



*DELAWARE HEALTH AND SOCIAL SERVICES*

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Division of Medicaid & Medical Assistance

State of Delaware  
Delaware Department of Health and Social Services  
(DHSS)  
Division of Medicaid & Medical Assistance (DMMA)

**Request for Qualifications (RFQ) HSS 17 028  
Diamond State Health Plan (DSHP) and  
Diamond State Health Plan Plus (DSHP Plus)  
Delivery System Transformation**

# Table of Contents

1	PURPOSE AND OVERVIEW.....	4
1.1	Introduction and Purpose.....	4
1.2	Overview: DHSS.....	4
1.3	Overview: DSHP and DSHP Plus .....	5
1.4	RFQ Contact.....	5
2	RFQ SCHEDULE.....	6
2.1	Anticipated Schedule .....	6
2.2	Notice of Intent to Respond .....	6
3	RFQ TERMS AND CONDITIONS.....	7
3.1	Restrictions on Communications with DHSSStaff .....	7
3.2	Consultants and Legal Counsel .....	7
3.3	Reserved Rights .....	7
3.4	Respondent Eligibility .....	7
3.5	Project Cost.....	7
3.6	Opening of Responses .....	8
3.7	Acknowledgement of Understanding of Terms.....	8
3.8	Realistic Responses .....	8
3.9	Non-Conforming Responses.....	8
3.10	Notification of Invitation to Negotiate and Contract Award.....	8
3.11	Amendments to Responses.....	8
3.12	Responses Become State Property .....	8
3.13	Investigation of Respondent’s Qualifications.....	9
3.14	RFQ and Final Contract.....	9
3.15	Response and Final Contract .....	9
3.16	Cost of Response Preparation.....	9
3.17	Public Information and Confidentiality .....	9
3.18	Debriefing Requests .....	9
4	RESPONSE REQUIREMENTS .....	10
4.1	Response Instructions .....	10
4.2	Response Contents .....	11

5 EVALUATION OF RESPONSES ..... 19

5.1 Introduction and Overview ..... 19

5.2 Federal Approvals ..... 19

APPENDIX A: 2017 MCO CONTRACT ..... 20

APPENDIX B: DATA BOOK..... 21

APPENDIX C: SUBMISSION REQUIREMENTS CHECKLIST..... 22

# 1 PURPOSE AND OVERVIEW

## 1.1 Introduction and Purpose

This is a Request for Qualifications (RFQ) issued by the State of Delaware Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA).

The purpose of this RFQ is to solicit innovative approaches for improving the quality and delivery of services to Diamond State Health Plan (DSHP) and the Diamond State Health Plan Plus (DSHP Plus) members from organizations that have experience providing comprehensive services to Medicaid beneficiaries and are interested in potentially partnering with DHSS to provide high quality, cost-effective, and integrated services to DSHP and DSHP Plus members.

While this is an informal Request for Qualifications, the potential requirements of the formal contract are included so that vendors responding to the RFQ have a clear understanding of their obligations should they intend to respond. DMMA expects RFQ responses to take into consideration all of the current Managed Care Organization (MCO) contract requirements (see Appendix A). Please note that DMMA procurement for MCOs is exempt from Delaware's procurement laws pursuant to Fiscal Year 2017 Final Operating Budget Act, and as such, DMMA may choose to contract with a responsive vendor(s) based solely on RFQ responses and without further need for a formal Request for Proposals (RFP).

DHSS has the following goals for DSHP and DSHP Plus:

1. Promote the achievement of the Triple Aim (better health, improved health care quality and patient experience, and lower growth in per capita health care costs), in addition to improving provider satisfaction (Delaware's "plus one").
2. Accelerate the adoption of value-based payment models among providers.
3. Promote provider-based care coordination approaches, including accountable care organizations and patient-centered medical homes.
4. Implement best practices in the provision of case management to DSHP Plus members eligible for long-term services and supports (LTSS).
5. Improve the coordination and integration of health care services provided to members.
6. Achieve measurable improvements in member engagement with the delivery system, member health literacy, and member health outcomes.

## 1.2 Overview: DHSS

The mission of DHSS is to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

DHSS is designated as the single State agency responsible for the overall administration of Medicaid and the Delaware Healthy Children Program (DHCP). This administrative responsibility is discharged at the operational level through DMMA. The contractors will be required to work with DHSS staff, including staff from DMMA and other divisions of DHSS, other State staff, other contractors, the State's Health Benefits Manager (HBM), the State's fiscal agent, the State's external review organization, the State's consultants and any other parties, agents, or contractors specified by DHSS.

For further information regarding the Delaware Department of Health and Social Services, go to:  
<http://dhss.delaware.gov/dhss/>.

### **1.3 Overview: DSHP and DSHP Plus**

Delaware's Medicaid managed care program, comprised of DSHP and DSHP Plus, is authorized under the authority of a Section 1115 demonstration waiver granted by the Centers for Medicare & Medicaid Services (CMS). This demonstration waiver has been renewed five times by CMS, and the current renewal is effective through December 31, 2018. At this time, DHSS anticipates CMS renewing the waiver for an additional five years. DSHP was implemented in 1996 and requires most Medicaid and DHCP clients to receive acute physical and behavioral health care services through a MCO. In 2012, Delaware implemented the DSHP Plus program, which expanded the populations required to enroll in managed care to include Dual Eligibles and individuals receiving nursing facility or home and community based services (HCBS) as an alternative to nursing facility services. It also expanded the MCO benefit package to include custodial nursing facility services and HCBS for Medicaid clients who meet the applicable level of care. Currently approximately 92% of the State's Medicaid and DHCP clients (170,000) are enrolled in DSHP or DSHP Plus.

For further information regarding DMMA and the DSHP and DSHP Plus programs, go to the DMMA website (<http://www.dhss.delaware.gov/dhss/dmma/>), the DMAP website (<https://medicaid.dhss.delaware.gov/>), and the Information Technology Publications webpage (<http://dhss.delaware.gov/dhss/dms/itpubs.html>).

### **1.4 RFQ Contact**

The contact person for this RFQ is:

Kathleen Dougherty  
Chief, Managed Care Operations  
DHSS, DMMA  
Lewis Building  
1901 N. DuPont Highway  
New Castle, DE 19720  
[Kathleen.Dougherty@state.de.us](mailto:Kathleen.Dougherty@state.de.us)  
302-255-9937

## 2 RFQ SCHEDULE

### 2.1 Anticipated Schedule

The following timetable is anticipated for key activities within the RFQ process.

Activity	Date
Issue	5/1//2017
Notice of Intent to Respond	5/15/2017, 11 am ET
Responses Due	6/15/2017, 11 am ET
Response Opening	6/15/2017
Response Review	6/15/2017-7/10/2017
Identify Entities for Negotiations (optional)	7/10/2017
Conduct Negotiations (optional)	7/10/2017-8/11/2017
Contract Signature (optional)	8/11/2017
Contract Start Date (optional)	8/11/2017
Readiness Review (optional)	September
Start Date of Operations (optional)	1/1/2018

### 2.2 Notice of Intent to Respond

Potential respondents are encouraged to submit a Notice of Intent to Respond that states that the vendor intends to submit a response to the RFQ and includes the name of the respondent and the respondent's contact information, including phone number and email address. This notice is due by 11:00 a.m. ET on the date specified in Section 2.1 of this RFQ and must be emailed to Loretta Simmons at [loretta.simmons@state.de.us](mailto:loretta.simmons@state.de.us).

## **3 RFQ TERMS AND CONDITIONS**

### **3.1 Restrictions on Communications with DHSS Staff**

From the issue date of this RFQ until responses are due, respondents and potential respondents shall NOT contact any DHSS staff regarding this RFQ, except the contact person specified in this RFQ.

### **3.2 Consultants and Legal Counsel**

DHSS may retain consultants or legal counsel to assist in the review and evaluation of responses to this RFQ. Respondents are prohibited from contacting DHSS-retained consultants or legal counsel on any matter related to the RFQ.

### **3.3 Reserved Rights**

Notwithstanding anything to the contrary, DHSS reserves the right to:

- Reject any and all responses received in response to this RFQ;
- Invite any one or more respondents to negotiate a potential contract to manage the delivery of services to DSHP and DSHP Plus members;
- Terminate contract negotiations at any time;
- Request additional information from a respondent after submission of an RFQ response;
- Waive any requirements set forth in this RFQ; and
- Take no further action pursuant to any responses received to this RFQ.

**THIS RFQ AND ANY RESULTING RESPONSES SHALL NOT CREATE ANY CONTRACT RIGHTS OR OTHER ENTITLEMENTS BETWEEN A RESPONDENT, DHSS, OR THE STATE OF DELAWARE.**

### **3.4 Respondent Eligibility**

Respondents must be eligible for certification by DHSS in accordance with the Division of Social Services Manual 70000 Certification and Regulation of Medicaid Managed Care Organizations, 18 DE Reg 693.

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity, including subcontractors, currently debarred or suspended from doing business with the Federal government or the State of Delaware is ineligible to submit a response. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to submit a response.

### **3.5 Project Cost**

DHSS reserves the right to award this project to a respondent other than the one with the lowest cost or to decide not to fund this project at all. DHSS reserves the right to reject, as technically unqualified, responses that are unrealistically low if, in the judgment of DHSS, a lack of sufficient budgeted resources would jeopardize the successful completion of the project.

### **3.6 Opening of Responses**

The State of Delaware will receive responses until the date and time shown in Section 2.1 of this RFQ. Responses will be opened only in the presence of State of Delaware personnel. Any late responses will remain unopened and will be returned to the respondent.

There will be no public opening of responses, but a public log will be kept of the names of all respondents. The contents of any response shall not be disclosed to other respondents prior to contract award, if any.

### **3.7 Acknowledgement of Understanding of Terms**

By submitting a response, each respondent shall be deemed to acknowledge that it has carefully read all sections of this RFQ, including appendices hereto, and has fully informed itself as to all requirements.

### **3.8 Realistic Responses**

It is the expectation of the State of Delaware that the respondent can fully satisfy the obligations of the response in the manner and timeframe defined within the response. Responses must be realistic and must represent the best estimate of time, materials and other costs, including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility for a respondent's costs or resources required to meet the obligations defined in the respondent's response.

### **3.9 Non-Conforming Responses**

Non-conforming responses may not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFQ. The determination of whether an RFQ requirement is substantive or a mere formality shall reside solely with the State of Delaware.

### **3.10 Notification of Invitation to Negotiate and Contract Award**

Should DHSS decide to enter into negotiations with one or more respondents to manage the delivery of services to DSHP and DSHP Plus members, the request to enter into negotiations will be made in writing to the selected respondent(s). DHSS will provide written notice of any contract award to all respondents.

### **3.11 Amendments to Responses**

A respondent may submit an amended response before the deadline for RFQ response submission. An amended response must be a complete replacement for a previously submitted response and must be clearly identified as such in the transmittal letter.

Amendments to responses will not be accepted after the deadline for RFQ response submission has passed unless such amendment is specifically requested by DHSS, at its own discretion.

### **3.12 Responses Become State Property**

All responses become the property of the State of Delaware and will not be returned to the respondents.

### **3.13 Investigation of Respondent's Qualifications**

DHSS may make such investigation as it deems necessary to determine the ability of the respondent to furnish the required services, and the respondent shall furnish such data as DHSS may request for this purpose.

### **3.14 RFQ and Final Contract**

The contents of the RFQ will be incorporated into the final contract by reference and will become binding upon the successful respondents. Appendix A is a copy of the 2017 MCO contract. Any contract that results from this RFQ will be substantially similar to the 2017 MCO contract. Execution of the 2017 MCO contract is NOT required with response submission. In the event there is a discrepancy between any of these contract documents, the final contract shall take precedence over this RFQ.

### **3.15 Response and Final Contract**

The contents of each response will be considered binding on the respondent, and the contents of a successful response will be included by reference in the resulting contract. All terms and conditions contained in the response will remain fixed and valid for the term of the contract unless later subject to modification in the contract.

### **3.16 Cost of Response Preparation**

All costs for response preparation will be borne by the respondent.

### **3.17 Public Information and Confidentiality**

If contracts are awarded to selected respondents of this RFQ, all responses, documents, and materials submitted by a respondent pertaining to this RFQ will be considered public information and will be made available for inspection, unless otherwise determined by DHSS. The respondent must inform DHSS in writing of the exact materials in the response that it believes CANNOT be made a part of the public record in accordance with Delaware's Freedom of Information Act (FOIA), Title 29, Chapter 100 of the Delaware Code, with specific references to the applicable FOIA exemption and relevant Delaware Code citation. The respondent shall indicate in its response the information that cannot be made a part of the public record. Any document or material not identified by the respondent for exclusion from the public record will be as assumed to be public. DHSS shall have the final authority to determine whether a material or document is part of the public record, including for those documents or materials identified by the respondent for exclusion from the public record. In determining the public nature of documents or materials identified by the respondent for exclusion from the public record, DHSS shall confer with the respondent prior to making a decision regarding the public nature of the material or document in question.

### **3.18 Debriefing Requests**

If a respondent wishes to request a debriefing, the respondent must submit a formal letter to the RFQ Contact (see Section 1.4 of this RFQ) within 10 days after receipt of notice of contract award (see Section 3.10 of this RFQ). The letter must specify reasons for the request.

## 4 RESPONSE REQUIREMENTS

### 4.1 Response Instructions

The respondent's response shall be submitted as follows:

Two (2) original disks or flash drives (each labeled as "Original") and Ten (10) disk or flash drive copies (each labeled as "Copy") that contain the respondent's response (see Section 4.2 of this RFQ).

Each disk or flash drive must contain the following files at a minimum:

- RFQ Response (Microsoft Word 2003 or higher).
- RFQ Response.pdf.

The disks can be in either CD-R or DVD-R formats.

The PDF of the response must be a single file containing a printable copy of the entire response. Other files may be submitted separately.

It is the responsibility of the respondent to ensure all submitted disks and flash drives are machine-readable, virus-free, and are otherwise error-free. Disks and flash drives (or their component files) not in this condition may be cause for the respondent to be disqualified from responding.

The disks/flash drives must be labeled on the outside as follows:

<p>State of Delaware DHSS, DMMA Request for Qualifications (RFQ) Diamond State Health Plan (DSHP) and Diamond State Health Plan Plus (DSHP Plus) Delivery System Transformation</p> <p>(Name of respondent)</p> <p>(Date)</p>
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The response must also be submitted on paper and comply with the following:

1. Be printed on 8.5" x 11" paper with one-inch margins; font size no smaller than Times New Roman 12; and have single line spacing within a paragraph and one blank line between paragraphs. Larger paper (up to 11" x 17") and smaller fonts are permissible for charts, diagrams, and related visuals.
2. Be double-sided.
3. Be presented in a 3-ring binder (or similar binding that allows for easy removal of documents).
4. In accordance with Section 3.17 of this RFQ, indicate information that is confidential and which respondent believes cannot be made a part of the public record.

For the paper copies of the response, the respondent must provide one (1) original and ten (10) copies. The original and the copies must be labeled as "Original" or "Copy" as appropriate.

Each response package (the disk/flash drive and paper copies of the response) must be sealed in a box (or boxes).

The packing boxes must be numbered sequentially (e.g., Box 1 of 2, Box 2 of 2). Each box must be labeled with the following information:

- Respondent's Name and Address.
- Procurement Administrator's Name and Address (see Section 4.1.1 of this RFQ).
- RFQ Title.

#### **4.1.1 Response Delivery**

Responses must be delivered to: Kimberly Jones, Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2<sup>nd</sup> Floor, Room 257, 1901 N. DuPont Highway, New Castle, Delaware 19720.

#### **4.1.2 Closing Date**

All responses must be received by DHSS no later than **11:00 a.m. ET on June 15, 2017**. Late submissions will not be opened (see Section 3.6 of this RFQ).

#### **4.2 Response Contents**

The respondent's response shall consist of and be labeled with the following sections:

- Title Page
- Table of Contents (Tab 1)
- Transmittal Letter (Tab 2)
- Executive Summary (Tab 3)
- Submission Requirements Checklist (Tab 4)
- Financial Statements (Tab 5)
- Responses to Questions (Tab 6)
  - Summary of Proposed Model and Key Features (Tab 7)
  - Implementation Plan (Tab 8)
  - Qualifications and Experience (Tab 9)
  - Covered Services and Service Delivery Reform (Tab 10)
  - Care Coordination (Tab 11)

- Case Management for DSHP PLUS LTSS Members (Tab 12)
- Member Responsibility and Incentives for Healthy Behaviors (Tab 13)
- Provider Network (Tab 14)
- Value Based Purchasing (Tab 15)
- Quality of Care Measurement and Performance Improvement (Tab 16)
- Member and Provider Services (Tab 17)
- Program Integrity (Tab 18)
- Financial Management (Tab 19)
- Information and Claims Management (Tab 20)
- Staffing Plan (Tab 21)
- Reporting Capabilities (Tab 22)
- Proposed Exceptions or Modifications to Current MCO Contract (Tab 23)

Each tab should include the name of the section (e.g., the first tab should say “Table of Contents”). The format and contents for the material to be included in each section is described below. Each section of the response must include all items listed under the applicable heading below. The response shall not include or reference cost information.

#### **4.2.1 Title Page**

The title page shall include: 1) the RFQ title; 2) the name of the respondent; 3) the respondent’s full address; 4) the respondent’s telephone number; 5) the name and title of the respondent’s designated contact person; and 6) the response opening date.

#### **4.2.2 Table of Contents (Tab 1)**

Tab 1 shall be labeled Table of Contents and contain the table of contents of the response. The table of contents shall include all sections listed above (Tabs 1 through 23) and the corresponding page number.

#### **4.2.3 Transmittal Letter (Tab 2)**

Tab 2 shall be labeled Transmittal Letter and contain the respondent’s transmittal letter. The transmittal letter shall be written on the respondent’s official business letterhead and shall be signed by an individual authorized to commit the respondent to a contract.

The transmittal letter must include the following in the order given:

1. If the respondent has an objection to or is unwilling to comply with any of the requirements, terms or conditions of the RFQ, including any appendices, a clear statement of the objection and proposed alternative language. If the respondent does not have any objections and is willing to comply with all of the requirements, terms and conditions of the RFQ, including appendices, a statement to that effect.

2. A statement regarding whether the respondent has identified any information in the response that is confidential and cannot be made a part of the public record; how the respondent has identified such information; and a list of sections with confidential information.
3. A statement certifying that the respondent is eligible to be certified by DHSS pursuant to Division of Social Services Manual 70000 Certification and Regulation of Medicaid Managed Care Organizations, 18 DE Reg 693.
4. A statement indicating the percentage of the work to be completed by the respondent and each subcontractor that will manage or provide covered services as a percentage of the total work to be performed. The response must not include actual price information.
5. A statement certifying that the respondent and any proposed subcontractor is not currently debarred or suspended from doing business with the Federal government or the State of Delaware.
6. A statement providing assurance that the respondent and any proposed subcontractor is eligible to conduct business in Delaware.
7. A statement identifying both the respondent's and its subcontractors' federal tax identification numbers.
8. A table listing all contracts awarded to the respondent or its predecessor firm(s) by the State of Delaware that have been active during the last three years. Please include firm name; name of state agency; state agency contact name, phone number, and email address; period of performance; contract number; and contract amount.
9. A statement certifying that the respondent is not proposing to use and will not use any offshore services in fulfilling the requirements in any resulting contract.
10. A statement identifying all addenda to this RFQ issued by the State and received by the respondent. If no addenda have been received, a statement to that effect.
11. A statement certifying that the person signing the letter is authorized to negotiate and sign a contract, including price.
12. If the use of subcontractor(s) is proposed, a statement from each subcontractor on the subcontractor's letterhead must be appended to the transmittal letter signed by an individual authorized to legally bind the subcontractor stating:
  - a. The general scope of work to be performed by the subcontractor.
  - b. The subcontractor's willingness to perform the work indicated.

#### **4.2.4 Executive Summary (Tab 3)**

Tab 3 shall be labeled Executive Summary and contain an executive summary. The executive summary shall present a high-level description of the respondent's response. The executive summary is limited to a maximum of five (5) pages.

#### **4.2.5 Submission Requirements Checklist (Tab 4)**

Tab 4 shall be labeled Submission Requirements Checklist and contain the completed checklist of submission requirements provided in Appendix C. This checklist will be used to confirm that the respondent has produced and submitted a response according to the RFQ specifications.

#### **4.2.6 Financial Statements (Tab 5)**

Tab 5 shall be labeled Financial Statements and contain copies of the respondent's most recent audited financial statements for each line of business operated, showing a separation between Medicaid, Medicare and other accounts. Audited financial statements shall include, but not be limited to, the income statement, statement of changes in financial condition or cash flow, balance sheet, notes to the financial statements, and final management letter and report of internal controls.

#### **4.2.7 Responses to Questions (Tab 6)**

Tab 6 shall be labeled Responses to Questions and contain the respondent's response to each of the questions in the following subsections. For each question the respondent shall start on a new page and include both the number of the question and the text of the question and then provide the response. All pages within a section shall be numbered sequentially and include the section name and total number of pages for the section. In addition, all pages should include the respondent's name in the header or footer.

The respondent's response shall be concise but complete and should reflect an understanding of applicable requirements of the 2017 MCO contract (Appendix A), the data book (Appendix B), and information available on the State's websites. All responses should include relevant experience and how it will be applied to any resulting contract. In responding to a question, if the respondent will use a subcontractor to fulfill any part of the response, the respondent shall provide the name of the subcontractor and explain how the subcontractor's performance will be no less effective than if done by the respondent.

The response to each question must be complete and independent from information or responses provided in other sections of the response. DHSS will not follow references to other sections of the response or review information not included as part of a response. Any exhibits must be incorporated into the applicable response but may be included at the end of the response or section. All pages of the response, including any exhibits, shall be counted toward the page limit, which is 100 pages. DHSS may elect not to evaluate any information on pages that exceed the maximum number of pages.

##### **4.2.7.1 Summary of Proposed Model and Key Features (Tab 7)**

1. Delaware is committed to transitioning most Medicaid/CHIP expenditures into value-based payment models over the next few years. The current MCO contract requires contractors to offer two value-based payment models: (1) a pay-for-value (P4V) model with bonus payments tied to improving quality and efficiency; and (2) a total cost of care (TCC) model with incentives linked to improving quality and managing total cost.

Delaware desires to accelerate adoption of value-based payment and care delivery models such that [80%] of Medicaid/CHIP expenditures are in these models over the next three years. In addition, we encourage the introduction of models that reflect meaningful financial risk, both upside and downside risk, in order to support health care transformation and reduce the growth in Medicaid/CHIP health care spending.

Describe how respondent would promote broad based adoption of P4V, TCC, and other models that base provider payment on patient outcomes rather than volume of services provided. Include the respondent's experience with these models in Medicaid and other lines of business in Delaware and other states. Include how the respondent would establish and support adoption of an accountable care organization (ACO)/TCC model, including key design features (e.g., populations to be included, the attribution methodology, services to be included in the total cost of care, the level of upside shared savings and downside risk, and quality targets).

#### **4.2.7.2 Implementation Plan (Tab 8)**

2. Describe respondent's work plan and approach to the implementation of respondent's proposed model. Include key activities and timeframes, contingency planning, implementation oversight responsibility, and the process for measuring success and resolving problems.

#### **4.2.7.3 Qualifications and Experience (Tab 9)**

3. Describe the respondent's experience with delivering a model of similar size and scope to DSHP and DSHP Plus. The description should include the respondent's general structure (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, Limited Liability Company); indicate any significant functions that would be delegated or subcontracted; and examples of current or prior contracts and the resulting impact on cost and outcomes over time that can be attributed to the respondent's model.

#### **4.2.7.4 Covered Services and Service Delivery Reform (Tab 10)**

4. Describe how respondent would facilitate and support more Delaware health care providers to develop the capacity to function as and meet the requirements of patient-centered medical homes, ACOs, and similar models.
5. Describe how respondent would address the social and economic determinants of health such as homelessness/unstable housing, lack of education, lack of health literacy, lack of means of transportation, lack of social support network, etc.
6. Describe how respondent would improve coordination and integration of services. Please include opportunities to improve provider collaboration, information exchanges, and shared planning and decision making.

#### **4.2.7.5 Care Coordination (Tab 11)**

7. Describe how the respondent would support and strengthen the provider's role in care coordination and member engagement.

#### **4.2.7.6 Case Management for DSHP PLUS LTSS Members (Tab 12)**

8. Describe how the respondent's case management program would address:
  - a. Coordination and integration at the individual member level of covered services (i.e., physical health, behavioral health, pharmacy, and long term services and supports);

- b. Receiving and sharing pertinent information and interfacing with the member's primary care physician and relevant providers to promote continuity of care and coordination of services;
- c. Referrals to, and coordination with, community-based resources and services/supports that are not covered under the program; and
- d. Involvement of the member and member representative in decisions regarding care.

Include any evidence-based practices or innovative approaches to case management for individuals needing LTSS.

- 9. Describe any innovative approaches to person-centered planning and measuring meaningful outcomes for DSHP Plus LTSS members.

#### **4.2.7.7 Member Responsibility and Incentives for Healthy Behaviors (Tab 13)**

- 10. Describe the respondent's strategy to increase members' level of health literacy or improve members' ability to be better health care consumers and achieve better outcomes.
- 11. Describe how respondent proposes to measure change or improvement in the health literacy and engagement of members.

#### **4.2.7.8 Provider Network (Tab 14)**

- 12. Describe the respondent's approach, strategy, and tools to implement, retain, and sustain a qualified provider network to support the delivery of physical, behavioral health, long term services and supports, and pharmacy services.

#### **4.2.7.9 Value Based Purchasing (Tab 15)**

- 13. Describe how respondent would implement broad based adoption of total cost of care (TCC) model with incentives linked to improving quality and managing total cost, and a pay-for-value (P4V) model with bonus payments tied to improving quality and improved patient outcomes. How would you implement broad based contracting with providers that would include both upside and downside risk.

#### **4.2.7.10 Quality of Care Measurement and Performance Improvement (Tab 16)**

- 14. Describe any new or innovative approaches the respondent would employ to monitor, evaluate, and improve quality of care for both the clinical and non-clinical aspects of service for the entire range of covered services and member population. Focus areas include measurement and improvement related to access to providers and effective course of treatment (i.e., diagnosis, treatment, and follow up care). The respondent's response should include examples of any relevant experience and results.

#### **4.2.7.11 Member and Provider Services (Tab 17)**

- 15. Describe the resources (and applicable mediums) that would be available to potential members and members to understand, navigate, and engage with the respondent's delivery system model.

16. Describe the respondent's approach to ongoing training and information dissemination for all provider types regarding program goals, updates (both operational and policy related) and new service approaches and evidence-based and promising practices.

#### **4.2.7.12 Program Integrity (Tab 18)**

17. Describe the administrative and managerial structure and processes in place to prevent and detect potential fraud, waste, or abuse at the member and provider levels and to cooperate with audits and investigations by state and federal law enforcement authorities. Describe how the respondent's approach to program integrity has been successful in the past and any strategies in place to ensure that the approach to fraud, waste, and abuse prevention and detection adapts to confront evolving risks.

#### **4.2.7.13 Financial Management (Tab 19)**

18. Describe the actions, plans, and systems that the respondent will use to efficiently conduct financial management of the program and reduce administrative costs.

#### **4.2.7.14 Information and Claims Management (Tab 20)**

19. Describe the respondent's internal assessment of its current information systems and the respondent's current state of readiness to implement the respondent's proposed model in Delaware. In addition, describe how information systems are integrated within all areas of program design and how they are used to serve both internal and external clients. Provide specific examples.

#### **4.2.7.15 Staffing Plan (Tab 21)**

20. Provide a staffing plan with timeframes that addresses establishment of an office in Delaware, staffing key leadership and member critical functions such as member services, utilization management, care management and call center positions, planning for increased staffing during implementation and managing for attrition.

#### **4.2.7.16 Reporting Capabilities (Tab 22)**

21. Describe the respondent's data analytic capabilities for reporting, analysis, and evaluation, including:

- a. Capability to produce system-generated reports for, at a minimum, grievances and appeals, claims payment, utilization management, care coordination, and member services and materials;
- b. How the respondent ensures accuracy and timeliness of standard reports and ad hoc reports; and
- c. Approach to process improvement as a result of data analysis.

#### **4.2.7.17 Proposed Exceptions or Modifications to Current MCO Contract (Tab 23)**

22. Upon review of the current MCO contract provided in Appendix A, please identify provisions of the MCO contract that the respondent believes would need to be modified or removed to support the delivery system model and provide rationale for the proposed modification or exception.

## **5 EVALUATION OF RESPONSES**

### **5.1 Introduction and Overview**

The State will conduct a comprehensive, fair, and impartial evaluation of responses received in response to this RFQ.

### **5.2 Federal Approvals**

Federal approval of the contract for services between the selected respondent(s) and DHSS is required from CMS. Every effort will be made by DHSS to obtain and expedite Federal approval. If CMS does not grant federal approval for a contract negotiated pursuant to this RFQ: (1) the contract negotiated between DHSS and a respondent shall be null and void; and (2) neither DHSS, nor a respondent, shall incur any liability for a contract negotiated pursuant to this RFQ.

# APPENDIX A: 2017 MCO CONTRACT



Delaware Medicaid  
MCO Contract.pdf

## APPENDIX B: DATA BOOK



DE CY 18 Data Book  
Narrative.pdf



DE CY18 Data Book  
Exhibits.xlsx

## APPENDIX C: SUBMISSION REQUIREMENTS CHECKLIST

DHSS has provided below the template for the Submission Requirements Checklist that is to be submitted with the response. Respondents are expected to confirm compliance by entering “Yes” in the Respondent Check column. Upon receipt of responses, DHSS will confirm compliance by entering “Yes” in the DHSS column.

### Submission Requirements Checklist

Respondent Name:				
#	REQUIREMENT	RFQ Section #	RESPONDENT CHECK	DHSS CHECK
1.	Did the respondent submit a response on or before the specified closing date?	4.1.2		
2.	Are there two original disks/flash drives labeled as “Original” and 10 disks labeled as “Copy”?	4.1		
3.	Does each disk/flash drive contain, at a minimum, the following files: <ul style="list-style-type: none"> <li>• RFQ Response (Microsoft Word 2003 or higher)</li> <li>• RFQ Response.pdf</li> </ul>	4.1		
4.	Is the PDF file a single file containing the entire response?	4.1		
5.	Are all disks/flash drives labeled as specified in Section 4.1 of the RFQ?	4.1		
6.	Do the paper copies of the response meet the following guidelines: <ul style="list-style-type: none"> <li>• Submitted on 8.5” x 11” paper with one-inch margins; font size no more than Times New Roman 12; and single line spacing within a paragraph and one blank line between paragraphs?</li> <li>• Printed double-sided?</li> </ul>	4.1		
7.	Are materials for each response presented in a three-ring binder or similar binding that allows for easy removal of documents?	4.1		
8.	Does each response package include one original and 10 paper copies of the response?	4.1		
9.	Are packing boxes numbered in the following fashion: 1 of 2, 2 of 2, etc., for each response that consists of multiple boxes?	4.1		
10.	Are all packing boxes labeled as specified in Section 4.1?	4.1		
11.	Does each response consist of the sections identified in Section 4.2 separated by tabs that include the name of the section?	4.2		

**Respondent Name:**

#	REQUIREMENT	RFQ Section #	RESPONDENT CHECK	DHSS CHECK
12.	Does the transmittal letter include each of the statements specified in Section 4.2.3 in the order specified?	4.2.3		
13.	Is a completed copy of the Submission Requirements Checklist included in Tab 4?	4.2.5		
14.	Does Tab 5 include the respondent's most recent audited financial statements as specified in Section 4.2.7?	4.2.6		
15.	In the respondent's response to questions (Tab 6 et seq.), did the respondent: <ul style="list-style-type: none"><li>• Include both the number and text of each question in Section 4.2.7?</li><li>• Comply with the page limit in Section 4.2.7?</li></ul>	4.2.7		