

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

TABLE OF CONTENTS

- 1. Table of Contents**
- 2. Section 1: General Information and Instructions**
- 3. Section 2: Instructions to Vendors Submitting Bids**
- 4. Section 3: General Terms and Conditions**
- 5. Section 4: Project Specifications**
- 6. Section 5: Vendor Proposal**
- 7. Section 6: Evaluation and Award**
- 8. Certification and Signature Page**

SECTION 1: GENERAL INFORMATION

1.1. Introduction:

The West Virginia Department of Administration, Purchasing Division (hereinafter referred to as the “Purchasing Division”) is issuing this solicitation as a request for proposal (“RFP”), as authorized by W. Va. Code §5A-3-10b, for the WV Department of Health and Human Resources (hereinafter referred to as the “Agency” or “Department”) to provide statewide managed care services for youth in the foster care system, youth at risk of entering the foster care system, and families of youth at risk of entering the foster care system. The services to be provided under this award are more fully described in Attachment X: Service Provider Agreement for Vulnerable Youth and Families. Services include, but are not limited to, reimbursement for and coordination of physical health services and behavioral health services; establishing and managing a credentialed provider network; utilization management; quality management; member services; financial management; claims management; maintaining sufficient information systems; coordinating and reimbursing for socially necessary services and assisting in reducing the number of children entering the child welfare system.

For purposes of this request, vulnerable youth populations are defined as:

- Foster care children as defined under 45 CFR 1355.20
- Former foster care children under the age of 26 as defined by the Affordable Care Act
- Post-adoptive children with subsidized care
- Children with a documented case plan with the Bureau for Children and Families.
- Families of children with a documented case plan

This population of children, youth and their families, many with physical, oral, and behavioral health needs, may lack access to regular primary care, dental care or behavioral health care. For foster care youth that have transitioned to out of home placement, many have been exposed to Adverse Childhood Experiences (ACEs). This results in early toxic stress and trauma and the need for intensive care coordination to help address complex needs of this vulnerable population.

The Service Provider Agreement (hereinafter referred as “SPA”), has been attached to provide overall guidance in responding to this Request for Proposal. The contractual terms and/or rates outlined in

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

this Agreement are subject to change based upon state or federal mandates and regulations, waiver modifications, or State Plan modifications. The State Fiscal Year (SFY) 2020 contract, July 1, 2019 – June 30, 2020 will be issued to the winning vendor for signature upon award. The vendor will be expected to participate in good faith.

A glossary of terms is outlined within the Appendix I.

The RFP is a procurement method in which vendors submit proposals in response to the request for proposal published by the Purchasing Division. It requires an award to the highest scoring vendor, rather than the lowest cost vendor, based upon a technical evaluation of the vendor's technical proposal and a cost evaluation. This is referred to as a best value procurement. Through their proposals, vendors offer a solution to the objectives, problem, or need specified in the RFP, and define how they intend to meet (or exceed) the RFP requirements.

1.2. RFP Schedule of Events:

RFP Released to Public.....	See wvOASIS
Mandatory Pre-bid Conference.....	xx/xx/xx
Vendor's Written Questions Submission Deadline	xx/xx/xx
Addendum Issued.....	xx/xx/xx
Technical Bid Opening Date.....	xx/xx/xx
Technical Evaluation Begins	xx/xx/xx
Oral Presentation (<i>Agency Option</i>)	xx/xx/xx
Cost Bid Opening.....	TBD
Cost Evaluation Begins.....	TBD
Contract Award Made.....	TBD

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

SECTION 2: INSTRUCTIONS TO VENDORS SUBMITTING BIDS

The vendor request for proposal must contain a response to each of the questions below. The vendor must be prepared to discuss their responses and answer any follow-up questions.

In addition, the vendor must also submit a copy of all requested materials to the West Virginia Department of Health and Human Resources. These materials will be incorporated into the review and into the RFP by reference.

Vendors will submit one hard copy and one electronic copy of the materials specified below in the vendor RFP to:

WV Department of Health and Human Resources
Cabinet Secretary's Office
Attention: Jeff Wiseman
One Davis Square, Suite 100E
Charleston, WV 25301

Responses should be formatted in the same order as the request for proposal below, with clear question references to allow for ease in reviewing.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

SECTION 3: GENERAL TERMS AND CONDITIONS

Terms and conditions begin on next page.

DRAFT

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

SECTION 4: PROJECT SPECIFICATIONS

4.1. Background and Current Operating Environment: The WV Department of Health and Human Resources is located at One Davis Square, Charleston, WV 25301.

The WV Bureau for Medical Services (Medicaid) currently operates Mountain Health Trust (MHT), the Medicaid managed care program that has operated in the State of West Virginia since 1996. The program emphasizes the effective organization, financing, and delivery of health care services as a means to improve Medicaid enrollee access to care and enhance quality through the provision of coordinated services. MHT is overseen by the Office of Managed Care within the Bureau for Medical Services. Approximately 80% of all Medicaid enrollees are currently enrolled under one of the State's four Managed Care Organizations (MCOs).

There is currently a fragmented system of care for our youth and families at risk. The selected vendor for this procurement will provide services to foster care and at-risk youth and families statewide. A single MCO will be selected to oversee and coordinate both health and social services. Given the complex needs of the population to be served, it is encouraged, but not required, that the vendor subcontract with regional child welfare organizations to assist in the care coordination of services for this population, to combine the subject matter expertise of both fields to best meet the holistic needs of our youth.

4.2. Project Goals and Mandatory Requirements: West Virginia's foster care population has continued to increase over the past several years due to the opioid epidemic facing our state, with 85% of cases involving substance abuse. There is a significant need to better help those families in crisis and reduce the number of children removed from their home. For those that have already been subjected to this event, the Department must implement a strategy to help better coordinate the care of those members and make sure they are receiving all of the necessary services available, in hopes that reunification may occur. Vendor should describe its approach and methodology to providing the service or solving the problem described by meet the goals/objectives identified below. Vendor's response should include any information about how the proposed approach is superior or inferior to other possible approaches.

4.2.1. Goals and Objectives – The project goals and objectives are listed below.

4.2.1.1 Enhance the coordination of care and access to services, including physical health, mental and behavioral health, dental care and socially necessary services, and improve communication amongst stakeholders.

The vendor shall provide responses to the following questions:

Vendor should describe the approach(es) to establishing a statewide provider network that is comprehensive and contains providers who can provide a multi-disciplinary and comprehensive service array, either through their own practice or through collaboration with other providers; is accessible to children and their caregivers; incorporates evidence-

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

based best practices and interventions; provides for continuous communication with stakeholders; and has capacity in rural areas and across specialty lines of health services.

Vendor should describe the approach(es) to addressing deficiencies in the Essential Provider and Specialty Provider networks in relation to travel times and distances that may be experienced by a member.

Vendor should describe the approach(es) to providing 24 hours access to a provider or service in emergency situations.

Vendor should describe the approach(es) to measuring and regularly verifying network compliance standards, and actions that will be taken if notified of inappropriate wait times before a member is seen by a provider.

Vendor should describe the approach(es) to offering/providing crisis response to children and their caregivers, as well as families at risk.

Vendor should describe how the vendor will coordinate socially necessary services (SNS) for the member and/or their family, and that the most appropriate provider of those services is used to best meets their needs. The Department shall collaborate with the vendor by providing information about each SNS provider, the services they provide and any performance data that is available.

Vendor should describe the process the vendor will undertake for authorization reviews of SNS.

Improved Coordination of Care

Vendor should describe how the vendor will coordinate care across systems, including the educational system, and continuity of care between health care providers, child welfare providers, behavioral health providers and care managers with an integrated care plan for all children, and how this information will be shared with the member, their family or representative.

Vendor should describe how a vendor would provide training to ensure a plan of care that is jointly developed and shared among the primary care provider and/or specialist serving as a principal coordinating physician, and the child and caregiver(s).

Vendor should describe the procedures and protocols for using the family service plan (FSP) information in the development of the member ISP (individualized service plan) and to authorize services. Link to additional information:

<https://dhhr.wv.gov/bcf/Reports/Documents/West%20Virginia%20Child%20and%20Family%20Services%20Plan%20%28CFSP%29%202015-2019.pdf>

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Vendor should describe how a vendor would evaluate and report member progress in meeting goals identified in the ISP.

Vendor should describe how the vendor will meet standards for American Academy of Pediatrics (AAP) for Early & Periodic Screening, Diagnosis and Treatment (EPSDT) testing within 72 hours of placement.

Vendor should describe how the vendor would establish relationships with Child Protective Service (CPS) workers and coordinate the needs of the child, so as to reduce duplication of service and improve access to the most appropriate service needs.

Vendor should describe how the vendor will build relationships with the Judicial System to help drive the services being ordered for the child are in the child's best interest and most medically appropriate.

Vendor should describe how the vendor will collaborate with the State's pharmacy program to help provide coordinated care for the member, particularly those accessing psychotropic medications.

Vendor should describe how the vendor will establish patient-centered medical homes for its enrollees, including the application process for providers, communication of service to members and annual reporting processes, that aligns with the American Academy of Pediatrics in the Health Care for Children and Adolescents in Foster Care manual.

Vendor should describe how the vendor will collaborate with hospital, psychiatric residential treatment facilities (PRTF), residential providers, behavioral providers and others on discharge planning needs of the member and ensuring outpatient services have been established prior to release, as well as ensuring coordination with the State that all needed medication is available for the member.

Communications and Training

In addition to providing initial training, ongoing training for advocates, providers, and other stakeholders will be necessary. The vendor will be required to participate in public meetings and other events at the request of the Department.

Vendor should describe how the vendor will provide outreach and training in an ongoing manner to youth and young adults and their respective caretakers who are eligible for services.

Vendor should describe how training and technical assistance will be provided on an ongoing basis to new enrollees and their parents and caregivers, as well as new providers and other interested parties.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Vendor should describe how the vendor will work with caregivers and families to help track appointments enrollees are scheduled for and may miss without further reminders or assistance.

Vendor should describe how the vendor will collaborate with community partners to help design materials that best meet the needs of the populations being served.

Enhanced Quality and Seamless Continuity of Care

To ensure seamless continuity of care, the vendor will be required to contract with all currently enrolled providers under the State's fee-for-service Medicaid program, and those providers contracted with the Bureau for Children and Families for social services.

Vendor should describe how they will handle multiple placements/removals in a way that is as seamless as possible for the child.

Vendor should describe how they would identify and track new enrollees with high physical or behavioral health needs to assure continuity of care.

Vendor should describe how they would develop a plan to identify and reach out to members with the most immediate service needs leading up to and immediately following implementation of a program.

Vendor should describe how they would actively work with network providers to ensure accountability and improvement in the quality of care provided, including:

- How a vendor would reward providers who demonstrate continued excellence or significant performance improvement over time;
- How a vendor would share best practice methods or programs with other providers
- How a vendor would take action against providers who demonstrate unacceptable performance
- Strategies that could be adopted to simplify the administrative procedures

Vendor should describe the utilization management guidelines that would be employed and applied to authorize services.

Vendor should Describe how they would use telemedicine, telehealth, and telemonitoring services including opportunities to use video conferencing to improve quality or access to care.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Vendor should describe how the vendor would establish Intensive Care Management (ICM) teams for individuals with one or more chronic conditions, including how members would be identified for participation, plans that would be developed specific to each case and the composition of such a team.

4.2.1.2 Improve health outcomes for youth and families.

Vendor should describe what measures beyond traditional HEDIS scores the vendor would use to determine its programs and policies are having the most significant impact on West Virginia's youth and families.

Vendor should describe a plan for alternative payment structures (e.g. provider incentives, overcoming limitations of diagnosis-driven eligibility) to increase health care quality and efficiency through collaboration and innovation to improve access to comprehensive health care. The plan should include:

- a. Identified opportunities for cost savings
- b. Reductions in inappropriate utilization of services, including inappropriate admissions and readmissions
- c. Mechanics by which incentive payments to providers to improve quality of care would be made
- d. Quality metrics that would be required for provider incentives and shared savings

Vendor should describe how they will conduct ongoing gap analyses to determine the types of services and resources not available in the State, and how they will work with the Department and community partners to increase capacity for those services.

Vendor should describe how they would leverage predictive modeling as a support tool to help with stratification of members into risk tiers for care management services.

4.2.1.3 Develop and utilize meaningful and complete electronic health records for each member and other information technology (IT) supports to improve data sharing.

Vendor should describe how they will coordinate with the enrollee's PCP and behavioral health provider to ensure each provider has access to the most up-to-date medical records?

Vendor should describe how they will establish a process to help expedite the submission and return of service authorization data.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Vendor should describe how they will leverage IT solutions to improve access to member health records (both by the member and provider), appeal processes, and other member rights and responsibilities.

Vendor should describe how they will leverage the WV 2-1-1 resource to help members find resources available to them in their communities.

Vendor should describe how they will leverage its website to help meet the needs of members and providers, which shall include, but is not limited to, information about the member, authorization statuses, medical records, and eligibility information.

Vendor should describe how they will capture data related to social determinants of health and incorporate this information into its care management solution.

Vendor should describe the system they would leverage for utilization management services, which shall include text fields for clinical notes, inpatient requests, review criteria and case history.

4.2.1.4 Help reduce the number of children removed from the home as a result of increased family-centered care that provides necessary services to all members of the family, through the coordination of physical and socially necessary services.

Vendor should describe how they will collaborate with the Bureau for Public Health to increase the number of families enrolled in the WV Home Visitation Program. This program has demonstrated that its engagement in the lives of families has helped to reduce the risk of a child being removed.

Vendor should describe how they will engage community-based child welfare organizations to help provide family-centered treatment that goes beyond traditional medical care.

Based on the vendor's experience and projections, the vendor must determine its expected costs under the contract, evaluate the rate methodology and related information within the solicitation, and assess whether the projected contract value is achievable. Vendors must differentiate themselves based on quality, network access, efficiency, value added services, community partner engagement and collaboration, and care management support for members as demonstrated through the technical proposal and resulting score. Reimbursement for this contract will be designed using a braided funding stream, with Medicaid and Bureau for Children and Families dollars being blended to develop a monthly capitation payment for holistic care.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

4.2.2. Mandatory Project Requirements – The following mandatory requirements relate to the goals and objectives and must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it will comply with the mandatory requirements and include any areas where its proposed solution exceeds the mandatory requirement. Failure to comply with mandatory requirements will lead to disqualification, but the approach/methodology that the vendor uses to comply, and areas where the mandatory requirements are exceeded, will be included in technical scores where appropriate. The mandatory project requirements are listed below.

4.2.2.1. Vendor shall comply with all applicable requirements outlined in this procurement, as well as the Service Provider Agreement and any modifications pursuant to changes to State policy, state or federal laws and regulations, waiver amendments, or State Plan amendments.

4.2.2.2 The vendor will be required to have a physical presence in West Virginia, including the operation of call management services through the WV location.

4.2.2.3 The vendor shall meet with the Department and industry specific provider councils on a monthly basis during the first year of implementation and quarterly thereafter, as needed.

4.2.2.4 The vendor must work with providers to establish electronic billing, authorization and reporting systems that are compatible with provider electronic record systems.

4.2.2.5 The vendor shall establish committees with family members, member, providers, care manager and state lead to help develop the most appropriate care plans for the member.

4.2.2.6 The vendor shall be required to comply with all applicable State and Federal laws concerning privacy and security, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), HITECH Act, and all other regulations.

4.2.2.7 The vendor shall measure access to care, demand for services, quality of care, health outcomes, and client satisfaction, and analyze utilization data to drive quality improvement strategies.

4.2.2.8 The vendor shall establish a provider profile report card with input from stakeholders and submit individualized results to each provider as to their scores in meeting specific measurable outcomes.

4.2.2.9 The vendor shall complete the DHHR MCO application prior to contract start date (See Attachment C).

4.2.2.10 Vendor shall accept the rate established by the State on a per member per month basis.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

4.3. Qualifications and Experience: Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP. Information and documentation should include, but is not limited to, copies of any staff certifications or degrees applicable to this project, proposed staffing plans, descriptions of past projects completed (descriptions should include the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met.), references for prior projects, and any other information that vendor deems relevant to the items identified as desirable or mandatory below.

4.3.1. Qualification and Experience Information: Vendor should describe in its proposal how it meets the desirable qualification and experience requirements listed below.

4.3.1.1. Vendor shall be required to provide the following key personnel: Contract Liaison/Medicaid Administrator, Socially Necessary Services/Wraparound Services Liaison, Chief Financial Officer, Medical Director, Medical Management (Utilization Review/Care Management) Director, Quality Director, Member Services Director, Claims Payment Director, Provider Relations Director, Program Integrity Lead, Information Technology Director and Community Engagement Specialist.

4.3.1.2. Key personnel must have the following minimum experience:

Contract Liaison/Medicaid Administrator: At least five (5) years experience in Medicaid managed care contract oversight.

Socially Necessary Services (SNS)/Wraparound Services Liaison: At least three (3) years experience working with SNS or wraparound service providers.

Chief Financial Officer: At least five (5) years experience serving as a financial lead for a managed care entity or other health insurance provider.

Medical Director: At least five (5) years experience in serving as Medical Director for a Medicaid program and five (5) years experience working in pediatric care.

Medical Management Director: At least five (5) years experience working as a utilization management manager or specialist for a Medicaid program.

Quality Director: At least five (5) years experience in overseeing a Medicaid quality program, either with an MCO, a state Medicaid agency, or an external quality review organization.

Member Services Director: At least three (3) years experience working with the public in an educational capacity on health insurance-related matters.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Claims Payment Director: At least three (3) years experience in claims processing with a health insurer.

Provider Relations Director: At least three (3) years experience in serving as a provider relations manager or specialist in a health insurance role.

Program Integrity Lead: At least three (3) years experience working on Medicaid fraud projects.

Information Technology Director: At least three (3) years experience working in Medicaid IT solutions, with an emphasis in data integrity.

Community Engagement Specialist: At least three (3) years experience in working with the general public to better understand the health care environment and insurance. Preference given to a candidate with familiarity with West Virginia and its population characteristics.

4.3.1.3. Vendor shall place a liaison within the Department to ensure accurate and timely communications between parties.

4.3.1.4. Vendor shall meet staff credentials for key staff and care managers to be established by the State with input from stakeholders.

4.3.1.5. Vendor shall describe their experience in at least one other State with managing the foster care population and provide statistics on quality improvement that has resulted from their participation, in addition to financial savings achieved within that state(s).

4.3.2. Mandatory Qualification/Experience Requirements – The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any areas where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.

4.3.2.1. Have met the Certificate of Authority (COA) requirements as outlined by the WV Offices of the Insurance Commissioner and be in good standing in the State of WV. The vendor shall provide a copy of its COA prior to contract start date.

4.3.2.2. Be a National Committee for Quality Assurance (NCQA)-accredited entity and remain so for the duration of the contract or be in the process of becoming an NCQA-accredited entity. NCQA certification shall be provided prior to contract start date.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

4.3.2.3. Vendor shall provide an organization chart outlining internal organizational structure for this project with bid submission.

4.3.2.4. Vendor shall provide a description of the roles, responsibilities and skill sets associated with each position outlined in the organizational chart.

4.3.2.5. Vendor shall provide a summary description of each key staff member and the experience that qualifies them for their role in this project. If any subcontractor is leveraged, the vendor shall describe the assurance of quality and timeliness of the work to be done. All subcontractor arrangements must be approved by the State.

4.3.2.6. The vendor shall have at least one member of its care management team participate in all multi-disciplinary team meetings as deemed necessary by the caseworker or court system.

4.3.2.7. The vendor shall contract with specialists to assist in making medical or social service decisions should the MCO not be proficient in a given area.

4.3.2.8. The vendor shall have experience in working with vulnerable populations.

4.4. Oral Presentations (Agency Option): The Agency has the option of requiring oral presentations of all Vendors participating in the RFP process. If this option is exercised, it would be listed in the Schedule of Events (Section 1.2) of this RFP. During oral presentations, Vendors may not alter or add to their submitted proposal, but only clarify information. A description of the materials and information to be presented is provided below:

Materials and Information Requested at Oral Presentation:

4.4.1. [in person presentation outlining proposal]

4.4.2. [question and answer period]

4.4.3. [specific topics discussed]

SECTION 5: VENDOR PROPOSAL

5.1. Economy of Preparation: Proposals should be prepared simply and economically providing a concise description of the items requested in Section 4. Emphasis should be placed on completeness and clarity of the content.

5.2. Incurring Cost: Neither the State nor any of its employees or officers shall be held liable for any expenses incurred by any Vendor responding to this RFP, including but not limited to preparation, delivery, or travel.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

5.3. Proposal Format: Vendors should provide responses in the format listed below:

- 5.3.1. **Two-Part Submission:** Vendors must submit proposals in two distinct parts: technical and cost. Technical proposals must not contain any cost information relating to the project. Cost proposal must contain all cost information and must be sealed in a separate envelope from the technical proposal to facilitate a secondary cost proposal opening.
- 5.3.2. **Title Page:** State the RFP subject, number, Vendor's name, business address, telephone number, fax number, name of contact person, e-mail address, and Vendor signature and date.
- 5.3.3. **Table of Contents:** Clearly identify the material by section and page number.
- 5.3.4. **Response Reference:** Vendor's response should clearly reference how the information provided applies to the RFP request. For example, listing the RFP number and restating the RFP request as a header in the proposal would be considered a clear reference.
- 5.3.5. **Proposal Submission:** All proposals must be submitted to the Purchasing Division **prior** to the date and time stipulated in the RFP as the opening date. All submissions must be in accordance with the provisions listed in Section 2: Instructions to Bidders Submitting Bids.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

SECTION 6: EVALUATION AND AWARD

- 6.1. Evaluation Process:** Proposals will be evaluated in two parts by a committee of three (3) or more individuals. The first evaluation will be of the technical proposal and the second is an evaluation of the cost proposal. The Vendor who demonstrates that it meets all of the mandatory specifications required, attains the minimum acceptable score and attains the highest overall point score of all Vendors shall be awarded the contract.
- 6.2. Evaluation Criteria:** Proposals will be evaluated based on criteria set forth in the solicitation and information contained in the proposals submitted in response to the solicitation. The technical evaluation will be based upon the point allocations designated below for a total of 70 of the 100 points. Cost represents 30 of the 100 total points.

Evaluation Point Allocation:

Project Goals and Proposed Approach (§ 4.2)

- Approach & Methodology to Goals/Objectives (§ 4.2.1) (#) Points Possible
- Approach & Methodology to Compliance with Mandatory Project Requirements (§ 4.2.2) (#) Points Possible

Qualifications and experience (§ 4.3)

- Qualifications and Experience Generally (§ 4.3.1) (#) Points Possible
- Exceeding Mandatory Qualification/Experience Requirements (§ 4.3.2) (#) Points Possible

(Oral interview, if applicable) (§ 4.4) (#) Points Possible

Total Technical Score: 70 Points Possible

Total Cost Score: 30 Points Possible

Total Proposal Score: 100 Points Possible

- 6.3. Technical Bid Opening:** At the technical bid opening, the Purchasing Division will open and announce the technical proposals received prior to the bid opening deadline. Once opened, the technical proposals will be provided to the Agency evaluation committee for technical evaluation.

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

6.4. Technical Evaluation: The Agency evaluation committee will review the technical proposals, assign points where appropriate, and make a final written recommendation to the Purchasing Division.

6.5. Proposal Disqualification:

6.5.1. **Minimum Acceptable Score (“MAS”):** Vendors must score a minimum of 70% (49 points) of the total technical points possible in order to move past the technical evaluation and have their cost proposal evaluated. All vendor proposals not attaining the MAS will be disqualified.

6.5.2. **Failure to Meet Mandatory Requirement:** Vendors must meet or exceed all mandatory requirements in order to move past the technical evaluation and have their cost proposals evaluated. Proposals failing to meet one or more mandatory requirements of the RFP will be disqualified.

6.6. Cost Bid Opening: The Purchasing Division will schedule a date and time to publicly open and announce cost proposals after technical evaluation has been completed and the Purchasing Division has approved the technical recommendation of the evaluation committee. All cost bids received will be opened. Cost bids for disqualified proposals will be opened for record keeping purposes only and will not be evaluated or considered. Once opened, the cost proposals will be provided to the Agency evaluation committee for cost evaluation.

The Purchasing Division reserves the right to disqualify a proposal based upon deficiencies in the technical proposal even after the cost evaluation.

6.7. Cost Evaluation: The Agency evaluation committee will review the cost proposals, assign points in accordance with the cost evaluation formula contained herein and make a final recommendation to the Purchasing Division.

Cost Evaluation Formula: Each cost proposal will have points assigned using the following formula for all Vendors not disqualified during the technical evaluation. The lowest cost of all proposals is divided by the cost of the proposal being evaluated to generate a cost score percentage. That percentage is then multiplied by the points attributable to the cost proposal to determine the number of points allocated to the cost proposal being evaluated.

Step 1: $\text{Lowest Cost of All Proposals} / \text{Cost of Proposal Being Evaluated} = \text{Cost Score Percentage}$

Step 2: $\text{Cost Score Percentage} \times \text{Points Allocated to Cost Proposal} = \text{Total Cost Score}$

Example:

Proposal 1 Cost is \$1,000,000

Proposal 2 Cost is \$1,100,000

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Points Allocated to Cost Proposal is 30

Proposal 1: Step 1 – $\$1,000,000 / \$1,000,000 =$ Cost Score Percentage of 1 (100%)
Step 2 – $1 \times 30 =$ Total Cost Score of 30

Proposal 2: Step 1– $\$1,000,000 / \$1,100,000 =$ Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – $0.909091 \times 30 =$ Total Cost Score of 27.27273

6.8. Availability of Information: Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

(Company)

(Representative Name, Title)

(Contact Phone/Fax Number)

(Date)

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Definitions:

Refer to Article II: General Contract Terms for Managed Care Organizations, of the Service Provider Agreement.

DRAFT

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Attachment A: Cost Sheet

DRAFT

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Attachment B: Service Provider Agreement

DRAFT

REQUEST FOR PROPOSAL

(Agency Name and RFP #)

Attachment C: DHHR MCO Application

DRAFT