**Instructions to respondents for the completion of Exhibit A-4:**

All respondents to this solicitation shall utilize **Exhibit A-4**, Submission Requirements and Evaluation Criteria Components (Technical Response), for submission of its response and shall adhere to the instructions below for each Submission Requirement Component (SRC).

Respondents **shall not** include website links, embedded links and/or cross references between SRCs.

Each SRC contains form fields. Population of the form fields with text will allow the form field to expand and cross pages. There is no character limit.

Attachments are acceptable for any SRC but must be referenced in the form field for the respective SRC and located behind each respective SRC response. Respondents shall name and label attachments to refer to respective SRCs by SRC identifier number.

Agency evaluators will be instructed to evaluate the responses based on the narrative contained in the SRC form fields and the associated attachment(s), if applicable.

Each response will be independently evaluated and awarded points based on the criteria and points scale using the Standard Evaluation Criteria Scale below unless otherwise identified in each SRC contained within **Exhibit A-4**.

|  |
| --- |
| **STANDARD EVALUATION CRITERIA SCALE** |
| **Point Score** | **Evaluation** |
| 0 | The component was not addressed. |
| 1 | The component contained significant deficiencies. |
| 2 | The component is below average. |
| 3 | The component is average. |
| 4 | The component is above average. |
| 5 | The component is excellent. |

The SRCs in **Exhibit A-4** may not be retyped and/or modified and must be submitted in the original format.

Failure to submit, **Exhibit A-4**, may result in the rejection of response.

**Exhibit A-4** is available for respondents to download at:

[http://ahca.myflorida.com/procurements/index.shtml](http://ahca.myflorida.com/Procurements/index.shtml).

**Respondent Name:**

**SRC# 1: TABLE OF CONTENTS**

The respondent shall include a Table of Contents in its response. The Table of Contents shall contain Section headings and subheadings along with corresponding page numbers. The Table of Contents shall be provided as an attachment.

**Score: No points will be awarded for the Table of Contents.**

# SRC# 2: EXECUTIVE SUMMARY

The respondent shall include an Executive Summary that demonstrates the respondent’s overall understanding of the Scope of Services and describes the salient features of the respondent’s Technical Proposal.

**Score: No points will be awarded for the Executive Summary.**

**Response:**

# SRC# 3: ORGANIZATIONAL STRUCTURE AND HISTORY

The respondent shall demonstrate its capability to provide the services described in this solicitation by describing its organizational structure and history. At a minimum, the description shall include:

1. A detailed description of the respondent’s organizational structure, history, legal structure, ownership and affiliations;
2. An organizational chart, including the total number of employees and the respondent’s corporate qualifications; and
3. A detailed description of the respondent’s proposed physical business locations, in or outside of the State of Florida and how those locations will be utilized to effectively provide the services required by this solicitation.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s detailed description of its organizational structure, history, legal structure, ownership and affiliations;
2. The adequacy of the respondent’s staffing levels for this project based on the organizational chart and the respondent’s corporate qualifications; and
3. The adequacy of the respondent’s capability to effectively provide services based on its physical business in or outside of the State of Florida.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

# SRC# 4: EXPERIENCE AND QUALIFICATIONS

The respondent shall demonstrate its capability to provide the services described in this solicitation by describing its qualifications and experience in providing services similar in nature to those described in this solicitation as well as its proposed subcontractor’s experience and qualifications, if applicable. At a minimum, the description shall include:

1. Respondents shall submit a list of current or previous contracts for which it provided services within the last five (5) years from the date of solicitation issuance, as specified in **Attachment A,** Instructions and Special Conditions, **Section A.1.,** Instructions, **Sub-Section A.,** Overview, **Item 4.,** Date of Issuance, that are similar in nature to those described in this solicitation..
2. For each identified Contract, the following information shall be provided:
3. The name and address of the client;
4. The name of the Project;
5. The time period of the Project;
6. A brief narrative describing the role of the respondent and scope of the work performed, including services provided (current or previous), location of services (i.e. Florida or another state) and whether it was for a Medicaid or commercial contract;
7. The scheduled and actual completion dates for development and implementation. The description shall include any barriers encountered that hindered implementation, as applicable, and the respondent’s resolution for overcoming them;
8. Significant accomplishments and achievements; and
9. The use of any subcontractor(s) on each Project, their scope of work, and the percentage of the work on the Project completed by subcontractors.
10. List any monetary penalty or liquidated damages for insufficient performance by a State or Federal government within the last two (2) years from the date of solicitation issuance, as specified in **Attachment A,** Instructions and Special Conditions, **Section A.1.,** Instructions, **Sub-Section A.,** Overview, **Item 4.,** Date of Issuance.
11. A detailed description of the respondent’s experience with providing federally mandated and optional external quality review (EQR)-related activities, as defined in 42 Code of Federal Regulations (CFR) 438.358.
12. A description of any relevant accreditations or certifications that the respondent has received.
13. A detailed description of previous innovative approaches implemented to reduce costs or improve the quality of care to Medicaid enrollees.
14. A draft sixty (60) calendar day EQR Implementation Plan, no more than five (5) pages in length, describing the activities that the respondent shall undertake during the implementation phase (to begin upon resulting contract execution) and must include, at a minimum, the following:
15. Deadlines and timeframes;
16. Staff responsible for each activity/step;
17. Types of policies, procedures, and templates to be developed for the Florida EQR program;
18. Identification of any respondent expectations regarding participation by the Agency in the activities stated in the implementation plan and dependencies between these implementation activities; and
19. Identification of risks and barriers that may be encountered during the implementation phase and the respondent’s approach to overcoming them.
20. A detailed description of staff to be assigned to the resulting Contract, including resumes, relevant experience, and certifications.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s capability to provide services required for the Program based on the description of its cumulative experience in the performance of current or previous contracts for which it is/was the lead Vendor on any Projects that are similar in size, scope, and complexity as the services outlined in this solicitation.
2. The adequacy of the respondent’s experience with providing federally mandated and optional EQR-related activities, as defined in 42 CFR 438.358.
3. The adequacy of the respondent’s relevant accreditations or certifications that the respondent has received.
4. The adequacy of the respondent’s previous innovative approaches implemented to reduce costs or improve the quality of care to Medicaid enrollees.
5. The adequacy of the respondent’s draft EQR Implementation Plan including:
6. Deadlines and timeframes;
7. Staff responsible for each activity/step;
8. Types of policies, procedures, and templates to be developed for the Florida EQR program;
9. Identification of any respondent expectations regarding participation by the Agency in the activities stated in the implementation plan and dependencies between these implementation activities; and
10. Identification of risks and barriers that may be encountered during the implementation phase and the respondent’s approach to overcoming them.
11. The adequacy of the respondent’s proposed staff to be assigned to the resulting Contract, including resumes, relevant experience, and certifications.

**Score:** This Section is worth a maximum of 50 raw points with each of the above components being worth a maximum of 5 points each.

**SRC# 5: TECHNICAL APPROACH TO VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS UNDER PROTOCOL 3.**

The respondent shall describe its capability to meet the requirements of the validation of performance improvement projects (PIPs) under EQR Protocol 3 and the services described within **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 2.**, Category A: Validation of Performance Improvement Projects. At a minimum, the description shall include:

1. A description of the respondent’s experience with both a traditional PIP cycle and a rapid PIP cycle (or similarly expedited PIP cycle), including lessons learned and best practices. The Agency's current approach is the traditional PIP process, which involves an average 3-year improvement cycle. A rapid cycle (or similarly expedited PIP cycle) approach would involve a shorter improvement cycle (approximately 18 months),and will validate whether or not an intervention works more quickly.
2. A description of the respondent’s approach for developing, implementing, and managing an expedited PIP cycle, including a reporting schedule.
3. A draft transition plan to move the Agency staff and its health plans from a traditional PIP process to a more streamlined PIP process to include, at a minimum, the following:
4. timeline;
5. communication and training needs;
6. technical assistance;
7. types and frequency of data reported;
8. potential issues and solutions; and, at a minimum, the below templates:
9. sample PIP Submission Template; and
10. sample PIP Evaluation Template.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s experience with rapid cycle PIPs (or similarly expedited PIP cycles), traditional PIP cycles and/or developing a streamlined traditional PIP cycle, including lessons learned and best practices.
2. The adequacy of the respondent’s plan for developing, implementing, and managing a rapid cycle PIP methodology, including a reporting schedule.
3. The adequacy of the respondent’s draft transition plan.
4. The adequacy of the respondent’s proposed PIP Submission Template.
5. The adequacy of the respondent’s proposed PIP Evaluation Template.

**Score:** This Section is worth a maximum of 25 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 6: TECHNICAL APPROACH TO VALIDATION OF PERFORMANCE MEASURES UNDER PROTOCOL 2.

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 3.**, Category B: Validation of Performance Improvement Projects. At a minimum, the respondent shall provide the following:

1. The respondent’s methodology for reviewing the independently audited Medicaid Healthcare Effectiveness Data and Information Set or HEDIS® access and quality of care indicators, the Medicaid HEDIS® Data Submission Tools, and Final Audit reports for each Agency contracted health plan to determine the extent to which Medicaid specific performance measures reported to the Agency are calculated according to Agency specifications.
2. The respondent’s methodology for reviewing other quality indicator measurements for the same purpose of validation when HEDIS® measurements are not required by the individual managed care type. The description should include proposed quality indicator measurements.
3. The respondent’s methodology to evaluate current Agency practices including specifying the level(s) of material bias and data completeness necessary for performance measures to be considered valid.
4. The respondent’s sample template and draft outline for the preliminary and final report of performance measure validation findings.
5. A sample outline for a Plan-Specific Performance Measure Validation Report.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s methodology for reviewing the independently audited Medicaid HEDIS® access and quality of care indicators, the Medicaid HEDIS® Data Submission Tools, and Final Audit reports for each Agency contracted health plan to determine the extent to which Medicaid specific performance measures reported to the Agency are calculated according to Agency specifications.
2. The adequacy of the respondent’s methodology for reviewing other quality indicator measurements for the same purpose of validation when HEDIS® measurements are not required by the individual health plan type, including other proposed quality indicator measurements.
3. The adequacy of the respondent’s methodology to evaluate current Agency practices specifying the level(s) of material bias and data completeness necessary for performance measures to be considered valid.
4. The adequacy of the respondent’s sample template and draft outline for the preliminary and final report of performance measure validation findings.
5. The adequacy of the respondent’s outline for a Plan-Specific Performance Measure Validation Report.

**Score:** This Section is worth a maximum of 25 raw points with each of the above components being worth a maximum of 5 points each.

**SRC# 7: TECHNICAL APPROACH TO ASSESSING AGENCY COMPLIANCE REVIEW ACTIVITIES AND RESULTS**

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 4.**, Category C: Review of Compliance with Federal Standards. At a minimum, the respondent shall provide the following:

1. A sample outline for a Final Report of Agency Compliance Review Activities and Results.
2. A description of the respondent’s approach and experience for conducting compliance reviews and reporting on state compliance review activities as required by the Centers for Medicare and Medicaid Services (CMS) EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations.
3. A description of the respondent's approach and experience with reviewing a state's established compliance monitoring structure and working with the state to implement and integrate innovative approaches to meet the CMS requirements for compliance with Federal standards.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s sample outline for a Final Report of Agency Compliance Review Activities and Results.
2. The adequacy of the respondent’s approach and experience conducting compliance reviews and reporting on activities as required by the CMS EQR Protocol 1.
3. The adequacy of the respondent’s approach and experience with reviewing a state's established compliance monitoring structure and working with the state to implement and integrate innovative approaches to meet the CMS requirements for compliance with Federal standards.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 8: TECHNICAL APPROACH TO VALIDATION OF NETWORK ADEQUACY

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B,** Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 5.**, Category D: Review of Network Adequacy. At a minimum, the respondent shall provide the following:

1. A detailed description of the respondent’s experience with conducting Network Adequacy studies for Medicaid Managed Care programs.
2. A detailed description of the respondent’s process for conducting a Network Adequacy study.
3. A proposed sample outline of a Network Adequacy Study report.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s experience conducting Network Adequacy studies for Medicaid Managed Care programs.
2. The adequacy of the respondent’s process for conducting a Network Adequacy study.
3. The adequacy of the respondent’s outline for a proposed Network Adequacy Study Report.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 9: TECHNICAL APPROACH TO VALIDATION OF ENCOUNTER DATA

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 6.**, Category E: Encounter Data Validation. At a minimum, the respondent shall include the following:

1. A description of the respondent’s proposed encounter data validation processes that ensure the accuracy, completeness, and integrity of encounter data by comparing encounter data with the health plan’s administrative data in accordance with CMS EQR Protocol 4: Validation of Encounter Data;
2. A description of the respondent’s proposed encounter data validation processes to validate provider-reported encounter data against medical and clinical records; and
3. A detailed description of the respondent’s proposed method to provide technical assistance and training to Managed Care staff in data submission, analysis, and a road-map for quality improvement.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s proposed encounter data validation processes that ensure the accuracy, completeness, and integrity of encounter data by comparing encounter data with the health plan’s administrative data in accordance with the applicable EQR Protocol.
2. The adequacy of the respondent’s proposed encounter data validation processes to validate provider-reported encounter data against medical and clinical records.
3. The adequacy of the respondent’s proposed method to provide technical assistance and training to Managed Care staff in data submission, analysis, and quality improvement.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 10: TECHNICAL APPROACH TO ANNUAL TECHNICAL REPORT

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 7.**, Category F: Annual Technical Report. At a minimum, the respondent shall provide the following:

1. A detailed project work plan, timeline for completion and dissemination of the technical report to the Agency and, upon request, to interested parties.
2. A template and draft outline for the Annual Technical Report and Strategic Executive Summary.
3. A description of the respondent’s proposed approach to data collection and analysis used to aggregate data on plan-specific quality outcomes, including timeliness of and access to services.
4. A description of recommendations for comparative analyses, including sources of benchmark data and industry standards.
5. A description of methods for identifying best practices and quality improvement strategies that have demonstrated success;

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s proposed project work plan and timeline for completion and dissemination of the technical report to the Agency and, upon request, to interested parties.
2. The adequacy of the respondent’s proposed template and draft outline for the Annual Technical Report and Strategic Executive Summary.
3. The adequacy of the respondent’s proposed approach to data collection and analysis used to aggregate data on plan-specific quality outcomes, including timeliness of and access to services.
4. The adequacy of the respondent’s proposed recommendations for comparative analyses, including sources of benchmark data and industry standards.
5. The adequacy of the respondent’s proposed methods for identifying best practices and quality improvement strategies that have demonstrated success.

**Score:** This Section is worth a maximum of 25 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 11: TECHNICAL APPROACH TO ADMINISTRATION OF PROVIDER SATISFACTION SURVEYS

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B.**, Services Provided by the Vendor, **Item 9.**, Category H: Administration of Provider Satisfaction Surveys.

At a minimum, the respondent shall provide the following:

1. A detailed description of the respondent's experience with administering provider satisfaction surveys.
2. A detailed description of the respondent's process for administering provider satisfaction surveys.
3. A proposed sample outline of a plan-specific report analyzing provider satisfaction survey results, including recommendations for the health plan.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent's experience with administering provider satisfaction surveys.
2. The adequacy of the respondent's process for administering provider satisfaction surveys.
3. The adequacy of the respondent's sample outline for a plan-specific report analyzing provider satisfaction survey results, including recommendations for the health plan.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

SRC# 12: TECHNICAL APPROACH TO THE MANAGED MEDICAL ASSISTANCE (MMA) PROGRAM AND THE LONG-TERM CARE (LTC) PROGRAM WAIVERS

The respondent shall demonstrate its capability to provide the requirements described in **Attachment B**, Scope of Services, **Section II.**, Manner of Service(s) Provision, **Sub-Section B**., Services Provided by the Vendor, **Item 12.**, Category K: Managed Medical Assistance (MMA) Program Waiver and **Item 13.**, Category L: Long-Term Care (LTC) Program Waiver.

At a minimum, the respondent shall provide the following:

1. A description of the respondent's experience with evaluating Medicaid medical assistance programs.
2. A description of the respondent's experience with evaluating Medicaid LTC programs.
3. A description of the respondent's approach for conducting a comprehensive evaluation of Medicaid medical assistance and LTC programs. The description must include the respondent's strategy for incorporating knowledge of how Florida Medicaid programs operate in their approach to develop a comprehensive evaluation that is specific to how Florida Medicaid programs operate.
4. A description of the respondent's strategy for avoiding the overuse of caveats that potentially diminish evaluation findings and ensuring that the Agency is provided with actionable recommendations from evaluation findings.
5. A sample outline of the proposed deliverables essential to conducting a comprehensive evaluation of the MMA and LTC waiver programs.
6. A proposed sample outline of a report evaluating Medicaid medical assistance care and LTC programs comprehensively.
7. A description of the respondent's experience with analyzing data in the evaluation of Medicaid programs.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent's experience with evaluating Medicaid medical assistance programs.
2. The adequacy of the respondent's experience with evaluating LTC programs.
3. The adequacy of the respondent's approach for conducting a comprehensive evaluation of the Medicaid medical assistance and LTC waiver programs including the respondent's strategy for incorporating knowledge of how Florida Medicaid programs operate in their approach to develop a comprehensive evaluation that is specific to how Florida Medicaid programs operate.
4. The adequacy of respondent's strategy for avoiding the overuse of caveats that potentially diminish evaluation findings and ensuring that the Agency is provided with actionable recommendations from evaluation findings.
5. The adequacy of the sample outline of the proposed deliverables essential to conducting a comprehensive evaluation of the Medicaid medical assistance and LTC waiver programs.
6. The adequacy of the sample outline for a report evaluating the Medicaid medical assistance and LTC programs comprehensively.
7. The adequacy of the respondent's experience with analyzing data in the evaluation of Medicaid programs.

**Score:** This Section is worth a maximum of 35 raw points with each of the above components being worth a maximum of 5 points each.

**SRC# 13: SYSTEM FUNCTIONALITY REQUIREMENTS**

The respondent shall demonstrate its capability and approach to provide the System Functionality Requirements described in **Attachment B**, Scope of Services, **Section X.**, System Functionality.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s capability and approach to have the capacity (hardware, software, and personnel) sufficient to access and generate all data and reports needed for the Contract resulting from this solicitation.
2. The adequacy of the respondent’s capability and approach to comply with the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act.
3. The adequacy of the respondent’s capability and approach to have protocols and internal procedures for ensuring system security and the confidentiality of recipient identifiable data.

**Score:** This Section is worth a maximum of 15 raw points with each of the above components being worth a maximum of 5 points each.

**SRC# 14: INFORMATION TECHNOLOGY REQUIREMENTS**

The respondent shall demonstrate its capability and approach to provide the Information Technology Requirements described in **Attachment B**, Scope of Services, **Section XI.**, Information Technology.

**Response:**

**Evaluation Criteria:**

The adequacy of the respondent’s capability and approach to meet the Information Technology Requirements described in **Attachment B**, Scope of Services, **Section XI.**, Information Technology. .

**Score:** This Section is worth a maximum of 5 raw points with each the above component being worth a maximum of 5 points.

**SRC# 15: SECURITY RATING SCORE REQUIREMENTS**

The respondent shall demonstrate its capability and approach to meet the requirements described in **Attachment B**, Scope of Services, **Section XI.**, Information Technology, **Sub-Section T.**

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s capability and approach to meet the requirements described in **Attachment B,** Scope of Services, **Section XI.**, Information Technology, **Sub-Section T.**

**Category 16: DISASTER RECOVERY REQUIREMENTS**

**SRC# 16:**

The respondent shall demonstrate its capability and approach to meet the requirements described in **Attachment B**, Scope of Services, **Section XII.**, Disaster Recovery.

**Response:**

**Evaluation Criteria:**

1. The adequacy of the respondent’s proposed approach and capability to develop and maintain a disaster recovery plan for restoring the application of software and current master files and for hardware backup in the event the production systems are disabled or destroyed.
2. The adequacy of the respondent’s proposed approach and capability to ensure the disaster recovery plan limits service interruption to a period of twenty-four (24) clock hours and ensures compliance with all requirements under the resulting Contract.
3. The adequacy of the respondent’s proposed approach and capability to ensure the records backup standards and a comprehensive disaster recovery plan shall be developed and maintained by the Vendor for the entire period of the resulting Contract and submitted for review annually by the anniversary date of the resulting Contract.
4. The adequacy of the respondent’s proposed approach and capability to ensure it maintains a disaster recovery plan for restoring day-to-day operations including alternative locations for the Vendor to conduct the requirements of the resulting Contract.
5. The adequacy of the respondent’s proposed approach and capability to ensure it maintains database backups in a manner that shall eliminate disruption of service or loss of data due to system or program failures or destruction.
6. The adequacy of the respondent’s proposed approach and capability to ensure the disaster recovery plan is finalized no later than thirty (30) calendar days prior to the resulting Contract effective date.
7. The adequacy of the respondent’s proposed approach and capability to ensure it amends or updates its disaster recovery plan in accordance with the best interests of the Agency and at no additional cost to the Agency.
8. The adequacy of the respondent’s proposed approach and capability to ensure it makes all aspects of the disaster recovery plan available to the Agency at all times.
9. The adequacy of the respondent’s proposed approach and capability to ensure it conducts an annual Disaster Recovery Plan test and submits the results for review to the Agency.

**Score:** This Section is worth a maximum of 45 raw points with each of the above components being worth a maximum of 5 points each.