

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
1.	Not applicable	If applicable, describe the MCO's proposed risk bearing partnerships/relationships including designated functions of each entity, and how delegated functions will be overseen.	2 pages
2.	Not applicable	Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	Not applicable
3.	Not applicable	State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	Not applicable
4.	III.G. Insurance Requirements	Describe the risk analysis, assumptions, cost estimates and rationale supporting the MCO's proposed reinsurance arrangements. If any reinsurance is provided through related parties, provide a disclosure of the entities and details causing the related party relationship.	2 pages
5.	IV.B Eligibility and Enrollment	Provide a comprehensive discussion of the MCO's approach to maximizing the number of members who have a relationship with a PCP, including: <ul style="list-style-type: none"> <li>• The strategy the MCO will use initially, and on an ongoing basis, to ensure PCP selection within 30 calendar days.</li> <li>• Examples of successful strategies and lessons learned in encouraging PCP relationships.</li> </ul>	2 pages
6.	IV.B Eligibility and Enrollment	Describe the MCO'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 page

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
7.	IV.B Eligibility and Enrollment	Describe the interventions the MCO 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 MCO has effectively intervened to avert disenrollment of a member or members.	2 pages
8.	IV.B Eligibility and Enrollment	Describe the MCO'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 page
9.	IV.B Eligibility and Enrollment	Describe the MCO's approach to working with other MCOs in the event a member changes his/her MCO during ongoing operations of the program. Describe how the MCO will work with other MCOs to ensure a seamless transition and transfer of relevant information.	1 page
10.	IV.B Business Requirements	Describe the approach the MCO 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
11.	IV.C Business Requirements	Describe how the bidder meets the Federal definition of a MCO. Include a copy of the COA from the Department of Insurance.	1 page, excluding copy of COA
12.	IV.C Business Requirements	Describe the MCO's proposed approach for collaboration with other entities and programs, as required in Section IV.C.6.	3 pages
13.	IV.C Business Requirements	Describe if any of the MCO's 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 page
14.	IV.C Business Requirements	If applicable, describe any restriction of coverage for counseling or referral services the MCO is required to provide because of moral or religious obligation. Describe how the MCO will provide members with access to those services.	1 page
15.	IV.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 pages, excluding organizational chart
16.	IV.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	Not applicable

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		Chart.”	
17.	IV.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
18.	IV.D Staffing Requirements	Provide job descriptions (including education and experience qualifications) of employees in key staff positions.	1 page per job description
19.	IV.D Staffing Requirements	Describe how the MCO’s administrative structure and practices will support the integration of the delivery of physical health, behavioral health, and pharmacy services.	4 pages
20.	IV.D Staffing Requirements	Describe how the MCO 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 pages
21.	IV.D Staffing Requirements	Describe how the MCO will coordinate with the MLTC Dental Benefits Manager, including processes for reciprocal referral for needed services. Include the MCO’s plan to identify a dental services liaison.	2 pages
22.	IV.E. Covered Services and Benefits	Provide the MCO’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 pages
23.	IV.E Covered Services and Benefits	<p>Provide a description of the value added services the MCO proposes to offer to members. For each service:</p> <ul style="list-style-type: none"> <li>• Define and describe the service.</li> <li>• Identify the category or group of members eligible to receive the service if it is not appropriate for all members.</li> <li>• Note any limitations or restrictions that apply to the service.</li> <li>• Identify the types of providers responsible for providing the service.</li> <li>• Propose how and when members and providers will</li> </ul>	Not applicable

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<p>be notified of the service's availability.</p> <ul style="list-style-type: none"> <li>• Describe how a member may obtain/access the service.</li> <li>• Describe how the MCO will identify the expanded benefit in administrative or encounter data.</li> </ul>	
24.	IV.E Covered Services and Benefits	Describe the MCO's approach to member education and outreach regarding EPSDT, including any innovative mechanisms. Address the use of the MCO's system for tracking each member's screening, diagnosis and treatment to ensure services are delivered within the established timeframes.	4 pages
25.	IV.E Covered Services and Benefits	Describe the MCO'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 MCO's utilization management strategies.	3 pages
26.	IV.E Covered Services and Benefits	Describe the MCO's experience with an integrated pharmacy benefit in other states and specify the type of plan and enrollment. Provide a preliminary work plan identifying key milestones, tasks, and accountability for implementation of Pharmacy Services as described in the RFP.	3 pages, excluding preliminary work plan
27.	IV.E Covered Services and Benefits	Describe how the MCO will ensure compliance with the Mental Health Parity and Addiction Equity Act, including how the MCO will evaluate and measure its compliance.	3 pages
28.	IV.F Member Services and Education	<p>Describe member services processes including:</p> <ul style="list-style-type: none"> <li>• Training of customer service staff (both initial and ongoing).</li> <li>• Routing calls to appropriate persons, including escalation.</li> <li>• 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).</li> <li>• Handling calls from members with limited English proficiency and persons who are hearing impaired.</li> <li>• Monitoring and ensuring the quality and accuracy of information provided to members.</li> <li>• Monitoring and ensuring adherence to performance standards.</li> <li>• 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).</li> <li>• After hours procedures.</li> </ul>	6 pages
29.	IV.F Member Services	Describe the informational materials the MCO proposes	2 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
	and Education	to send to new members.	
30.	IV.F Member Services and Education	Describe the approach the MCO will take to provide members with written material that is easily understood, including alternate formats and other languages. Address how the MCO will ensure that materials are at the appropriate reading level.	2 pages
31.	IV.F Member Services and Education	Provide an overview of the MCO's proposed member website, including how it will satisfy requirements in this RFP. Provide examples of information that will be available on the website and on portals for members.	6 pages
32.	IV.F Member Services and Education	Discuss the MCO's approach to welcoming new members, addressing requirements listed in the RFP. Discuss any proposed alternate methods or plans the MCO would use to effectively welcome members.	3 pages
33.	IV.F Member Services and Education	Detail the strategies the MCO will use to influence member behavior to access health care resources appropriately and adopt healthier lifestyles.	5 pages
34.	IV.F Member Services and Education	Describe the processes the MCO will put in place to ensure the MCO does not restrict the choice of providers from whom the member may receive family planning services and supplies.	1 page
35.	IV.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 MCO has used for member education.</p> <p>Describe how the MCO 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"> <li>• Integration of physical, behavioral health and pharmacy services.</li> <li>• EPSDT compliance.</li> <li>• Appropriate emergency room utilization.</li> <li>• The use of prenatal services.</li> <li>• The use of technological tools, including social media and mobile technology.</li> <li>• Partnership with community-based organizations for education and outreach.</li> </ul>	10 pages
36.	IV.H Grievances and Appeals	<p>Provide a flowchart and comprehensive written description of the MCO's member grievance and appeals process, including the approach for meeting the general requirements and plan to:</p> <ul style="list-style-type: none"> <li>• Ensure individuals who make decisions about grievances and appeals have the appropriate</li> </ul>	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<p>expertise and were not involved in any previous level of review.</p> <ul style="list-style-type: none"> <li>• 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 MCO will determine when the expedited process is necessary.</li> <li>• Use data from the grievance and appeals system to improve the MCO's operational performance.</li> </ul>	
37.	IV.H Grievances and Appeals	Describe the approach the MCO will take to provide members with grievance, appeal, and State fair hearing information. Address how the MCO 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 pages
38.	IV.I Provider Network Requirements	<p>Describe the MCO'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 IV.I. Describe the method the MCO 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"> <li>• Distance.</li> <li>• Appointment access.</li> <li>• Cultural competency.</li> <li>• After-hours access.</li> <li>• Inclusion of PCPs.</li> <li>• Inclusion of behavioral health providers.</li> <li>• Inclusion of high volume specialists.</li> <li>• Inclusion of FQHCs and RHCs.</li> <li>• Inclusion of urgent care centers.</li> <li>• Inclusion of pharmacies.</li> <li>• Inclusion of hospitals.</li> </ul>	6 pages, excluding plan for developing an adequate network
39.	IV.I Provider Network Requirements	Describe the MCO's required PCP responsibilities and how the MCO will verify PCPs are performing them.	2 pages
40.	IV.I Provider Network Requirements	<p>Describe innovative strategies the MCO's intends to use to identify specialty types for which member access is limited. Describe the MCO's intended initiatives for increasing the number of specialists within those specialty types that participate in the MCO's network.</p> <p>Identify potential challenges the MCO anticipates in ensuring members receive appropriate care for specialties where access concerns exist, and explain how the MCO will mitigate those challenges.</p>	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
41.	IV.I Provider Network Requirements	Describe the MCO's process for monitoring and ensuring adherence to MLTC's requirements regarding appointment availability and wait times.	2 pages
42.	IV.I Provider Network Requirements	<p>Describe the MCO's approach to promoting and facilitating the capacity of its providers to provide:</p> <ul style="list-style-type: none"> <li>• Patient-centered care.</li> <li>• Improved health outcomes.</li> <li>• Member compliance.</li> <li>• Member satisfaction.</li> </ul> <p>Discuss the MCO's successes with patient-centeredness in other Medicaid programs, what lessons have been learned, and the MCO's planned approach in Nebraska.</p>	3 pages
43.	IV.I Provider Network Requirements	<p>Describe how the MCO's network development plan will establish patient-centered medical homes consistent with the requirements included in Section IV.I Provider Network Requirements. The description must address requirements in the RFP including:</p> <ul style="list-style-type: none"> <li>• Promoting and facilitating provider capacity to meet PCMH standards.</li> <li>• Maintaining contact with members throughout their interactions with the health care system.</li> <li>• Managing referrals.</li> <li>• Illness and disease prevention.</li> <li>• Encouraging active participation of the member or family/guardian/authorized representative in health care decision-making</li> <li>• Encouraging the use of specialty services and supports.</li> <li>• Providing access to care outside normal business hours.</li> <li>• Facilitating open scheduling and same-day appointments where possible.</li> </ul>	5 pages
44.	IV.I Provider Network Requirements	<p>Describe how the MCO 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:</p> <ul style="list-style-type: none"> <li>• Notification to MLTC.</li> <li>• Coordination with the PBM.</li> <li>• The automated systems and membership supports used to assist affected members with provider transitions.</li> <li>• Systems and policies used for continuity of care of members experiencing provider transitions.</li> <li>• 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.</li> </ul>	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
45.	IV.I Provider Network Requirements	<p>Describe the MCO's credentialing and re-credentialing process including:</p> <ul style="list-style-type: none"> <li>• Ensuring that providers are enrolled in Medicaid and have a valid identification number.</li> <li>• Obtaining information on ownership and control.</li> <li>• Identifying excluded providers and persons convicted of crimes searches.</li> <li>• Using quality and utilization measures in the recredentialing process.</li> </ul>	3 pages
46.	IV.I Provider Network Requirements	<p>Explain the process the MCO 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 pages
47.	IV.J Provider Services	<p>Provide a description of the MCO's provider services program/department and how the MCO intends to partner with the provider community to deliver covered services. Include:</p> <ul style="list-style-type: none"> <li>• Information available in the provider handbook or other media.</li> <li>• Description of any committees the MCO will form for providers to offer input regarding issues such as the MCO's service delivery, MCO/provider interactions, and potential opportunities/ innovations for improved health outcomes.</li> <li>• Description of how the MCO will develop, establish and maintain its provider advisory committee, with representation as identified in this RFP.</li> <li>• Sample provider outreach methods.</li> </ul>	4 pages
48.	IV.J Provider Services	<p>Describe the MCO's Provider Services toll-free telephone line, including:</p> <ul style="list-style-type: none"> <li>• How the MCO will provide a fully-staffed line between the hours of 7:00 a.m. and 8:00 p.m. CST. Monday through Friday, to address non-emergency issues and how the MCO will provide a clinical pharmacist staffed at all times during the hours of 8:00 a.m. and 8:00 p.m. CST Monday through Friday.</li> <li>• How the MCO will ensure that provider calls are acknowledged and resolved within three business days of receipt.</li> <li>• The location of operations, and if out of state, describe how the MCO will accommodate services for Nebraska.</li> <li>• How the MCO will measure and monitor the</li> </ul>	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		accuracy of responses provided by call center staff, as well as caller satisfaction.	
49.	IV.J Provider Services	<p>Provide an overview of the MCO's proposed provider website, including examples of information that will be available on the website and on portals for providers.</p> <p>Include proposed resources and tools that will be of use to providers. Please provide a description of technology that will be used to enhance the provider website.</p>	5 pages excluding sample resources, tools and materials
50.	IV.J Provider Services	<p>Describe the MCO's proposed provider education and training program, including:</p> <ul style="list-style-type: none"> <li>• A description of the training program.</li> <li>• A work plan that outlines education and training activities, including frequency of office visits to conduct activities.</li> <li>• A listing of the types of materials and content the MCO will distribute (include three samples of materials).</li> <li>• How the MCO will evaluate usefulness of educational sessions and utilize feedback to influence future training sessions.</li> </ul>	5 pages, excluding sample materials
51.	IV.J Provider Services	<p>Describe the MCO's proposed approach to promoting communication between providers and the MCO. Include a discussion of how the MCO 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 MCO has successfully collaborated with providers to identify necessary changes and how these changes have been implemented.</p>	2 pages
52.	IV.J Provider Services	<p>Provide a description of the MCO's proposed approach to handling provider complaints. Include intended interaction and correspondence, as well as timeframes in which the MCO will acknowledge and resolve inquiries and grievances. Explain how the MCO will track provider complaints and how the MCO will use this type of information to improve provider services. Include a description of any type of internal reporting the MCO will perform, and how the MCO will use reporting information to influence the activities of the MCO's provider services representatives.</p>	3 pages
53.	IV.J	Describe the MCO's plans and ability to support network providers' "meaningful use" of electronic health records	1 page

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
	Provider Services	and current/future Federal IT requirements.	
54.	IV.J Provider Services	Discuss how the MCO will engage and educate PCPs about their role in the provision of behavioral health services and the coordination of co-existing conditions.	2 pages
55.	IV.J Provider Services	Describe the approach the MCO will take to assess provider satisfaction, including tools the MCO plans to use, frequency of assessment, and responsible parties. Provide relevant examples of how the MCO has utilized survey results to implement quality improvements in similar programs and how these changes have improved outcomes.	5 pages
56.	IV.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"> <li>• The date the company was formed, established or created.</li> <li>• Ownership structure (whether public, partnership, subsidiary, or specified other).</li> <li>• Organizational chart.</li> <li>• Total number of employees.</li> <li>• Whether the subcontractor is currently providing services for the MCO in other states and the subcontractor's location.</li> </ul>	1 page per subcontracting organization
57.	IV.K Subcontracting Requirements	<p>For subcontracted roles included in the proposal, describe the MCO's process for monitoring and evaluating performance and compliance, including but not limited to how the MCO will:</p> <ul style="list-style-type: none"> <li>• Ensure receipt of all required data including encounter data.</li> <li>• Ensure that utilization of health care services is at an appropriate level.</li> <li>• Ensure delivery of administrative and health care services at an acceptable or higher level of care to meet all standards required by this RFP.</li> <li>• Ensure adherence to required grievance policies and procedures.</li> <li>• 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.</li> </ul>	8 pages
58.	IV.L Care Management	<p>Provide a comprehensive discussion of the MCO's care management program, including:</p> <ul style="list-style-type: none"> <li>• Coordination of services using person-centered strategies.</li> </ul>	Not applicable

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<ul style="list-style-type: none"> <li>• Interventions focused on the whole person.</li> <li>• Management of co-morbidities.</li> <li>• Incorporation of best practices for behavioral health.</li> <li>• Member engagement in self-management strategies.</li> <li>• Social determinants of health, including risk and protective factors for behavioral health concerns.</li> <li>• 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.</li> </ul> <p>Provide case studies and experience from other states illustrating the MCO's ability to successfully address community differences in its care management approach.</p>	
69.	IV.L Care Management	<p>Describe the MCO's approach for identifying members in need of care management services, including:</p> <ul style="list-style-type: none"> <li>• 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, including those who have or are likely to experience catastrophic or other high-cost or high-risk conditions.</li> <li>• A description of the algorithms and methodologies the MCO will use to identify members potentially eligible for care management.</li> <li>• The proposed process for conducting health risk assessments for members identified as potentially eligible for care management. Submit the proposed health risk assessment template that the MCO plans to use.</li> </ul>	5 pages
60.	IV.L Care Management	<p>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.</p>	5 pages
61.	IV.L Care Management	<p>Describe how the MCO will assist members to identify and gain access to community resources that provide services the Medicaid program does not cover.</p>	2 pages
62.	IV.L Care Management	<p>Describe the MCO's strategy to address the unique challenges when coordinating care for dual-eligible individuals who receive their services from both Medicare and Medicaid.</p>	2 pages
63.	IV.L Care Management	<p>Describe the process for care coordination for members who are Tribal members or are otherwise eligible for care through Indian Health Services.</p>	1 page
64.	IV.L	<p>Describe how the MCO will coordinate service planning, service delivery, and post-discharge care among</p>	4 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
	Care Management	discharge planners (including State psychiatric hospitals) and home health and other service providers. Include the MCO's approach to care management for youth discharged from residential care. Explain how the MCO will monitor the post-discharge care of members who receive services in remote areas.	
65.	IV.L Care Management	Describe how the MCO will use data and evidence-based decision support tools, both within its organization and in working with providers and stakeholders, to maximize care coordination for members, improve outcomes, and create cost efficiencies. Discuss how these tools and data and systems will be integrated to implement outcome- and value-oriented payment models. Describe the MCO's experience and specific results.	5 pages
66.	IV.L Care Management	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 MCO 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.	3 pages
67.	IV.L Care Management	Describe the MCO's outreach program to encourage women to seek prenatal services during their first trimester of pregnancy and how the MCO will implement required health risk screening and follow up, when applicable, for pregnant members.	2 pages
68.	IV.M Quality Management	Provide a description of the MCO's proposed QAPI program. Include the following in the description: <ul style="list-style-type: none"> <li>• The proposed structure, and policies and procedures that explain the accountability of each organizational unit.</li> <li>• The program's infrastructure, including coordination with subcontractors and corporate entities, if applicable.</li> <li>• Proposed QAPIC membership and committee responsibilities.</li> <li>• How the MCO will comply with and support MLTC's quality strategy.</li> <li>• How focus areas will be selected, including how data will be used in the selection process.</li> <li>• The proposed QAPI work plan, including planned initiatives.</li> </ul>	10 pages
69.	IV.M Quality	Describe how the MCO will measure and track the outcome of individual quality improvement interventions	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
	Management	over time.	
70.	IV.M Quality Management	Describe experience in using results of performance measures, member satisfaction surveys, and other data to drive improvements and positive affect the health care status of members. Provide examples of changes implemented to improve the program and members' health outcomes.	5 pages
71.	IV.M Quality Management	Describe how the MCO will assess the quality and appropriateness of care furnished to members with special health care needs, members with co-occurring physical and behavioral health concerns, and dual-eligible members.	3 pages
72.	IV.M Quality Management	Describe the MCO's process for soliciting feedback and recommendations from key stakeholders, members, and families/caregivers, and using the feedback to improve the MCO's quality of care.	2 pages
73.	IV.M Quality Management	Describe the MCO's proposed methodology to identify, design, implement, and evaluate PIPs. Provide examples of PIPs conducted by the MCO, and how operations improved because of their results. Discuss how the MCO will collaborate with MLTC and other MCOs to conduct statewide PIPs.	3 pages
74.	IV.M Quality Management	Discuss the MCO's approaches to annual member satisfaction surveys. Provide relevant examples of how the MCO has utilized survey results to implement quality improvements in similar programs and how these changes have improved outcomes.	1 page
75.	IV.M Quality Management	Discuss the MCO's experience with submitting HEDIS measures. Indicate whether the measures were reported for a State Medicaid, CHIP, or commercial product line.	1 page
76.	IV.M Quality Management	Provide the MCO's vision for the MCO's Clinical Advisory Committee. Discuss how the requirements of the RFP will be met.	2 pages
77.	IV.M Quality Management	<p>Describe the MCO'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"> <li>• Submit sample quality reports.</li> <li>• Describe the rationale for selected the measures that are gathered/reported.</li> <li>• Describe the proposed frequency of profiling activities.</li> </ul>	3 pages, excluding sample quality reports

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
78.	IV.M Quality Management	<p>How will the MCO use the Member Advisory Committee to improve quality of care and direct quality and operational changes? What representation does the MCO plan to have on each committee (e.g., stakeholder types, from what geographic areas)? How will the MCO identify participants of the Member Advisory Committees?</p> <p>Provide examples from other states where the MCO has collaborated with members for program improvement.</p>	5 pages
79.	IV.M Quality Management	Describe the information the MCO will provide to members and providers about the QAPI program.	2 pages
80.	IV.N Utilization Management	<p>Describe the MCO's approach to utilization management, including:</p> <ul style="list-style-type: none"> <li>• Innovations and automation the MCO will use for its UM program.</li> <li>• Accountability for developing, implementing, and monitoring compliance with utilization policies and procedures, and consistent application of criteria by individual clinical reviewers.</li> <li>• Mechanisms to detect and document over- and under-utilization of medical services.</li> <li>• Processes and resources used to develop and regularly review utilization review criteria.</li> <li>• How the MCO will use its UM Committee to support UM activities.</li> </ul>	5 pages
81.	IV.N Utilization Management	Describe the process the MCO will have in place to determine appropriate practice guidelines (including for behavioral health), notify providers of new practice guidelines, and monitor implementation of those guidelines.	2 pages
82.	IV.N Utilization Management	As one of the largest payers in Nebraska, MLTC has an important role to play to move the health care system to a more cost-effective model that improves outcomes. Provide specific initiatives the MCO will pursue to deal with "waste" in the existing system and improve outcomes. Provide specific information regarding the initiatives that will be pursued to improve quality and enhance cost containment (including the stakeholders involved, the timelines, and the desired outcomes).	4 pages
83.	IV.N Utilization Management	<p>Describe the MCO's proposed approach to prior authorization, including:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>	4 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<p>of need for current prior authorization requirements.</p> <ul style="list-style-type: none"> <li>• The proposed prior authorization processes for members requiring services from non-participating providers and expedited prior authorization.</li> <li>• The role of the Clinical Advisory Committee in developing service authorization procedures.</li> <li>• The MCO's process for 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.</li> </ul>	
84.	IV.N Utilization Management	Provide a listing of services for which the MCO will require prior authorization and describe how the MCO will communicate this information, as well as the results of authorization decisions, to providers and members.	2 pages excluding the listing of services
85.	IV.N Utilization Management	Describe how the MCO will ensure members receive written and timely notice of action relating to adverse actions taken by the MCO.	1 page
86.	IV.N Utilization Management	Describe the MCO's process for conducting concurrent reviews for inpatient services.	2 pages
87.	IV.N Utilization Management	Describe the MCO's process for conducting retrospective reviews to examine trends, issues, and problems in utilization.	2 pages
88.	IV.N Utilization Management	Describe the initiatives the MCO will implement to control unnecessary ED utilization, avoidable hospitalizations, and hospital readmissions. Discuss how the MCO will ensure that care is provided in the most appropriate and cost effective setting. Include strategies that address access to primary care services through patient centeredness principles; the use of urgent care centers and retail clinics; and, interventions targeted to super-utilizers, such as patients with asthma, diabetes, chronic pain, and/or behavioral health conditions.	6 pages
89.	IV.N Utilization Management	Describe the MCO's proposed MTM program, including a description of the inclusion criteria that the MCO proposes to use. Also, include any vendor(s) that will be subcontracted by the MCO to perform or support MTM services. Provide a detailed description of tools the MCO will use to ensure the active engagement of the retail pharmacies in the MTM program.	4 pages
90.	IV.N Utilization Management	<p>Describe the MCO's DUR program including prospective and retrospective DUR activities. Include a description of:</p> <ul style="list-style-type: none"> <li>• Prescriber and pharmacy education programs.</li> </ul>	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<ul style="list-style-type: none"> <li>• Collaboration with MLTC's DUR.</li> <li>• How DUR results will be used to inform MTM education and outreach.</li> </ul>	
91.	IV.N Utilization Management	<p>Describe the MCO's proposed psychotropic drug oversight program to ensure appropriate utilization, including a description of the inclusion criteria that the MCO proposes to use to monitor the appropriate use of psychotropic medications. Provide a detailed description of:</p> <ul style="list-style-type: none"> <li>• Tools to monitor and measure psychotropic prescribing patterns and usage.</li> <li>• Processes to actively engage retail pharmacies and pharmacists in the oversight program.</li> <li>• Plans for prescriber and pharmacy interventions that reduce unsupported atypical antipsychotic prescribing and prescribing of multiple medications to the same member.</li> <li>• Processes to ensure that psychotropic medications prescribed to children are being used appropriately and for the indicated diagnosis.</li> </ul>	4 pages
92.	IV.N Utilization Management	Describe the MCO's methodology to assess disparities in treatment among races and ethnic groups and correct those disparities.	2 pages
93.	IV.O Program Integrity	Describe the MCO'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 MCO has utilized in other states.	4 pages
94.	IV.O Program Integrity	Describe how the MCO currently works with other entities that investigate and prosecute provider and member fraud, waste, and abuse. How will the MCO apply methods in Nebraska?	2 pages
95.	IV.O Program Integrity	Currently, how does the MCO educate members and providers to prevent fraud, waste, abuse, and erroneous payments? How will the MCO apply methods in Nebraska?	3 pages
96.	IV.O Program Integrity	Describe the MCO's method and process for capturing TPL and payment information from its claims system. Explain how the MCO will use this information.	3 pages
97.	IV.Q Provider Reimbursement	Provide a detailed description of the MCO's approach to implementing a value-based purchasing model with providers. Include at a minimum the MCO's:	6 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
		<ul style="list-style-type: none"> <li>• Philosophy regarding value-based purchasing and risk-sharing agreements and evidence of effective use in Nebraska or other markets</li> <li>• Approach to identifying initiatives and performance measures on which to focus, proposed engagement strategies to encourage provider participation, incentives the MCO will use, and methodology and timing for determining if providers have met requirements</li> <li>• Plan for entering into value-based purchasing agreements with 30% of its provider network by December 31, 2019.</li> <li>• Discussion of best practices and lessons learned.</li> </ul>	
98.	IV.Q Provider Reimbursement	Provide a description of the MCO'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 MCO will evaluate its MAC program, and any other program components the MCO considers important for achieving the State's NMMCP goals. Describe the MCO's experience with establishing MAC programs in other states, and highlight strengths and challenges.	6 pages
99.	IV.Q Provider Reimbursement	Describe the MCO's approach to ensuring that out of network prior authorization and payment issues are resolved expeditiously in instances when the MCO is unable to provide necessary services to a member within its network.	2 pages
100.	IV.Q Provider Reimbursement	Describe the MCO's proposed process for the annual year-end cost settlement process with critical access hospitals.	1 page

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
101.	IV.R Systems and Technical Requirements	Provide a general system description that details how each component of the MCO's health information system will support the major functional areas of NMMCP. 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. Describe how the MCO'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 MCO's systems. If modifications or updates are required, describe them and the MCO's plan for completion prior to program operations.	12 pages, not including the systems diagram
102.	IV.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 MCO's use of HIPAA-compliant files and transaction standards. Include the process for resolving discrepancies between member eligibility files and the MCO's internal membership records, including differences in members' addresses.	3 pages
103.	IV.R Systems and Technical Requirements	Describe the MCO's approach to monitoring system availability issues and the resolution process. Provide a description of the MCO's system help desk. Include the MCO's process for ensuring that recurring problems, not specific to system unavailability, are identified and reported to MCO management within one business day of recognition and are promptly corrected.	2 pages
104.	IV.R Systems and Technical Requirements	Provide a description of the MCO's eligibility and enrollment database. Include a description of how the MCO will: <ul style="list-style-type: none"> <li>• Complete updates within the timeframes specified in the contract.</li> <li>• Identify members across multiple populations and systems.</li> <li>• Monitor, track, and resolve any discrepancies between the enrollment files and the MCO's system (e.g., duplication of records and information mismatches).</li> </ul>	2 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
105.	IV.R Systems and Technical Requirements	Provide a description of the MCO'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 pages
106.	IV.R Systems and Technical Requirements	<p>Describe the MCO's business continuity, contingency, and recovery planning. Attach a copy of the MCO's plan, or summarize how the plan addresses the following aspects of emergency preparedness and disaster recovery:</p> <ul style="list-style-type: none"> <li>• Operational and system redundancy in place to reduce the risk of down-time.</li> <li>• System and operational back-up sites.</li> <li>• Contingency and recovery planning including resumption of operations.</li> <li>• Prioritized business functions for resumption of operations and responsible key personnel.</li> <li>• 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.</li> <li>• Approach to provider preparedness for continuity of member care and assurance of payment for services rendered in good faith.</li> <li>• Testing approach and regular schedule to improve and update the plan over time.</li> </ul>	3 pages, excluding sample plan
107.	IV.S Claims Management	Describe the MCO's strategies for ensuring its claim processing is ready at the time of contract implementation, to ensure timely accurate claims processing. Include the MCO's strategy for identifying problem areas, and how the MCO will ensure rapid response.	2 pages
108.	IV.S Claims Management	<p>Describe the MCO's methodology for ensuring that claims payment accuracy standards will be achieved. At a minimum, address:</p> <ul style="list-style-type: none"> <li>• The process for auditing claims samples.</li> <li>• Documentation of the results of these audits.</li> <li>• The processes for implementing any necessary corrective actions resulting from the audit.</li> </ul>	3 pages
109.	IV.S Claims	Describe in detail how the MCO will verify that services were actually provided including:	3 pages

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
	Management	<ul style="list-style-type: none"> <li>• Minimum sampling criteria to ensure a representative sample.</li> <li>• How results of monitoring will be reported to the State quarterly.</li> </ul>	
110.	IV.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 pages
111.	IV.S Claims Management	Describe how the State Medicaid PDL will be integrated into the MCO pharmacy claims system.	2 pages
112.	IV.S Claims Management	Describe the MCO's approach for ensuring encounter data is submitted accurately and timely to MLTC, consistent with required formats. Include in the response how the MCO proposes to monitor data completeness and manage the non-submission of encounter data by a provider or subcontractor.	5 pages
113.	IV.S Claims Management	Describe the MCO's proposed processes for coordination of benefits for dually-eligible members.	2 pages
114.	IV.T Reporting and Deliverables	Provide an example of dashboards that the MCO will use to track MCO performance for MCO leadership and the QAPI Committee.	Not applicable
115.	IV.T Reporting and Deliverables	<p>Provide examples of the following reports:</p> <p>Member Grievance System Performance Improvement Projects Care Management</p> <p>How will the MCO use required reports in its day to day management and operations?</p>	Not applicable
116.	IV.X Transition and Implementation	<p>Describe how the MCO will coordinate the initial transition of individuals in the follow situations to ensure continuity of care:</p> <ul style="list-style-type: none"> <li>• From another MCO.</li> <li>• From FFS , including specific approaches for the aged and disabled populations who are new to managed care.</li> </ul> <p>Include processes for engaging existing providers in the transition.</p>	5 pages
117.	IV.Z FFS Claims Management and Processing	Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	Not applicable

Attachment 19  
Proposal Statements and Questions

No.	RFP Section	Statement/Question	Page Limit
118.	IV.Z FFS Claims Management and Processing	Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	Not applicable
119.	IV.Z FFS Claims Management and Processing	Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	Not applicable
120.	IV.Z FFS Claims Management and Processing	Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	Not applicable
121.	IV.Z FFS Claims Management and Processing	Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	Not applicable
122.	IV.Z FFS Claims Management and Processing	Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	Not applicable