience and qualifications required to perform any intended subcontracted service.

C.12.8.5. Provide the subcontractor's name, address, duties of the subcontractor and the maximum payment under the subcontract. Propose a methodology to conduct oversight of its subcontractors performing any services.

C.12.8.6. Describe the processes for managing subcontracts.

C.13. Application of New or Innovative Technologies: - The Bidder Shall

C.13.1. Describe any applications of new or innovative technologies that would add value to the proposed contract, and

C.13.2. State whether these technologies are included in the Full Scope or Reduced Scope option.

C.14. Customer Service, Training, and Education: - The Bidder Shall:

C.14.1. Provide and describe examples of its member Training and Education program activities, regarding medical related issues that are used by the Bidder to promote an emphasis on person-centered approach to care.

C.14.2. Describe the goal of each activity, the method used to measure the success at achieving these goals and the outcomes. The bidder may include in Section Five any samples of formal presentation material including training materials used in its program(s).

C.15. Professional Rapport and Collaboration: The Bidder Shall:

C.15.1. Fully describe its competence in eliciting cooperation and collaboration from the various entities including its experience as an organization and the experience of specific individuals. The description must include an explanation of how the Bidder plans to establish positive working relationships with the medical providers and constituent groups.

C.16. Small, Minority or Women's Business Enterprise - The Bidder Shall

C.16.1. describe its effort to set aside a portion of the contract resulting from this RFP for a small, minority or women's business enterprise as a subcontractor. During the evaluation process special consideration will be given to those bidders who document their utilization of a certified small business and/or demonstrate the bidder's commitment to, whenever possible, utilize a certified small business.

C.17. Department Responsibilities: - The Bidder Shall:

C.17.1. propose specific support the bidder requires from the Department to perform the tasks proposed in any resultant contract. Notwithstanding any bidder's proposed tasks for the Department to the contrary, the Department shall:

C.17.1.1. Monitor the Contractor's performance and request updates as appropriate.

C.17.1.2. Respond to written requests for policy interpretations.

C.17.1.3. Provide technical assistance to the Contractor as necessary. Allow access to automated databases as available and permitted.

C.17.1.4. Allow access to management reports and case files as appropriate. Provide a designated contract manager.

C.17.1.5. Schedule and hold regular project meetings with the Contractor.

C.17.1.6. Provide a process for and facilitate open discussions with staff and

personnel to gather information regarding recommendations for improvement.

C.17.1.7. Provide data as required by the Contractor to perform the Medical functions.

C.17.1.8. Conduct appeals with participation and input from the Contractor as determined by the Department.

C.18. **Project Timetable: - The Bidder Shall:** submit a PERT, Gantt, or Bar Chart, that clearly outlines the task timetable for the implementation of MEDICAL ASO services from beginning to end. The chart must display key dates and events relative to the project and the position and title of the responsible party.

C.19. **Identifiable Narrative Examples and Samples: - The Bidder Shall** provide a summary of its experience with respect to the following areas of health services administration:

C.19.1. Member and Provider Services and Call Center: - Experience in providing member and provider services including the operation of a locally based call center for persons who are elderly or disabled, including persons with hearing impairments, children with special health care needs, or other individuals experiencing one or more chronic health care conditions.

C.19.2. Authorization interface: - Experience in the development and maintenance of an authorization interface with a state administered Medicaid Management Information System for the authorization of services for the processing of claims.

C.19.3. Eligibility files: - Experience importing, cleaning, maintaining and managing eligibility files.

C.19.4. Provider files: - Experience importing, cleaning, maintaining and managing a provider file where the source provider file is created and maintained by a separate entity, which sends the bidder periodic updates of provider information such as adds and deletes.

C.19.5. Data Analytics: - Experience in providing data analytics for population health management, health risk stratification, provider and client profiling, and disease management. Provide examples of the effective use of data analytics for population health management, health risk stratification or disease management.

C.19.6. Clinical Management: Experience with providing clinical management services such as health risk assessment, disease management, utilization management, consumer health information, care planning, care management and case management, and quality management with high risk and chronic illness populations.

C.19.6.1. Provide specific examples of ICM or similar comprehensive care management programs that the bidder has implemented in other contracts and

how the bidder ensured a person-centered approach.

- C.19.6.2. Provide a review of each of the examples including reasons for success and lessons learned.
- C.19.6.3. Describe the bidder's experience with coordinating primary care, specialty medical, dental, pharmacy and behavioral health services. Include in this description, at a minimum, challenges the organization has encountered in collaborating with providers and other ASOs or carveouts as well as solutions considered and implemented.
- C.19.6.4. Provide examples of how the bidder identified and addressed provider specific quality issues in other public programs operated by the bidder.
- C.19.6.5. Provide examples of the provider's use of provider profiling methodologies and describe how provider profiling information was shared with providers and individuals served by the system.
- C.19.6.6. Provide a description of the bidder's experience applied to public sector health programs in addressing the cultural and linguistic needs of individuals and proposed adaptation for Connecticut individuals;
- C.19.6.7. Provide one or more examples of efforts undertaken by the bidder to improve member service performance; and
- C.19.6.8. Provide examples of Security and Privacy Plan policies and procedures of the type required in Section V, W.3.1, Security and Confidentiality.

D. Section Four: Sample Documents and Exhibits

D.13. Section Four must contain only those sample documents and exhibits that are expressly permitted or expressly required in the RFP. In addition to those sample documents and exhibits that are expressly permitted in the RFP **the Bidder shall submit the following:**

- D.13.1. Sample UM policies and procedures related to prior authorization, concurrent reviews, discharge reviews, and retrospective reviews from other public sector programs administered by the bidder.
- D.13.2. An example of the bidder's QM policies and procedures including procedures related to the management of provider specific quality incidents from other public sector programs administered by the bidder.
- D.13.3. An example of the bidder's member services policies and procedures from other public sector programs administered by the bidder.
- D.13.4. A sample provider handbook that the bidder has developed for other public sector health programs.

D.13.5. A sample member brochure and member handbook that the bidder has developed for other public sector health programs.

D.13.6. Samples of provider profiling reports including hard copy static reports and/or print screen examples of electronic profiling software.

E. Section Five: Business (Cost) (15 double-sided pages)

E.2. The Bidder Shall include cost information and other financial information in the following order:

E.2.1. Financial Information - **The Proposal must provide** bidder specific information as described below:

E.2.1.1. Audited Financial Statements for the two most recent fiscal years for which the statements are available. The statements must include a balance sheet, income statement and a statement of changes in financial position. Statements must be complete with opinions, notes and management letters. If no audited statements are available, explain why and submit un-audited financial statements.

E.2.1.2. Lines of Credit: Documentation of lines of credit that are available, including maximum credit amount and available amount.

E.2.1.3. Debt Ratings: Short-term and long-term debt ratings by at least one nationally recognized rating service, if applicable.

E.2.1.4. Analysis and evaluation of future financial condition and stability.

E.2.2. **Business Narrative The proposal must include** a narrative that explains and details the projected costs under the contract resulting from this RFP. There must be a separate narrative for each bid option (A1/A2 and B1/B2). A separate narrative is not required for the reduced enrollment options.

E.2.3. **Cost Proposal** - The Department is soliciting bids responsive to the scope of work as outlined in this document. **The Bidder Shall** provide two sets of bids corresponding to the following options as described in Section I B – Program Description:

E.2.3.1. Full Scope – Option A1 (full enrollment) and A2 (half enrollment)

E.2.3.2. Reduced Scope – Option B1 (full enrollment) and A2 (half enrollment)

E.2.4. Complete the Budget Template in Exhibit F for Options A1/A2 and B1/B2, by phase.

E.2.4.1. Provide the PMPM for the administrative services required to meet the requirements of this RFP and corresponding budget responsive to each of the

aforementioned scope options.

E.2.4.2. Identify any additional costs associated with the services specified in this RFP that are not included in the costs quoted above.

E.2.5. Although a PMPM calculation is required in the response template, the final contract will be fixed cost. Profit will be calculated as a percent of the total administrative contract cost and shall be 7.5%. The 7.5% profit shall be withheld and payable only to the extent that the Contractor meets the Performance Targets established in this RFP.

E.2.6. Describe how the Contractor will monitor and respond to increases in enrollment that surpass projected enrollment in terms of deploying or adjusting staffing for specific administrative functions (e.g., Utilization Management, Member Services, Intensive Care Management). This response must specifically address how the additional administrative revenues would be distributed to the administrative functions.

E.2.7. For years two (2) through five (5) of the contract, specify the maximum percentage increase in administrative cost, excluding changes in enrollment, and on what assumptions any cost increase is based.

E.2.8. Identify other costs not included in the above cost proposals:

E.2.9. Provide a full explanation of the cost for the Member brochures discussed in the Member Services section separating original design, printing, distribution, and revision costs.

E.2.10. Provide your hourly programming cost for Special Report related programming that exceeds the 200 hours allocated for such reports in the Data Reporting Requirements section.