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 Proposal Response Instructions
 Technical Approach Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
1	Not applicable	If applicable, describe the Bidder's proposed risk bearing partnerships/relationships including designated functions of each entity, and how delegated functions will be overseen.	2
2	V.B Eligibility and Enrollment	Provide a comprehensive discussion of the Bidder's approach to maximizing the number of members who have a relationship with a PCP, including: <ul style="list-style-type: none"> • The strategy the Bidder will use initially, and on an ongoing basis, to ensure PCP selection within 30 (thirty) calendar days. • Examples of successful strategies and lessons learned in encouraging PCP relationships. 	2
3	V.B Eligibility and Enrollment	Describe the Bidder's anticipated process to utilize the eligibility and enrollment files from MLTC or its designee to manage membership. Include the process for resolving discrepancies between these files and internal membership records.	1
4	V.B Eligibility and Enrollment	Describe the interventions the Bidder will use prior to seeking to disenroll a member who requests disenrollment outside the annual open enrollment period. Provide examples of scenarios in which the Bidder has effectively intervened to avert disenrollment of a member or members.	2
5	V.B Eligibility and Enrollment	Describe the Bidder's process to identify unborn individuals anticipated to begin coverage at the time of birth. Describe the operational process to obtain identifying information when the unborn status changes to newborn.	1
6	V.B Eligibility and Enrollment	Describe the Bidder's approach to working with other MCOs in the event a member changes their MCO during ongoing operations of the program. Describe how the Bidder will work with other MCOs to ensure a seamless transition and transfer of relevant information.	1
7	V.B Business Requirements	Describe the approach the Bidder will take to ensure compliance with all relevant provisions of Part 438 of Chapter 42 of the CFR, Title 471, 477, and 482 NAC.	Not applicable
8	V.C Business Requirements	Describe how the Bidder meets the Federal definition of an MCO. The MCO must have a Certificate of Authority (COA) to transact the business of health insurance in Nebraska as a health maintenance organization (HMO) by the contract start date. If the MCO is not licensed as required by the Nebraska Department of Insurance at the time of proposal submittal, the MCO must attest that the appropriate licensure will be obtained prior to executing a contract with MLTC.	1 Excluding copy of COA
9	V.C Business Requirements	Describe the Bidder's proposed approach for collaboration with other entities and programs, as required in Section V.C.5. Business Requirements – Cooperation with Other Entities and Programs	3

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10	V.C Business Requirements	Describe if any of the Bidders Medicaid MCOs are accredited by NCQA and, if not currently accredited in Nebraska, how it will attain accreditation for its Nebraska MCO. Please describe any unsuccessful accreditation attempts in other states.	1
11	V.C Business Requirements	If the Bidder elects to not provide, reimburse for, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds, it must furnish this information to MLTC with its proposal to this RFP. The information provided must be consistent with the requirements of 42 CFR 438.10. Describe how the Bidder will provide members with access to those services.	1
12	V.D Staffing Requirements	Describe the organization's number of employees, lines of business, and office locations. Submit an organizational chart showing the structure and lines of responsibility and authority in the company. Include the organization's parent organization, affiliates, and subsidiaries that will support this contract.	3 Excluding organizational chart
13	V.D Staffing Requirements	Provide an organizational chart for this contract, including but not limited to key staff and additional required staff. Label this "Nebraska Organizational Chart."	Not applicable
14	V.D Staffing Requirements	In table format, indicate the proposed number of FTEs for each key staff and additional required staff for discrete time periods (no longer than 3-month intervals) from contract award through 6 months after the start date of operations and whether or not positions are located in Nebraska. Label this table "Proposed FTEs by Time Period."	Not applicable
15	V.D Staffing Requirements	Provide job descriptions (including education and experience qualifications) of employees in key staff positions.	1 page per job description
16	V.D Staffing Requirements	Describe how the Bidder's administrative structure and practices will support the integration of the delivery of physical health, behavioral health, dental, and pharmacy services.	4
17	V.D Staffing Requirements	Describe how the Bidder will train staff on issues that affect its members, including: issues related to housing, education, food, physical and sexual abuse, violence, food security; behavioral health risk and protective factors; finding community resources and making referrals to these agencies and other programs; and meeting the needs of the LTSS population, including individuals with developmental disabilities and mental health concerns.	6
18	V.E. Covered Services and Benefits	Provide the Bidder's definition of medical necessity. Describe the process for developing and periodically reviewing and revising the definition. Describe the degree to which the definition is consistent with or differs from MLTC's definition of medically necessity per 471 NAC 1-002.02A.	3

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19	V.E Covered Services and Benefits	<p>Provide a description of the value-added services the Bidder proposes to offer to members taking into consideration OIG Advisory Opinion No. 20-08.</p> <p>For each service:</p> <ul style="list-style-type: none"> • Define and describe the service. • Identify the category or group of members eligible to receive the service if it is not appropriate for all members. • Note any limitations or restrictions that apply to the service. • Identify the types of providers responsible for providing the service. • Propose how and when members and providers will be notified of the service's availability. • Describe how a member may obtain/access the service. • Describe how the Bidder will identify the expanded benefit in administrative or encounter data. 	Not applicable
20	V.E Covered Services and Benefits	Describe the Bidder's approach to member education and outreach regarding EPSDT, including any innovative mechanisms. Address the use of the Bidder's system for tracking each member's screening, diagnosis and treatment to ensure services are delivered within the established timeframes.	4
21	V.E Covered Services and Benefits	Describe the Bidder's plan to utilize telehealth for any services in the benefits package, including how the MCO will incorporate member preference for in-person or telehealth service, how it will be operationalized throughout the state, and how its use relates to the Bidder's utilization management strategies.	3
22	V.E Covered Services and Benefits	Describe the Bidder's experience with an integrated pharmacy benefit in other states and specify the type of plan and enrollment.	3
23	V.E Covered Services and Benefits	Describe the Bidder's experience with an integrated dental benefit in other states and specify the type of plan and enrollment.	3
24	V.E Covered Services and Benefits	Describe how the Bidder will ensure compliance with the Mental Health Parity and Addiction Equity Act, including how the Bidder will evaluate and measure its compliance.	3
25	V.F Member Services and Education	<p>Describe member services processes including:</p> <ul style="list-style-type: none"> • Training of customer service staff (both initial and ongoing). • Routing calls to appropriate persons, including escalation. • Making information available to customer service staff (the type of information and how it is provided, e.g. hard copy or on-line search capacity). • Handling calls from members with limited English proficiency and persons who are hearing impaired. 	6

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		<ul style="list-style-type: none"> • Monitoring and ensuring the quality and accuracy of information provided to members. • Monitoring and ensuring adherence to performance standards. • How MSRs will interact with other organizations including MLTC, other MCOs, and other programs/social service entities (e.g., WIC, housing assistance, and homeless shelters). • After hours procedures. 	
26	V.F Member Services and Education	Describe the approach the Bidder will take to provide members with written material that is easily understood, including alternate formats and other languages. Address how the Bidder will ensure that materials are at the appropriate reading level.	2
27	V.F Member Services and Education	Discuss the Bidder's approach to welcoming new members, addressing requirements listed in the RFP. Discuss any proposed alternate methods or plans the Bidder would use to effectively welcome members.	3
28	V.F Member Services and Education	Detail the strategies the Bidder will use to influence member behavior to access health care resources appropriately and adopt healthier lifestyles.	5
29	V.F Member Services and Education	Describe the processes the Bidder will put in place to ensure the Bidder does not restrict the choice of providers from whom the member may receive family planning services and supplies.	1
30	V.F Member Services and Education	<p>Describe proposed member education content and materials and attach examples used with Medicaid or CHIP populations in other states. Describe innovative methods the Bidder has used for member education.</p> <p>Describe how the Bidder will provide equitable member education throughout the State. Provide examples and descriptions of how member education will be used to improve service coordination including:</p> <ul style="list-style-type: none"> • Integration of physical, behavioral health and pharmacy services. • EPSDT compliance. • Appropriate emergency room utilization. • The use of prenatal services. • The use of technological tools, including social media and mobile technology. • Partnership with community-based organizations for education and outreach. 	10
31	V.H Grievances and Appeals	Provide a flowchart and comprehensive written description of the Bidder's member grievance and appeals process, including the approach for meeting the general requirements and plan to:	3

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		<ul style="list-style-type: none"> • Ensure individuals who make decisions about grievances and appeals have the appropriate expertise and were not involved in any previous level of review. • Ensure an expedited process exists when taking the standard time could seriously jeopardize the member's health. As part of this process, explain how the Bidder will determine when the expedited process is necessary. • Use data from the grievance and appeals system to improve the Bidder's operational performance. 	
32	V.H Grievances and Appeals	Describe the approach the Bidder will take to provide members with grievance, appeal, and State Fair Hearing information. Address how the Bidder will ensure 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.	2
33	V.I Provider Network Requirements	<p>Describe the Bidder's proposed provider network outreach approach and recruitment strategy. Provide a detailed work plan for developing an adequate network within the timeframe described in Section V.I. Describe the method the Bidder plans to use on an ongoing basis to assess and ensure that MLTC's network standards are maintained, including standards related to:</p> <ul style="list-style-type: none"> • Distance. • Appointment access. • Cultural competency. • After-hours access. • Inclusion of PCPs. • Inclusion of dentists and dental specialists. • Inclusion of behavioral health providers. • Inclusion of high-volume specialists. • Inclusion of FQHCs and RHCs. • Inclusion of urgent care centers. • Inclusion of pharmacies. • Inclusion of hospitals. • Inclusion of Non-emergency transportation 	6 Excluding plan for developing an adequate network
34	V.I Provider Network Requirements	Describe the Bidder's required PCP responsibilities and how the Bidder will verify PCPs are performing them.	2
35	V.I Provider Network Requirements	Describe innovative strategies the Bidder intends to use to identify physical health and dental specialty types for which member access is limited. Describe the Bidder's intended initiatives for increasing the number of specialists within those specialty types that participate in the Bidder's network.	3

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		Identify potential challenges the Bidder anticipates in ensuring members receive appropriate care for specialties where access concerns exist, and explain how the Bidder will mitigate those challenges.	
36	V.I Provider Network Requirements	Describe the Bidder's process for monitoring and ensuring adherence to MLTC's requirements regarding appointment availability and wait times.	2
37	V.I Provider Network Requirements	<p>The Bidder must describe in its response to the RFP its methodology for promoting patient centeredness/PCMHs within its provider network. The plan should include, but is not limited to:</p> <ul style="list-style-type: none"> i. Provision of technology assistance to assist providers in the implementation of patient centeredness, including, but not limited to, electronic health record funding; ii. Any payment methodology, such as incentive payments, to PCPs to support this transformation; iii. Provision of technical assistance to assist the PCP's transformation to PCMH recognition (including education, training tools, and data relevant to member clinical care management); iv. Facilitation of specialty provider network access and coordination to support patient centeredness; v. Efforts to increase and support the provision of appropriate basic behavioral services in the primary care setting, as well as coordination of services with specialty behavioral health providers and other community services; vi. Facilitation of data interchange among PCPs, specialists, laboratories, pharmacies, and other appropriate providers; and vii. A methodology for evaluating the level of provider participation and the health outcomes achieved. MLTC will work with the MCOs to develop a common evaluation methodology. The findings from these evaluations shall be included in the MCO's annual quality evaluation report. 	3
38	V.I	Describe how the Bidder would respond to the network termination or loss of a large-scale provider group or health system. Take the following areas into consideration in the response:	3

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	Provider Network Requirements	<ul style="list-style-type: none"> • Notification to MLTC. • Coordination with the Pharmacy Benefits Manager. • The automated systems and membership supports used to assist affected members with provider transitions. • Systems and policies used for continuity of care of members experiencing provider transitions. • Impact if the loss is in a geographic area where other providers of the same provider type are not available and the MCO's response to that impact. 	
39	V.I Provider Network Requirements	<p>Describe the Bidder's credentialing and re-credentialing process including:</p> <ul style="list-style-type: none"> • Ensuring that providers are enrolled in Medicaid and have a valid identification number. • Identifying excluded providers and persons convicted of crimes searches. • Using quality and utilization measures in the recredentialing process. 	3
40	V.I Provider Network Requirements	<p>Explain the process the Bidder will put in place to maintain the provider file with detailed information on each provider sufficient to support provider payment, including issuance of IRS 1099 forms, meeting all federal and MLTC reporting requirements, and cross referencing state and federal identification numbers to ensure excluded providers are identified.</p>	2
41	V.J Provider Services	<p>Provide a description of the Bidder's provider services program/department and how the Bidder intends to partner with the provider community to deliver covered services. Include:</p> <ul style="list-style-type: none"> • Information available in the provider handbook or other media. • Description of any committees the Bidder will form for providers to offer input regarding issues such as the Bidder's service delivery, MCO/provider interactions, and potential opportunities/ innovations for improved health outcomes. • Description of how the Bidder will develop, establish and maintain its provider advisory committee, with representation as identified in this RFP. • Sample provider outreach methods. 	4
42	V.J Provider Services	<p>Describe the Bidder's additional pathways for Provider Services including chat functionality, email communication, and other electronic communication methods.</p> <p>Describe the Bidder's Provider Services toll-free telephone line, including:</p> <ul style="list-style-type: none"> • How the Bidder will provide a fully staffed line between the hours of 7:00 AM and 8:00 PM, Central Time. Monday through Friday, to address non-emergency issues and how the Bidder will provide a 	3

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		<p>clinical pharmacist staffed at all times during the hours of 8:00 AM and 8:00 PM, Central Time, Monday through Friday.</p> <ul style="list-style-type: none"> • How the Bidder will ensure that provider calls are acknowledged and resolved within three business days of receipt. • The location of operations, and if out of state, describe how the Bidder will accommodate services for Nebraska. • How the Bidder will measure and monitor the accuracy of responses provided by call center staff, as well as caller satisfaction. 	
43	V.J Provider Services	<p>Describe the Bidder's proposed provider education and training program, including:</p> <ul style="list-style-type: none"> • A description of the training program. • A work plan that outlines education and training activities, including frequency of office visits to conduct activities. • A listing of the types of materials and content the Bidder will distribute (include three samples of materials). • How the Bidder will evaluate usefulness of educational sessions and utilize feedback to influence future training sessions. 	5 Excluding sample materials
44	V.J Provider Services	<p>Describe the Bidder's proposed approach to promoting communication between providers and the Bidder. Include a discussion of how the Bidder will work with providers to improve administrative efficiencies and engage providers in developing and monitoring clinical policies and operational issues. Discuss how the provider network liaison will work with the Provider Advisory Committee to respond to provider concerns, develop provider trainings, and enhance MCO-provider communication strategies. Provide examples of how the Bidder has successfully collaborated with providers to identify necessary changes and how these changes have been implemented.</p>	2
45	V.J Provider Services	<p>Provide a description of the Bidder's proposed approach to handling provider complaints. Include intended interaction and correspondence, as well as timeframes in which the Bidder will acknowledge and resolve inquiries and grievances. Explain how the Bidder will track provider complaints and how the Bidder will use this type of information to improve provider services. Include a description of any type of internal reporting the Bidder will perform, and how the Bidder will use reporting information to influence the activities of the Bidder's provider services representatives.</p>	3
46	V.J Provider Services	<p>Describe the Bidder's plans and ability to support network providers' use of electronic health records and current/future federal IT requirements.</p>	1
47	V.J Provider Services	<p>Discuss how the Bidder will engage and educate PCPs about their role in the provision of behavioral health services and the coordination of co-existing conditions.</p>	2
48	V.J	<p>Describe the approach the Bidder will take to assess provider satisfaction, including tools the Bidder plans to use, frequency of assessment, and responsible parties. Provide relevant examples of how</p>	5

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	Provider Services	the Bidder has utilized survey results to implement quality improvements in similar programs and how these changes have improved outcomes.	
49	V.K Subcontracting Requirements	<p>For each subcontractor included in the proposal, provide the organization's role in this project, corporate background, size, resources and details addressing the following:</p> <ul style="list-style-type: none"> • The date the company was formed, established or created. • Ownership structure (whether public, partnership, subsidiary, or specified other). • Organizational chart. • Total number of employees. • Whether the subcontractor is currently providing services for the Bidder in other states and the subcontractor's location. 	1 page per subcontracting organization
50	V.K Subcontracting Requirements	<p>For subcontracted roles included in the proposal, describe the Bidder's process for monitoring and evaluating performance and compliance, including but not limited to how the Bidder will:</p> <ul style="list-style-type: none"> • Ensure receipt of all required data including encounter data. • Ensure that utilization of health care services is at an appropriate level. • Ensure delivery of administrative and health care services at an acceptable or higher level of care to meet all standards required by this RFP. • Ensure adherence to required grievance policies and procedures. • Ensure that subcontracts do not contain terms for reimbursement at rates that are less than the published Medicaid FFS rate in effect on the date of service unless a request has been submitted to and approved by MLTC. 	8
51	V.L Care Management and Case Management	<p>Provide a comprehensive discussion of the Bidder's care management program, including:</p> <ul style="list-style-type: none"> • Coordination of services using person-centered strategies. • Interventions focused on the whole person. • Management of co-morbidities, including SUD. • Incorporation of best practices for behavioral and mental health. • Member engagement in self-management strategies. • Social determinants of health, including risk and protective factors for behavioral health concerns. • Identification and tracking of members whose clinical conditions or social factors place them at an increased risk for circumstances necessitating a higher level of care management services. <p>Provide case studies and experience from other states illustrating the Bidder's ability to successfully address community differences in its care management approach.</p>	Not applicable
52	V.L Care Management	Describe the Bidder's approach for identifying members in need of care management services, including:	5

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	and Case Management	<ul style="list-style-type: none"> • The proposed process for providing a health risk screening to all members upon enrollment to identify and assess members potentially eligible for care management services. • A description of the algorithms and methodologies the Bidder will use to identify members potentially eligible for care management. • The proposed process for conducting health risk assessments for members identified as potentially eligible for care management, including those who have or are likely to experience catastrophic or other high-cost or high-risk conditions. Submit the proposed health risk assessment template that the Bidder plans to use. 	Excluding the example risk assessment
53	V.L Care Management and Case Management	Describe the specific types of services members will receive at each risk level. Provide recommendations for additional innovative care management strategies, if any, MLTC may want to consider.	5
54	V.L Care Management and Case Management	Describe how the Bidder will assist members to identify and gain access to community resources that provide services the Medicaid program does not cover.	2
55	V.L Care Management and Case Management	Describe the Bidder's strategy to address the unique challenges when providing care and case management for dual-eligible individuals who receive their services from both Medicare and Medicaid.	2
56	V.L Care Management and Case Management	Describe the Bidder's strategy to address the unique challenges when providing care and case management to members who are chronically homeless or are at risk for homelessness.	2
57	V.L Care Management and Case Management	Describe the process for care and case management for foster children and adolescents aging out of the foster care system.	2
58	V.L Care Management and Case Management	Describe the process for care and case management for members residing in an ALF or LTC facility.	2
59	V.L Care Management and Case Management	Describe the process for care and case management for members who are Tribal members or are otherwise eligible for care through Indian Health Services.	1
60	V.L Care Management	Describe how the Bidder will coordinate service planning, service delivery, and post-discharge care among discharge planners (including	6

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	and Case Management	<p>State psychiatric hospitals) and home health and other service providers.</p> <ul style="list-style-type: none"> • Include the Bidder's approach to care management for youth discharged from residential care. • Explain how the Bidder will monitor the post-discharge care of members who receive services in remote areas. 	
61	V.L Care Management and Case Management	<p>Describe how the Bidder will use data and evidence-based decision support tools, both within its organization and in working with providers and stakeholders, to maximize care management for members, improve outcomes, and create cost efficiencies. Discuss how these tools, data, and systems will be integrated to implement outcome- and value-oriented payment models. Describe the Bidder's experience and specific results.</p>	5
62	V.L Care Management and Case Management	<p>Provide a proposed plan for coordinating efforts for members who may be involved in multiple State programs, including those enrolled in HCBS waivers. Describe how the Bidder will deploy care management activities under this RFP in a manner that will not duplicate the activities provided under HCBS waivers and will facilitate sharing of information across DHHS-administered programs.</p>	3
63	V.L Care Management and Case Management	<p>Describe the Bidder's outreach program to encourage women to seek prenatal services during their first trimester of pregnancy and how the Bidder will implement required health risk screening and follow up, when applicable, for pregnant members.</p>	2
64	V.M Quality Management	<p>Provide a description of the Bidder's proposed QAPI program. Include the following in the description:</p> <ul style="list-style-type: none"> • The proposed structure, policies and procedures that explain the accountability of each organizational unit. • The program's infrastructure, including coordination with subcontractors and corporate entities, if applicable. • Proposed QAPIC membership and committee responsibilities. • How the Bidder will comply with and support MLTC's quality strategy. • How focus areas will be selected, including how data will be used in the selection process. • The proposed QAPI work plan, including planned initiatives. 	10
65	V.M Quality Management	<p>Describe how the Bidder will measure and track the outcome of individual quality improvement interventions over time.</p>	3
66	V.M Quality Management	<p>Describe experience in using results of performance measures, provider satisfaction surveys, and other data to drive improvements and positively affect the health care status of members. Provide examples of changes implemented to improve the program and members' health outcomes.</p>	5

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67	V.M Quality Management	Describe how the Bidder will assess the quality and appropriateness of care furnished to members including special health care needs, members with co-occurring physical and behavioral health concerns, and dual-eligible members.	3
68	V.M Quality Management	Describe the Bidder's process for soliciting feedback and recommendations from key stakeholders, members, and families/caregivers, and using the feedback to improve the Bidder's quality of care delivery.	2
69	V.M Quality Management	Describe the Bidder's proposed methodology to identify, design, implement, and evaluate PIPs. Provide examples of PIPs conducted by the Bidder, and how operations improved because of their results. Discuss how the Bidder will collaborate with MLTC and other MCOs to conduct statewide PIPs.	3
70	V.M Quality Management	Discuss the Bidder's approaches to annual member satisfaction surveys. Provide relevant examples of how the Bidder has utilized survey results to implement quality improvements in similar programs and how these changes have improved outcomes.	2
71	V.M Quality Management	Discuss the Bidder's experience with submitting HEDIS measures. Indicate whether the measures were reported for a State Medicaid, CHIP, and dental, or commercial product line.	1
72	V.M Quality Management	Provide the Bidder's vision for the Bidder's Clinical Advisory Committee. Discuss how the requirements of the RFP will be met.	2
73	V.M Quality Management	Discuss the Bidder's vision and any experience with a health equity committee. Describe how the requirements of the RFP will be met.	2
74	V.M Quality Management	<p>Describe the Bidder's practice of profiling the quality of care delivered by PCPs, specialists, and hospitals, including the methodology for determining which and how many providers will be profiled.</p> <ul style="list-style-type: none"> • Submit sample quality reports. • Describe the rationale for the selection of measures that are collected and reported. • Describe the proposed frequency for these profiling activities. 	3 Excluding sample quality reports
75	V.M Quality Management	<p>How will the Bidder use the Member Advisory Committee to improve quality of care and direct quality and operational changes? What representation does the Bidder plan to have on each committee (e.g., stakeholder types, from what geographic areas)? How will the Bidder identify participants of the Member Advisory Committees?</p> <p>Provide examples from other states where the Bidder has collaborated with members for program improvement.</p>	5
76	V.M	Describe the information the Bidder will provide to members and providers about the QAPI program, and how this will be achieved	2

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	Quality Management		
77	V.N Utilization Management	<p>Describe the Bidder's approach to utilization management, including:</p> <ul style="list-style-type: none"> • Innovations and automation the Bidder will use for its UM program. • Accountability for developing, implementing, and monitoring compliance with utilization policies and procedures, and consistent application of criteria by individual clinical reviewers. • Mechanisms to detect and document over- and under-utilization of medical services. • Processes and resources used to develop and regularly review utilization review criteria. • The data sources and processes to determine which services require prior authorization, and how often these requirements will be reevaluated. • Describe what will be considered in the reevaluation of the need for ongoing prior authorization requirements. • The proposed prior authorization processes for members requiring services from non-participating providers <p>The proposed processes for expedited prior authorization.</p>	10
78	V.N Utilization Management	<p>Describe the Bidder's approach to utilization management: including:</p> <ul style="list-style-type: none"> • How the Bidder will use its UM Committee to support UM activities • The role of the Clinical Advisory Committee in developing service authorization procedures. 	2
79	V.N Utilization Management	<p>Describe the process the Bidder will have in place to establish appropriate clinical practice guidelines including physical health, behavioral health, and dental, notify providers of new practice guidelines, and monitor implementation of these guidelines.</p>	2
80	V.N Utilization Management	<p>Provide specific initiatives the Bidder will implement to limit "waste" in the existing system and to improve cost efficiency. Provide specific information regarding the initiatives that will be pursued to improve cost containment and enhance quality including the stakeholders involved, the timelines, and the desired outcomes.</p>	4
81	V.N Utilization Management	<p>Describe the Bidder's process for:</p> <ul style="list-style-type: none"> • Notifying providers either verbally or in writing, and the member in writing, of denials or decisions to authorize services in amount duration or scope that is less than requested. • How the Bidder will ensure members receive written and timely notice of action relating to adverse actions taken by the Bidder. 	2
82	V.N Utilization Management	<p>Provide a listing of services for which the Bidder will require prior authorization and describe how the Bidder will communicate this information.</p>	<p>2 Excluding the listing of services</p>

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83	V.N Utilization Management	Describe the Bidder's process for conducting concurrent reviews for inpatient services for physical health and behavioral health, including hospital, rehab, and skilled nursing.	2
84	V.N Utilization Management	Describe the Bidder's process for conducting retrospective reviews to examine trends, both favorable and unfavorable, in utilization.	2
85	V.N Utilization Management	<p>Describe the initiatives the Bidder will implement to control inappropriate ED utilization, avoidable hospitalizations, and hospital readmissions. Discuss how the Bidder will ensure that care is provided in the most appropriate and cost-effective setting. Include strategies that address access to and utilization of:</p> <ul style="list-style-type: none"> • Primary care and other clinic services • Urgent care centers and retail clinics • Discuss targeted interventions for patient populations, such as: <ul style="list-style-type: none"> ○ Asthma ○ Dental complaints ○ Chronic pain ○ Mental and Behavioral health conditions. 	6
86	V.N Utilization Management	Describe the Bidder's proposed MTM program, including a description of the inclusion criteria that the Bidder proposes to use. Also, include any vendor(s) that will be subcontracted by the Bidder to perform or support MTM services. Provide a detailed description of tools the Bidder will use to ensure the active engagement of the retail pharmacies in the MTM program.	4
87	V.N Utilization Management	<p>Describe the Bidder's DUR program including prospective and retrospective DUR activities. Include a description of:</p> <ul style="list-style-type: none"> • Prescriber and pharmacy education programs. • Collaboration with MLTC's DUR. • How DUR results will be used to inform MTM education and outreach. 	3
88	V.N Utilization Management	<p>Describe the Bidder's proposed psychotropic drug oversight program to ensure appropriate utilization, including a description of the inclusion criteria that the Bidder proposes to use to monitor the appropriate use of psychotropic medications. Provide a detailed description of:</p> <ul style="list-style-type: none"> • Tools to monitor and measure psychotropic prescribing patterns and usage. • Processes to actively engage retail pharmacies and pharmacists in the oversight program. • Plans for prescriber and pharmacy interventions that reduce unsupported atypical antipsychotic prescribing and prescribing of multiple medications to the same member. • Processes to ensure that psychotropic medications prescribed to children are being prescribed appropriately and for the indicated diagnosis. 	4

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89	V.N Utilization Management	Describe the Bidder's methodology to evaluate disparities in medical management among races and ethnic groups and the correction of those disparities.	2
90	V.O Program Integrity	Describe the Bidder's approach for meeting the Program Integrity requirements described in the RFP, including but not limited to a compliance plan for the prevention, detection, reporting, and implementation of corrective actions for suspected cases of FWA and erroneous payments. Include best practices the Bidder has utilized in other states.	4
91	V.O Program Integrity	Describe how the Bidder currently works with other entities that investigate and prosecute provider and member fraud, waste, and abuse. How will the Bidder apply methods in Nebraska?	2
92	V.O Program Integrity	Currently, how does the Bidder educate members and providers to prevent fraud, waste, abuse, and erroneous payments? How will the Bidder apply methods in Nebraska?	3
93	V.O Program Integrity	Describe the Bidder's method and process for capturing TPL and payment information from its claims system. Explain how the Bidder will use this information.	3
94	V.Q Provider Reimbursemen t	<p>Provide a detailed description of the Bidder's approach to implementing a value-based purchasing model with providers. Include at a minimum the Bidder's:</p> <ul style="list-style-type: none"> • Philosophy regarding value-based purchasing and risk-sharing agreements and evidence of effective use in Nebraska or other markets • Approach to identifying initiatives and performance measures on which to focus, proposed engagement strategies to encourage provider participation, incentives the Bidder will use, and methodology and timing for determining if providers have met requirements • Discussion of best practices and lessons learned. 	5
95	V.Q Provider Reimbursemen t	Provide a description of the Bidder's proposed MAC program, including methods for setting MAC prices, criteria used to select covered MAC drugs, process for resolving disputes regarding the MAC value, how the Bidder will evaluate its MAC program, and any other program components the Bidder considers important for achieving MLTC's goals. Describe the Bidder's experience with establishing MAC programs in other states and highlight strengths and challenges.	6
96	V.Q Provider Reimbursemen t	Describe the Bidder's approach to ensuring that out of network prior authorization and payment issues are resolved expeditiously in instances when the Bidder is unable to provide necessary services to a member within its network.	2

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No.	RFP Section	Statement/Question	Page Limit
97	V.Q Provider Reimbursemen t	Describe the Bidder's proposed process for the annual year-end cost settlement with critical access hospitals.	1
98	V.R Systems and Technical Requirements	<p>Provide a general system description that details how each component of the Bidder's health information system will support the major functional areas of this contract. Include a systems diagram that highlights each system component, including subcontractor components, and the interfacing or supporting systems used to ensure compliance with RFP requirements.</p> <p>Describe how the Bidder's system will share information between Nebraska's systems and its own system to avoid duplication of effort. Identify any requirements that cannot be met without custom modifications or updates to the Bidder's systems. If modifications or updates are required, describe them and the Bidder's plan for completion prior to program operations.</p>	12 Not including the systems diagram
99	V.R Systems and Technical Requirements	Provide a description of how the MCO will comply with applicable Federal (including but not limited to HIPAA) standards for information exchange and ensure adequate system access management and information accessibility. Affirm the Bidder's use of HIPAA-compliant files and transaction standards. Include the process for resolving discrepancies between member eligibility files and the Bidder's internal membership records, including differences in members' addresses.	3
100	V.R Systems and Technical Requirements	Describe the Bidder's approach to monitoring system availability issues and the resolution process. Provide a description of the Bidder's system help desk. Include the Bidder's process for ensuring that recurring problems, not specific to system unavailability, are identified and reported to Bidder management within one business day of recognition and are promptly corrected.	2
101	V.R Systems and Technical Requirements	<p>Provide a description of the Bidder's eligibility and enrollment database. Include a description of how the Bidder will:</p> <ul style="list-style-type: none"> • Complete updates within the timeframes specified in the contract. • Identify members across multiple populations and systems. • Monitor, track, and resolve any discrepancies between the enrollment files and the Bidder's system (e.g., duplication of records and information mismatches). 	2

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102	V.R Systems and Technical Requirements	Provide a description of the Bidder's information security management functions. Include a description of proposed access restrictions for various hierarchical levels, controls for managing information integrity, audit trails, and physical safeguards of data processing facilities.	3
103	V.R Systems and Technical Requirements	<p>Describe the Bidder's business continuity, contingency, and recovery planning. Attach a copy of the Bidder's plan, or summarize how the plan addresses the following aspects of emergency preparedness and disaster recovery:</p> <ul style="list-style-type: none"> • Operational and system redundancy in place to reduce the risk of down-time. • System and operational back-up sites. • Contingency and recovery planning including resumption of operations. • Prioritized business functions for resumption of operations and responsible key personnel. • Employee and supplier preparedness, including a plan for training and communication to employees and suppliers and identified responsibilities of key personnel, in the event communications are unavailable. • Approach to provider preparedness for continuity of member care and assurance of payment for services rendered in good faith. • Testing approach and regular schedule to improve and update the plan over time. 	3 Excluding sample plan
104	V.S Claims Management	Describe the Bidder's strategies for ensuring its claim processing is ready at the time of contract implementation, to ensure timely accurate claims processing. Include the Bidder's strategy for identifying problem areas, and how the Bidder will ensure rapid response.	2
105	V.S Claims Management	<p>Describe the Bidder's methodology for ensuring that claims payment accuracy standards will be achieved. At a minimum, address:</p> <ul style="list-style-type: none"> • The process for auditing claims samples. • Documentation of the results of these audits. • The processes for implementing any necessary corrective actions resulting from the audit. 	3
106	V.S Claims Management	<p>Describe in detail how the Bidder will verify that services were actually provided including:</p> <ul style="list-style-type: none"> • Minimum sampling criteria to ensure a representative sample. • How results of monitoring will be reported to MLTC quarterly. 	3
107	V.S Claims Management	Describe the drug reference database used in pharmacy claims processing, and the update schedule, including term dates, obsolete dates, and rebate status.	2
108	V.S	Describe how the MLTC PDL will be integrated into the Bidder's pharmacy claims system.	2

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No.	RFP Section	Statement/Question	Page Limit
	Claims Management		
109	V.S Claims Management	Describe the Bidder's approach for ensuring encounter data is submitted accurately and timely to MLTC, consistent with required formats. Include in the response how the Bidder proposes to monitor data completeness and manage the non-submission of encounter data by a provider or subcontractor.	5
110	V.S Claims Management	Describe the Bidder's proposed processes for coordination of benefits for dually eligible members.	2
111	V.T Reporting and Deliverables	Provide an example of dashboards that the Bidder will use to track Bidder performance for Bidder leadership and the QAPI Committee.	Not applicable
112	V.X Transition and Implementation	Describe how the Bidder will coordinate the initial transition of individuals in the following situations to ensure continuity of care: <ul style="list-style-type: none"> • From another MCO. • From FFS. Include processes for engaging existing providers in the transition.	5
113	V.Z Electronic Visit Verification for Home Health Care Services	The Bidder must attest they understand the obligation to work with the other awarded MCOs to procure a common EVV vendor and the associated work outlined in this section.	1
114		Describe any additional innovations the Bidder to will employ to help improve health outcomes. The following is an example outline of information to submit for each innovation. <ol style="list-style-type: none"> 1. General Overview <ul style="list-style-type: none"> • The innovation name with a detailed description, highlighting the functions, specifications, and outputs. • A description of how the proposed innovation functions in a planned operational setting, including evidence, measured, quantified, or observed data that demonstrate the specifications of the proposed innovation were achieved. • The expected life cycle, in years, of the proposed innovation for the end user. 2. Features and Benefits <ul style="list-style-type: none"> • Describe the features and benefits of the proposed innovation, including any relevant qualitative or quantitative data or measurable benefits. 3. Intellectual Property (IP) Rights and Ownership <ul style="list-style-type: none"> • Indicate the patent status and patent ownership status relating to the proposed innovation. 	Not applicable