West Virginia Department of Health and Human Resources

Mountain Health Trust

Request for Application

Applications Due: December 8, 2023 no later than 4:00pm EST

Table of Contents

I. Introduction 3

West Virginia Medicaid 3

West Virginia Children's Health Insurance Program 5

Mountain Health Trust 5

II. Instructions to Applicants 9

III. Mandatory Requirements 11

IV. Application Requirements 15

V. Request for Application Attachments 28

List of Tables

Table 1. Current MHT Program Enrollment by Eligibility Category 5
Table 2. Current MHT Program Enrollment by Age 6
Table 3. RFA Schedule of Events 8
Table 4. MHT RFA Mandatory Requirements 12
Table 5. Applicant Organization 16
Table 6. Subcontractor Organization 17
Table 7. Scoring Allocations 27
Table 8. Applicant Questions 30
Table 9. Addenda Acknowledgement 31
Table 10. Application Checklist of Required Documentation 32
Table 11. Applicant Medicaid and CHIP Experience 36
Table 12. Mountain Health Trust Key Staff Positions 38
Table 13. Provider-to-Enrollee Ratios 39
Table 14. Medical Provider Network Time and Travel Distance 39
Table 15. Pediatric and Adult Network Access Standards 43
Table 16. Behavioral Health Network Access Standards 43
Table 17. Essential Community Providers 45
Table 18. Network Adequacy for Additional Providers Types 45

I. Introduction

A. Purpose

The West Virginia Department of Health and Human Services (DHHR or Department) Bureau for Medical Services (BMS), herein referred to as Agency, is issuing this Request for Application (RFA) for interested vendors to submit Applications to serve as managed care organizations (MCOs) for the Mountain Health Trust (MHT) managed care program. Contracted MCOs support the Agency in providing statewide physical health, behavioral health, and dental services for eligible Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) members. Services to be provided are set forth in the current Model MHT Service Provider Agreement (Agreement or Contract), which is available in the Resource Library referenced in Section I.E, RFA Resource Library.

The Model MHT Service Provider Agreement is revised on a state fiscal year basis to address operational need and changes in state and federal rules and regulations. As needed, the Agreement may be modified on a mid-year basis. MHT capitation rates are developed on a state fiscal year basis consistent with the Agreement with mid-year adjustments, as necessary. The SFY 2024 Model MHT Service Provider Agreement and capitation rates are pending the Centers for Medicare & Medicaid Services (CMS) approval. Capitation rates are anticipated to be submitted to CMS in late 2023. The rate documents are available in the RFA Resource Library.

In accordance with West Virginia Senate Bill (SB) 476, which amends West Virginia Code 1931 to add §9-5-31, this RFA is exempt from requirements of the West Virginia Purchasing Division providing that BMS may not disrupt certain existing enrollments with MCOs and prohibiting BMS from redistributing or reassigning membership. The full text of SB 476 can be found at: https://www.wvlegislature.gov/Bill_Text_HTML/2023_SESSIONS/RS/bills/sb476%20sub1%20enr.pdf.

In addition to the three (3) MCOs currently contracted for MHT services, the Agency will contract with any Applicants that submit successful Applications to provide MHT services. See Section IV.4, Application Review and Approval for information about the process for review of Applications.

For definitions of key terms, refer to the Model MHT Service Provider Agreement that is available in the RFA Resource Library.

B. Background and Overview

West Virginia Medicaid

The West Virginia Department of Health and Human Resources (DHHR or Department) is the organization responsible for supplying a wide range of necessary and lifesaving services to West Virginia residents. The mission is to promote and provide health and human services to the people of West Virginia in order to improve their quality of life.

Effective January 1, 2024, in accordance with West Virginia House Bill 2006 (2023), the DHHR will be re-organized into three separate departments as follows:[1]

The DHS Bureau for Medical Services (BMS) is the designated single state agency for the administration of West Virginia's Medicaid program. As the single State Medicaid Agency, BMS is also responsible for establishing and administering the overall strategic direction and priorities for the West Virginia Medicaid program. The Agency's goals and objectives are:

- Streamline administration.
- Tailor services to meet the needs of enrolled populations.
- Coordinate care, especially for those with chronic conditions.
- Provide members with the opportunity and incentives to maintain and improve their health.

West Virginia's Medicaid program provides essential healthcare coverage to children and adults with low-income and disabilities. Through Medicaid, federal financial assistance is provided to states to deliver these health care benefits.

The Agency has operated the Mountain Health Trust (MHT) program since 1996 and Mountain Health Promise (MHP) since 2020. MHP serves children in foster and kinship care, adoptive care, and children eligible under the Children with Serious Emotional Disorders waiver. Both MHT and MHP are overseen by the Center for Managed Care within the Agency. Approximately eighty percent (80%) of all Medicaid and WVCHIP members are enrolled in managed care as of October 1, 2023 with approximately seventy-three percent (73%) of those members enrolled in MHT. More information about MHT and MHP is available at the following link: https://dhhr.wv.gov/bms/Members/Managed%20Care/Pages/default.aspx.

[1] See https://www.wvlegislature.gov/Bill_Text_HTML/2023_SESSIONS/RS/bills/hb2006%20sub%20enr.pdf for additional information.

More information about the West Virginia Medicaid program can be found at https://dhhr.wv.gov/bms/Pages/default.aspx.

West Virginia Children's Health Insurance Program

West Virginia Children's Health Insurance Agency (WVCHIA) is the agency responsible for providing health care coverage to children in working families with incomes that exceed requirements to qualify for Medicaid but who lack access to affordable coverage. The WVCHIA administers this responsibility by means of the WVCHIP.

More information can be found at: https://chip.wv.gov/Pages/default.aspx.

Mountain Health Trust

Mountain Health Trust (MHT) is West Virginia's full-risk Medicaid managed care program that provides services to individuals in the eligibility categories set forth below in Table 1, Current Program Enrollment by Eligibility Category. Table 2 provides program enrollment by age group.

MHT is a mandatory, statewide program that has operated in West Virginia since 1996 and services for the Medicaid population are authorized under a 1915(b) waiver. Additionally, effective July 1st, 2023, the Department integrated the Medicaid and WVCHIP contracts into one MHT program contract. Provision of services to WVCHIP members through this managed care model are authorized under a State Plan Amendment, which can be found at https://chip.wv.gov/SiteCollectionDocuments/WV-clean_SPA08262021.pdf. The Department also has CMS approval for a Substance Use Disorder (SUD) 1115 Waiver Demonstration. Information about the SUD Waiver Demonstration can be found at: https://dhhr.wv.gov/bms/programs/WaiverPrograms/sudwaiver/Pages/default.aspx.

The MHT program emphasizes the effective organization, financing, and delivery of healthcare services to improve enrollee access to care and enhance quality through the provision of coordinated services. To administer managed care services to eligible individuals in the State of West Virginia, the Department currently contracts with three (3) MCOs: Aetna Better Health of West Virginia, The Health Plan of West Virginia, and UniCare Health Plan of West Virginia.

Table 1. Current MHT Program Enrollment by Eligibility Category

Eligibility Category	Enrollment as of September 2023
Temporary Assistance for Needy Families	238,531
Adult Expansion	219,836
Supplemental Security Income	38,087
WVCHIP	16,739
Children's Special Health Care Needs	1,113
Pregnant Women	1,258
Total Enrollment	***515,564***

Data Source: MC-OPS data as of August 2023.

Table 2. Current MHT Program Enrollment by Age

Age Group	Enrollment as of September 2023
Newborn (<01)	9,883
Youth (01-18)	191,484
Adult (19-44)	209,879
Middle Age Adult (45-64)	103,820
Senior Age Adult (65-84)	497
Elderly (85 +)	1
Total Enrollment	***515,564***

Data Source: MC-OPS data as of August 2023.

While non-emergency transportation (NEMT) and outpatient pharmacy services are covered by Medicaid and WVCHIP, under MHT, these services are excluded from the MCOs' capitation rates. For these carved out services, the Department will reimburse the billing provider directly on a fee-for-service (FFS) basis. Both NEMT and outpatient pharmacy services have particular coordination requirements for MCOs. More information about these services is available at:

- **NEMT:** https://dhhr.wv.gov/bms/Members/transportation/Pages/Non-Emergency-Medical-Transportation-(NEMT)%20Information%20for%20Members.aspx.
- **Rational Drug Therapy Program (RDTP):** https://pharmacy.hsc.wvu.edu/rdtp/what-is-rdtp/.

The Agency is currently working to address various West Virginia Senate Bills and other initiatives, which include but are not limited to, the following:

- **West Virginia SB 267 (2023):** Requires implementation of various regulations specific to prior authorizations (PAs). Regulations address issues such as, but not limited to, use of an electronic portal by providers for submission of PA requests; timing requirements for MCO reviews and responses, the appeals process, and response to audits; patient communications regarding step therapy protocols; revisions to provider requirements to be considered for exemption from prior authorization criteria; requiring oversight and data collection by the Offices of the Insurance Commissioner and the West Virginia Inspector General; and providing for civil penalties. See the full text of SB 267 at https://www.wvlegislature.gov/Bill_Text_HTML/2023_SESSIONS/RS/bills/sb267%20sub1%20enr.pdf.
- **West Virginia SB 419 (2022):** Requires BMS to design and implement a three (3)-year performance-based payment pilot program for substance use disorder (SUD) residential treatment facilities. See the Agreement, Article III, Section 10.11.7, Performance-based Pilot Program for SUD Residential Treatment Facilities. See the full text of SB 419 at: https://www.wvlegislature.gov/Bill_Text_HTML/2022_SESSIONS/RS/bills/SB419%20SUB1%20ENR.pdf.
- **Community-based Mobile Crisis Intervention Services:** Effective January 1, 2024, MCOs must provide community-based mobile crisis intervention services. See the Agreement, Article III, Section 10.12, Community-based Mobile Crisis Intervention Services.

- **MHT Quality Strategy:** The Agency is in process of review and update of the Quality Strategy for implementation by July 1, 2024. The prior Quality Strategy provided by BMS for public comment is available at: https://dhhr.wv.gov/bms/Public%20Notices/Documents/WV%20Managed%20Care%20Quality%20Strategy%202021_3.3.21_For%20Public%20Input.pdf.

The Department contracts with the following entities to also support management of the MHT program:

- An enrollment broker to conduct outreach and enrollment of eligible West Virginia Medicaid and WVCHIP managed care enrollees. MCOs must foster ongoing communication and coordination with the enrollment broker through a designated liaison. If an enrollee does not voluntarily select an MCO, a default assignment methodology is used to enroll individuals. To the extent possible, the Department will make assignments based on an enrollee's prior history with the MCO and pre-established familial relationship, with an equitable number of the entire default membership assigned to each MCO by the end of a monthly default assignment process. Per West Virginia SB 476, BMS will integrate any and all new and qualifying MCOs as a result of this RFA into the auto-assignment logic for new MHT enrollees and publicize any eligible MCO for purposes of self-selection by the enrollee. The assignment logic distributes new enrollees who do not self-select equally across all contracted MCOs.

- A fiscal agent to provide administrative service functions, including provider payment, enrollee eligibility, and capitation payment functions for the managed care program.

- An external quality review organization (EQRO) to conduct periodic independent studies on the quality of care delivered to MHT enrollees by MCOs. The EQRO must meet competence and independence standards.

Additional information, including enrollment, external quality reviews, and annual reports, can be found at: https://dhhr.wv.gov/bms/Members/Managed%20Care/Pages/default.aspx.

The BMS Policy Manual is available at: https://dhhr.wv.gov/bms/pages/manuals.aspx. Information about provider billing is available at: https://www.wvmmis.com/default.aspx.

NOTE: THE WVDHHR HAS DEVELOPED AN EQUAL EMPLOYMENT OPPORTUNITY PROGRAM (EEOP) UTILIZATION REPORT AND IT IS AVAILABLE AT:

http://www.wvdhhr.org/pdfs/H1.5%20Utilization%20Report%20and%20EEO%20policy.pdf.

C. MCO Payment

MCOs are paid a per member per month (PMPM) capitation payment. PMPM rates are developed in accordance with generally accepted actuarial principles appropriate for the population and services, certified by qualified actuaries, and approved by CMS. Applicants should review the Model MHT Service Provider Agreement for additional details about the Agency's payment to contracted MCOs.

This RFA is covered in part or in whole by federal funds. All Applicants will be required to acknowledge and adhere to *Attachment A, Federal Funds Addendum.*

D. Model MHT Service Provider Agreement Term

The Agency will issue a Service Provider Agreement to Applicants for signature upon Application approval with a start date of July 1, 2024 and that is renewed annually.

E. RFA Resource Library

In addition to materials available on the DHHR and WVCHIP webpages provided in the above section, the Agency has established a RFA Resource Library to provide important reference material intended to assist Applicants to prepare a response to this RFA. The materials in the library are listed below and are incorporated by reference into this RFA.

The below materials may be accessed at: https://dhhr.wv.gov/bms/Members/Managed%20Care/RequestforApplication/Pages/default.aspx:

1. SFY 2024 MHT Model Service Provider Agreement
2. MCO Rate Certification Materials

The Agency may continue to update the materials in the RFA Resource Library after this RFA is released and until the Agency posts responses to questions from Applicants.

F. RFA Schedule of Events

The RFA schedule, inclusive of a high level schedule for required readiness reviews, is provided in Table 3 below. The Agency may revise this schedule at any time. If the Agency revises the schedule before Applications are opened, the updated timeline will be announced and posted on the following website: https://dhhr.wv.gov/bms/Members/Managed%20Care/RequestforApplication/Pages/default.aspx. The website announcement will be followed by an amendment to this RFA, also available through the listed website. It is each Applicant's responsibility to check the website for current information regarding this RFA and its schedule of events through notice of decision.

Table 3. RFA Schedule of Events

Date	Tasks / Deliverables
10/25/23	Post RFA and RFA document library.
11/8/23	Questions due from Applicants.
11/22/23	Agency to post responses to questions.
12/8/23	MCO Applications due to the Agency no later than 4:00pm EST
12/22/23	Agency review of MCO Applications complete.
1/5/24	Agency issues notice of decision to Applicants.
2/5/24	Begin onboarding of selected MCOs.
3/1/24 – 6/1/24	Conduct desk and onsite readiness reviews. Issue memo to MCO(s) documenting required corrective action(s), if needed.
7/1/24	Effective date of new MCO contracts.

Per federal regulations 42 CFR 438.66(d) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.66), states must conduct readiness reviews of any newly contracted MCOs. Readiness reviews must begin at least ninety (90) days prior to the effective date of the new contract. BMS will require the MCO to provide updates to materials and documentation provided with this Application, as appropriate for implementation and readiness review activities (e.g., updated staffing plan and hiring status, geomapping based on enrollees and access requirements, etc.). If an MCO is unable to meet all readiness review requirements, it is at CMS and the Agency's discretion as to the consequences, which may include corrective action, delay in member enrollment and payment, or termination of the Agreement.

II. Instructions to Applicants

Applicants must read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of the Applicant. All Applications must be submitted in accordance with the provisions contained in these instructions. Failure to do so may result in disqualification of the Applicant.

A. RFA Questions, Answers, and Addenda

Applicants may submit written questions relating to this RFA to the RFA Point of Contact listed below. All questions must be submitted on or before the dates listed in Section I.F, RFA Schedule of Events.

RFA Point of Contact:

Samantha Hensley, M.A.
Bureau for Medical Services
West Virginia Department of Health and Human Resources
350 Capitol Street
Charleston, West Virginia 25301
Email: mcovendorsubmissions@wv.gov
Phone: (304)352-4245

Only questions submitted to the RFA Point of Contact via email will be considered. Applicants should indicate MHT RFA Questions in the subject line of the email, and use the template provided in *Attachment B, Applicant Questions to MHT RFA*, when submitting questions.

B. Verbal Communications

Non-written discussions, conversations, or questions and answers regarding this RFA between Applicants and any State personnel are preliminary in nature and are non-binding. Only information issued in writing by an official written addendum by the Agency is binding. The Agency will publish formal written responses, including any necessary RFA addenda, to the following website:
https://dhhr.wv.gov/bms/Members/Managed%20Care/RequestforApplication/Pages/default.aspx.

C. Addendum Acknowledgement

Changes or revisions to this RFA will be made by an official written addendum issued by the Agency. The Applicant should acknowledge receipt of all addenda issued with this RFA by completing *Attachment C, Addendum Acknowledgment Form*, and including with the Transmittal Letter. Failure to acknowledge addenda may result in denial of Application.

D. Application Submission

Applications must be submitted on or before the date and time of the bid opening listed in Section I.F, RFA Schedule of Events. All Applications must be submitted electronically through the secure FTP (SFTP) site designated by the Agency. Below is the process for Applicants to receive access to the SFTP site.

1. Applicant must submit two (2) points of contact (Name, Email, and Contact Number) to BMS via email to mcovendorsubmissions@wv.gov.

2. The Agency will request access to the SFTP for the submitted points of contact to DHHR Office of Management Information Systems (OMIS).

3. The Applicant's points of contact will receive notification of credentials and instructions for accessing the SFTP.

Applications will be deemed to be electronically signed. The Agency will not accept Applications, modification of Applications, or addendum acknowledgment forms via email.

Each Applicant must ensure that its electronic submission can be accessed and viewed by the Agency staff immediately upon opening. The Agency will consider any file that cannot be immediately accessed and viewed at the time of opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires and are therefore unacceptable. An Applicant may be required to provide document passwords or remove access restrictions to allow the Agency to print or electronically save documents provided that those documents are viewable by the Agency prior to obtaining the password or removing the access restriction.

In instances where the RFA specifications require documentation or other information with the Application, and an Applicant fails to provide it with the Application, the Agency reserves the right to request those items after Application opening and prior to contract execution. See *Attachment D, Checklist of Required Documentation*.

E. Applications Are Public Documents

The Applicant's entire Application and the resulting Agreement are public documents. As public documents, they will be disclosed to the public following the Application opening or award of the Agreement, as required by the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any Application or other document to the Agency constitutes your explicit consent to the subsequent public disclosure of the Application or document. The Agency will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

F. Application Withdrawal

The Applicant's signature on its Application, or on the certification and signature page, constitutes an offer to the Agency that cannot be unilaterally withdrawn, signifies that the product or service proposed by the Applicant meets the Mandatory Requirements contained in the RFA for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the RFA unless otherwise indicated.

III. Mandatory Requirements

The Mandatory Requirements relate to the goals of the program, federal and state regulations, and policy. The Applicant must meet these requirements to submit an Application. Applicants that do not meet all Mandatory Requirements should not apply.

Failure on the part of the Applicant to meet all Mandatory Requirements will result in a denied Application and disqualification of the Application at the sole discretion of the Agency. The Mandatory Requirements are in Table 4 below with indication of required documentation the Applicant must submit as proof of compliance.

Table 4. MHT RFA Mandatory Requirements

Mandatory Requirements			*Applicant Response*	
No.	**Requirement Description**	**Type**	**Applicant Response**	**Provide Name of Attachment(s)**
1.	The Applicant must submit a Transmittal Letter in accordance with requirements in Section IV.A, Transmittal Letter. The Applicant must include the Transmittal Letter as indicated in Section IV.A, Transmittal Letter.	RFA Requirement		
2.	The Applicant must be registered as a corporate entity with the West Virginia Office of the Secretary of State. Applicants registered as a corporate entity with the Office of the Secretary of State must submit a certificate documenting an active registration. The Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. Upload labeled attachments as indicated.	State Requirement		
3.	The Applicant must submit a Certificate of Authority (COA) to do business as a Health Maintenance Organization for West Virginia Medicaid issued by the West Virginia Offices of the Insurance Commissioner or other written evidence of filing an Application with the Offices of the Insurance Commissioner. Evidence of filing an Application must include acknowledgement of receipt of the Application by the Offices of the Insurance Commissioner. Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. Upload labeled attachments as indicated.	State Requirement		
4.	The Applicant must have continuous experience for the last five (5) full calendar years (2018-2022) operating in active Medicaid and CHIP service contracts for capitated risk-based managed care programs with Medicaid and CHIP agencies with an aggregate average membership of at least fifty thousand (50,000) members per month. The Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. Complete *Attachment E,*	Medicaid and CHIP Managed Care Experience		

Mandatory Requirements			*Applicant Response*	
No.	**Requirement Description**	**Type**	**Applicant Response**	**Provide Name of Attachment(s)**
	Applicant Medicaid and CHIP Experience, and upload labeled attachments as indicated to demonstrate compliance.			
5.	The Applicant attests that it will provide all services as required in the Model MHT Service Provider Agreement included in the RFA Resource Library. By answering "Yes" in the Applicant Response column the Applicant is attesting to meeting the above mandatory requirement. No additional materials are required for this response.	Attestation		
6.	The Applicant must accept the rates established by the Agency on a per member per month (PMPM) basis for the MHT program. Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. No additional materials are required for this response.	Capitation Rate		
7.	The Applicant must be accredited by the National Committee for Quality Assurance (NCQA) or in the process of attaining accreditation in West Virginia. Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. Upload a copy of the Applicant's accreditation or evidence of working toward attaining the accreditation as a labeled attachment.	Accreditation		
8.	The Applicant must provide all requested information prior to, and participate in, a readiness review, which will be defined by the Agency, prior to implementation on July 1, 2024. Applicant must answer "Yes" in the Applicant Response column to attest that it agrees to meet the above mandatory requirement. No additional materials are required for this response.	Readiness Review		

Mandatory Requirements			*Applicant Response*	
No.	**Requirement Description**	**Type**	**Applicant Response**	**Provide Name of Attachment(s)**
9.	The Applicant must establish a physical health and behavioral health provider network that provides adequate access, as defined by the Service Provider Agreement, and serves all counties in the State. Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. No additional materials are required for this response.	Network Standards		
10.	The Applicant must demonstrate progress towards developing network capabilities for statewide access by having signed Letters of Intent (LOIs) or executed provider agreements with all provider types listed in the Model MHT Service Provider Agreement, Appendix I, Provider Network Standards. The Applicant must submit a Microsoft Excel file organized by provider type indicating signed LOIs or provider agreements for each provider, including the name and address(es) of the provider, county(ies) served, and West Virginia Medicaid Identification Number, to demonstrate statewide access. The file must only include providers that are enrolled in West Virginia Medicaid. The Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. The requested files must be submitted to a secure FTP site designated by the Agency.	Network Standards		
11.	The Applicant must submit network standards documentation and geographic mapping reports in accordance with the reporting instructions provided as *Attachment F, Geographic Mapping Reports*. Reports must include only providers that are enrolled in West Virginia Medicaid. Applicant must answer "Yes" in the Applicant Response column to indicate meeting the above mandatory requirement. The requested files must be submitted to a secure FTP site designated by the Agency.	Network Standards		

IV. Application Requirements

Applicants must meet all requirements listed in Section III, Mandatory Requirements, and the Application should be responsive to all items listed in this Section IV, Application Requirements. The response should be provided in the order listed below. Additional detail for order and applicable page limits is provided in *Attachment D, Checklist of Required Documentation*.

1. Transmittal Letter and *Attachment C, Addendum Acknowledgment Form*
2. Table of Contents with hyperlinks to each Application section
3. Mandatory Requirements
4. Organization
5. Location of Operations
6. Staffing Approach
7. Subcontractual Relationships and Delegation
8. Scope of Services

Any material deviation from the format outlined may result in a rejection of the non-conforming Application. Additionally, to facilitate Agency review, the Applicant should use the templates provided in the Attachments for responses, as applicable, as well as Table 4, Mandatory Requirements in Section III above.

Each Application should include a response to every request for information in this RFA, whether the request requires a simple "yes", "no," "not applicable," or requires detailed information. The Applicant should provide detailed responses and processes where requested; simply repeating the RFA's requirement and agreeing to comply may cause the Application to be disqualified. To be concise, the Applicant is allowed to reference a response to another question, as applicable, instead of duplicating information across responses. The Applicant is advised to limit marketing statements to the area(s) of the RFA applicable to those statement(s) and not include duplicative or otherwise repetitive statements throughout its response. No statements made by Agency staff may be used in the Applicant's response.

The Application must include a header and/or footer on every page that includes the name of the Applicant, MHT RFA Response, and the page number.

A. Transmittal Letter

The Applicant must include a Transmittal Letter on the Applicant's official business letterhead. The Transmittal Letter must include the following:

1. The name, title, email address, and phone number for the designated point of contact for this Application.
2. A statement affirming that the Application accurately represents the capabilities and qualifications of the Applicant.

3. A statement that the Applicant has read, understands, and agrees to all provisions of this RFA without reservation and without expectation of negotiation.

4. A statement that the Applicant has read and understands all provisions of the Model MHT Service Provider Agreement, including the Service Level Agreements and liquidated damages, without reservation and without expectation of negotiation. The Applicant must also indicate understanding that the Agency will modify this Agreement prior to the July 1, 2024 effective date (e.g., to address legislative mandates, new initiatives, etc.).

5. Information as to whether the Applicant will use subcontractors in the performance of covered services and benefits. If subcontractors will provide services, submit the name of each and the general scope of work to be performed.

6. A statement attesting that all information provided in the Application is accurate and complete.

7. A statement certifying that the person signing the letter is authorized to legally bind the Applicant to provide the services required of the MHT contract.

8. Signature of an individual authorized to legally bind the Applicant.

Failure to include the statements or items listed will result in rejection of the Application.

B. Organization

1. Provide all relevant information in Table 5, Applicant Organization.

Table 5. Applicant Organization

Required Information	Response
Point of Contact for this Contract, Email Address and Phone Number	
Corporate (Legal) Name	
Name of Parent Company (if applicable)	
Headquarters Mailing Address, Street Address, Telephone Number, Fax Number	
Tax Identification Number	
Name, Mailing Address, Street Address, Telephone Number, Fax Number of Business Unit that Will Administer this Contract, if different from above	
Industry (North American Industry Classification System [NAICS])	
Type of Legal Entity	
Company Ownership (e.g., Private/Public, Joint Venture)	
Number of Years Applicant Has Provided the Services Required in this RFA	

2. Provide all relevant information in Table 6, Subcontractor Organization, for each subcontractor the Applicant has included in its Application for provision of covered services and benefits.

Table 6. Subcontractor Organization

Required Information	Response
Point of Contact for this Contract, Email Address and Phone Number	
Corporate (Legal) Name	
Name of Parent Company (if applicable)	
Headquarters Mailing Address, Street Address, Telephone Number, Fax Number	
Tax Identification Number	
Name, Mailing Address, Street Address, Telephone Number, Fax Number of Business Unit that Will Administer the subcontract, if different from above	
Industry (NAICS)	
Type of Legal Entity	
Company Ownership (e.g., Private/Public, Joint Venture)	
Number of Years Subcontractor Has Provided the Services Required in this RFA	

3. Provide a summary of existing or previous contracts the Applicant or d/b/a entity, and/or its parent company have held with the West Virginia DHHR in the past ten (10) calendar years (2013-2022).

4. In addition to the information provided in *Attachment E, Applicant Medicaid and CHIP Experience*, provide a summary of that experience and detail about the services provided to members in other Medicaid and CHIP programs or other lines of business.

5. Provide the following information in accordance with 42 CFR § 455.104 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B/section-455.104) for the Applicant:

    a. The name and address of any person (individual or corporation) with an ownership or control interest in the Applicant. The address for corporate entities should include, as applicable, the primary business address, every business location, and the P.O. Box address. In the case of an individual, the date of birth and Social Security Number should be provided. *The Applicant should provide a redacted version with its Application, and if the Applicant is selected, the* Agency *will request full information.*

    b. Tax identification number for a corporation with an ownership or control interest in the Applicant or in a subcontractor in which the Applicant has a five (5) percent or more interest.

c. Whether the person (individual or corporation) with ownership or control interest in the Applicant and/or subcontractor is related to any other person with ownership or control interest, such as a spouse, parent, child, or sibling.

d. The name of any other organization in which a person with ownership or control interest in the Applicant also has an ownership or control interest.

e. The name, address, date of birth, and Social Security Number of an agent or a managing employee of the Applicant. *The Applicant should provide a redacted version with its Application, and if the Applicant is selected, the* Agency *will request full information.*

6. Provide the following information in accordance with 42 CFR § 455.104 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B/section-455.104) for each Subcontractor:

   a. The name and address of any person (individual or corporation) with an ownership or control interest in the Subcontractor. The address for corporate entities should include, as applicable, the primary business address, every business location, and the P.O. Box address. In the case of an individual, the date of birth and Social Security Number should be provided. *The Applicant should provide a redacted version with its Application, and if the Applicant is selected, the* Agency *will request full information.*

   b. Tax identification number for a corporation with an ownership or control interest in the Subcontractor or in a subcontractor in which the Subcontractor has a five (5) percent or more interest.

   c. Whether the person (individual or corporation) with ownership or control interest in the Subcontractor and/or Subcontractor is related to any other person with ownership or control interest, such as a spouse, parent, child, or sibling.

   d. The name of any other organization in which a person with ownership or control interest in the Subcontractor also has an ownership or control interest.

   e. The name, address, date of birth, and Social Security Number of an agent or a managing employee of the Subcontractor. *The Applicant should provide a redacted version with its Application, and if the Applicant is selected, the* Agency *will request full information.*

7. List any regulatory actions, contract restrictions, sanctions, liquidated damages (LDs), investigations, or settlement agreements received in any state or by the federal government within the past five (5) calendar years (2018-2022), along with the Applicant's response and any plan of correction. This listing should include information for the Applicant and any relevant d/b/a entity, the Applicant's parent company, and subsidiaries.

8. Disclose if the Applicant or its parent company (including other managed care subsidiaries of the parent) has had a Medicaid, Medicare, or any other federal health program managed care contract terminated or not renewed for any reason within the past five (5) calendar years (2018-2022). In such instances, the Applicant should describe the issues and the parties involved, and provide the address and telephone number of the principal terminating party. The Applicant should also describe any corrective action taken to prevent

any future occurrence of the problem(s) that may have led to the termination or non-renewal.

C. Financial Stability

The Applicant should provide the industry standard Dun & Bradstreet (D&B) ratings that indicate its financial strength and creditworthiness, assigned to most United States (U.S.) and Canadian firms (and some firms of other nationalities) by the U.S. firm D&B. These ratings are based on a firm's worth and composite credit appraisal. Additional information is given in credit reports (published by D&B) that contain the firm's financial statements and credit payment history.

The Applicant should also supply evidence of financial stability sufficient to demonstrate reasonable stability and solvency appropriate to the requirements of this RFA.

The Applicant must also provide all information requested in this section for any subcontractor that is providing covered services and/or oversight and management of covered services (e.g., utilization management) directly to enrollees.

D. Location of Operations

The Applicant must maintain a primary workplace in the State of West Virginia.

1. Provide the physical office address of the MCO's primary workplace in West Virginia.

2. Provide the physical address(es) where the MCO will operate the following for the MHT program: claims operations and processing, provider services, enrollee services, and care management.

E. Applicant Staffing Approach for the MHT Program

The Applicant should provide information and documentation as part of its Application that demonstrates its qualifications and experience in providing managed care services. The Agency expects contracted MCOs to supply key staff serving the roles, performing the responsibilities, and meeting the minimum qualifications and experience identified in the Model MHT Service Provider Agreement, Article III, Section 5.10, Key Staff Positions, as well as other positions noted throughout the Agreement and required for comprehensive operations. Additionally, the Applicant may propose additional key staff positions at its discretion.

The Applicant must provide a dedicated and experienced Project Manager who acts as the single point of contact representing the Applicant during onboarding and implementation to prepare for operations to begin on July 1, 2024. The term "dedicated" is used to indicate that the Project Manager is committed full-time to and is accessible to the Agency for the duration of onboarding and implementation and facilitate ongoing operations until such time as the Agency and the MCO agree to discontinue the project management services. The Project Manager must have experience with implementation of new Medicaid managed care contracts The Project Manager will be onsite in West Virginia as requested by the Agency. It is at the Applicant's discretion as to whether the Project Manager is someone who is also assigned in a key staff position. However, the Agency reserves the right to request replacement if conflicting priorities are identified that keep the Project Manager from fulfilling the duties of both positions.

1. Provide a brief narrative explaining the Applicant's staffing organization at the corporate level and specific to West Virginia exhibiting the Applicant's ability and capability to provide knowledgeable, skilled, and experienced personnel to accomplish the MHT scope of services. The response should include, but not be limited to, the following:

    a. Organizational chart showing the corporate structure, lines of responsibility, and authority in the administration of the MCO's business as a health plan.

    b. Organizational chart specific to MHT operations that indicate reporting relationships across all operational areas, and names and titles of individuals designated for key staff positions. Subcontractor staffing should also be identified, as applicable.

    c. An organizational chart showing how subcontractor(s) will be managed within the Applicant's West Virginia organizational structure, including the primary individuals at the Applicant's organization and at each subcontractor organization responsible for overseeing such subcontract. This information may be included in the West Virginia organizational chart listed previously or as a separate organizational chart(s).

    The Applicant's narrative should explain the submitted organizational charts, highlighting the key functional responsibilities and reporting requirements of each organizational unit for management of the Applicant's MHT contract.

2. Provide a brief summary of the roles, responsibilities and qualifications of the Applicant's Project Manager. The summary should include an overview of similar projects for which the Project Manager has provided similar support and oversight. Provide a resume for the Project Manager that is no longer than three (3) pages.

3. Provide a staffing plan, including but not limited to, a workplan with timeline for hiring all required MHT positions and support staff prior to the July 1, 2024 contract effective date. Note the staffing plan should address all positions outlined in the Service Provider Agreement, Article III, Section 5.10, Key Staff Positions, other staffing noted throughout the Agreement, and any additional staffing the Applicant plans to use for this Contract. Include a contingency plan for staffing for any key staff position that is not fulfilled prior to the July 1, 2024 operational effective date of the Agreement, including the process for providing hiring updates to the Agency.

4. For key staff positions set forth in the Service Provider Agreement, Article III, Section 5.10, Key Staff Positions, and any additional positions the Applicant proposed, provide the following information:

    a. Completed *Attachment G, Table of Key Staff Positions*.

    b. Resumes for filled key staff positions, including their licenses, credentials, and experience. Resumes should indicate the role of the staff for the MHT program project and demonstrate how each staff member's experience and education will contribute to successful implementation and operations. Resumes should not exceed three (3) pages each, and should be submitted as an attachment to the Application.

    c. An LOI for each person listed as a key staff position who is not currently employed by the Applicant. Each LOI must be signed by the individual and indicate his or her

willingness to accept employment with the Applicant after contract signature. LOIs should be submitted as an attachment to the Application.

F. Subcontractual Relationships and Delegation *(Model MHT Service Provider Agreement, Article II, Section 8.5)*

Note the response requirements of this Section do not apply to subcontracts for the provision of any of the following: utilities (e.g., water, electricity, telephone, Internet), mail/shipping, office space, or computer hardware.

1. Provide a listing of subcontractors the Applicant will use, including but not limited to, a summary of the services they will provide, a description of the Applicant's relationship to any potential subcontractors, the business relationship, and the length of experience the Applicant has with each subcontractor.

2. For each subcontractor included in the Application to administer any covered MHT services or benefits, complete *Attachment E, Applicant Medicaid and CHIP Experience*. Provide a summary of each subcontractor's experience and detail about the services provided to members in other Medicaid and CHIP programs or other lines of business.

3. Provide the Applicant's Subcontractor Monitoring Plan.

G. Response to Scope of Services

The response to each statement and question in this section must be complete, concise, and reflect an understanding of applicable requirements of the Model MHT Service Provider Agreement, the MHT Rate Certification (available in the RFA Resource Library), information available on the DHHR and WVCHIP websites, and other information in the RFA Resource Library (see Section 1.E, RFA Resource Library). When specified, page limits indicate the maximum length of a response and Applicants are encouraged to provide succinct responses in fewer pages when possible.

In responding to a question, if the Applicant will use a subcontractor to fulfill any part of the response, the Applicant must provide the name of the subcontractor and explain how the subcontractor's performance will be no less effective than if done by the Applicant.

Applicants' responses should demonstrate how they will meet specific requirements, and requested materials should be in sufficient detail to support BMS review of the response. As indicated in Section I.F, Schedule of Events, Applicant compliance with contract requirements will be tested during readiness reviews. The Agency may require MCOs that execute Service Provider Agreements to submit updated materials provided with their Applications as part of the readiness review or within other timeframes as specified in the Agreement or agreed upon by BMS and the MCOs.

1. Covered Services *(Model MHT Service Provider Agreement, Article III, Section 1)*

a. Provide the Applicant's staffing, technology and operations to provide Medicaid and WVCHIP covered services.

b. How will the Applicant address racial, ethnic, and geographic disparities and social determinants of health (SDoH) in delivery of services to and outcomes for enrollees? Will approaches differ for adults and children?

2. Provider Network *(Model MHT Service Provider Agreement, Article III, Section 2)*

a. Provide the Applicant's recruitment strategy to develop a comprehensive provider network to ensure it meets MHT access and availability requirements for all covered services. If the Applicant will use subcontractors for specific covered services (e.g., dental, behavioral health/substance use disorder), provide information in the strategy for how the Applicant is coordinating efforts and how the Applicant is providing oversight and monitoring of the subcontractor(s)' network development activities.

b. Provide the Applicant's provider network development work plan, including but not limited to activities being conducted, timeline for completion, and the current status of activities. The response should include, but not be limited to, a summary of activities the Applicant is conducting to support providers who do not have a West Virginia Medicaid Identification Number to apply for Medicaid enrollment.

c. Provide a summary of the Applicant's efforts to recruit new or modified provider types (e.g., publicly supported providers) and to increase Psychiatric Residential Treatment Facilities (PRTF) capacity statewide.

d. Complete *Attachment H, Provider Network Standards*, to indicate for which provider types the Applicant meets network standards and where gaps exist.

e. Provide the MCO's training curriculum for Provider Services staff inclusive of training about the WV Medicaid and MHT programs and other required training topics described throughout the Service Provider Agreement (e.g., evidence-based health education and preventive care programs, cultural competency and implicit bias, social determinants of health [SDoH], etc.).

f. Provide the Applicant's outreach and education process and schedule for onboarding newly contracted providers and for ongoing communications. The response should address topics the Applicant will address during onboarding and on an ongoing basis.

g. Provide the Applicant's West Virginia MHT model provider contract template(s). The response must include an attestation that the model provider contract template(s) address all provisions required in the Service Provider Agreement, Article III, Section 2.6.3, Provider Contract.

h. Describe the alternative payment models (APMs) that the Applicant will design and implement, including but not limited to, a description of how a provider's payment will be associated with outcomes achieved.

Note that the Model MHT Service Provider Agreement, indicates that APM arrangements must account for at least twelve percent (12%) of enrollees enrolled during the State Fiscal Year, excluding maternity kick provider payments. The Agency *intends to change this requirement in SFY25 to require APM arrangements account for at least ten percent (10%) of provider payments.*

3. **Enrollment and Enrollee Services *(Model MHT Service Provider Agreement, Article III, Section 3)***

    a. Provide the Applicant's processes for using the Agency's eligibility and enrollment files to manage membership. The response should also address the process for resolving discrepancies between these files and the Applicant's internal membership records, such as differences in Applicant addresses.

    b. Provide the Applicant's marketing plan for the West Virginia MHT program.

    c. Provide the MCO's training curriculum for Enrollee Services staff inclusive of training about the WV Medicaid and MHT programs and other required training topics described throughout the Service Provider Agreement (e.g., evidence-based health education and preventive care programs, cultural competency and implicit bias, social determinants of health [SDoH], etc.).

    d. Provide the Applicant's outreach and education process, activities, and schedule for orienting new enrollees and ongoing communications. The response should also address, but not be limited to, topics of focus and creative solutions the Applicant will use to encourage enrollee participation in identified activities.

    e. Provide the Applicant's processes for assessing the quality and efficiency of Enrollee Services staff.

4. **Value-Added Services *(Model MHT Service Provider Agreement, Article III, Section 3.10)***

    Note that the Agency *acknowledges that value-added services are optional. This portion of the Application will not be considered for purposes of determining acceptance of the Application. However, it is important for the* Agency *to understand the Applicant's intent for provision of these services.*

    a. If not proposing to offer value-added services, provide a statement indicating such.

    b. If proposing to offer value-added services, define and describe the proposed services, rationale for offering the services, and targeted outcomes. Identify the categories or groups of enrollees targeted for receipt of the services.

    c. For any value-added services proposed, submit the Applicant's process for identifying the services in the encounter data and/or in its financial reports, as applicable.

5. **Population Health *(Model MHT Service Provider Agreement, Article III, Section 3.11)***

    a. Provide a detailed summary of the Applicant's Population Health Program.

    b. Provide the charter for the Applicant's Health Equity and Quality Committee.

    c. Provide an overview of how the Applicant will collect and use member-identified race, ethnicity, language, and social determinants of health (SDoH) data to identify and reduce disparities in health care access, services, and outcomes.

    d. Describe how the Applicant will leverage its technology to measure the efficacy of population health initiatives and adjust population health strategies. The response

should also address, but not be limited to, how the Applicant will collect data and conduct data analytics to identify enrollees' disparities and implement and report on the effectiveness of evidence-based interventions that are designed to address enrollees SDoH.

e. Provide the Applicant's SDoH work plan.

f. Describe methods the Applicant will use to identify and address SDoH as part of care coordination efforts.

g. Describe efforts the Applicant will undertake to collaborate and build partnerships with community resources, including community-based organizations, public health departments, social service providers, and other stakeholders.

6. Health Care Management *(Model MHT Service Provider Agreement, Article III, Section 5)*

a. Provide a detailed summary of the Applicant's Care Coordination Program.

b. Provide the processes for care management for the following populations:

i. Pregnant women.

ii. Enrollees referred to Psychiatric Residential Treatment Facility (PRTF) services.

iii. Persons with ongoing medical conditions and special health care needs and individuals who are SSI eligible.

c. Provide the Applicant's transition of care policies for the following:

i. For enrollees transitioning to or from the FFS delivery system or Mountain Health Promise (MHP) program to the MCO, or from one MCO to another.

ii. For enrollees who are receiving covered services from out-of-network providers at the time of enrollment with the Applicant.

d. Provide the Applicant's utilization management policies and procedures. Describe how the Applicant will leverage its technology to effectively analyze utilization and create strategies to ensure that utilization is appropriate and to reduce the number of required prior authorizations.

e. Provide initiatives the Applicant will undertake to address non-emergent emergency room utilization.

f. Describe initiatives the Applicant will implement to promote the use of telehealth for providers and enrollees.

g. Provide the Applicant's processes for collecting, validating, and submitting complete and accurate encounter data to the Agency consistent with required formats. The response should also address, but not be limited to, how the Applicant monitors data completeness and manages non-submission of encounter data by a provider or a subcontractor.

7. **Quality Assessment and Performance Improvement Program *(Model MHT Service Provider Agreement, Article III, Section 6)***

    a. Provide the Applicant's written policies for an ongoing Quality Assessment and Performance Improvement Program (QAPI) Program, including but not limited to, strategies and initiatives the Applicant will implement.

    b. Provide a summary of strategies the Applicant will implement to simplify administrative procedures per the National Committee for Quality Assurance (NCQA) Health Equity Accreditation or Health Equity Accreditation Plus programs.

    c. Describe the Applicant's data analytics and data informatics capabilities and how the Applicant will use those capabilities to drive performance improvement and quality management activities. The response should address, but not be limited to, any innovative approaches the Applicant plans to use to ensure that Quality Measurement is both accurate and evidences efficacy of programs.

8. **Health Information System *(Model MHT Service Provider Agreement, Article II, Section 8.2 and Article III, Section 6.4)***

    a. Provide the Applicant's technology-enabled strategic plan outlining the Applicant's approach for engaging and educating enrollees, as well as improving access to care and services.

    b. Provide flowcharts and brief narrative descriptions of the Applicant's information systems to meet the requirements of the Service Provider Agreement addressing, at a minimum, the functional areas listed below. In addition, describe how these functional areas are integrated and how the Applicant's system will interface and exchange data with the Agency and other entities, including but not limited to, the fiscal agent and the enrollment broker.

        i. Member eligibility, enrollment, and disenrollment management.

        ii. Provider enrollment and network management.

        iii. Care coordination system and interface with claims system and the enrollee portal.

        iv. Claims payment, including claims processing edits, corrections, and adjustments.

        v. Encounter submission, including statistics for percent accepted and denied.

        vi. Coordination of benefits (COB) for claims with third party liability (TPL).

        vii. Financial management and accounting.

        viii. Any other ancillary systems/databases and their capabilities, such as reporting, grievance and appeals, subcontractor data collection, and electronic visit verification (EVV).

    c. Provide the following documents:

        i. Disaster Recovery Plan

ii. Business Continuity Plan

iii. Information Security Plan

iv. Systems Quality Assurance Plan

v. Interoperability and Patient Access Plan

vi. Health Information System Strategy

9. Financial Requirements and Payment Provisions *(Model MHT Service Provider Agreement, Article III, Section 7)*

a. Provide processes for conducting subrogation and Third Party Liability (TPL) activities. The response should address, but not be limited to, internal processes, if any, to benchmark TPL collections against "best practices" to optimize TPL recoveries.

10. Fraud, Waste, and Abuse Requirements *(Model MHT Service Provider Agreement, Article III, Section 8)*

a. Describe the Applicant's experience, staffing, technology and operations, including the role and responsibilities of the Specialized Investigations Unit, to provide program integrity services.

b. Provide the Applicant's internal compliance plan.

11. MHT Dental Services *(Model MHT Service Provider Agreement, Article III, Section 9)*

a. Provide a description of the Applicant's experience, staffing, technology and operations to provide dental services as required in the Service Provider Agreement.

b. Provide initiatives the Applicant will implement to address racial, ethnic, and geographic disparities in delivery of and outcomes regarding dental services.

c. Describe any innovative methods the Applicant will use to augment its approach to enrollee outreach and coordination of dental services to assure enrollees are seeking and receiving care, as well as outreach to dentists to encourage participation.

12. Behavioral Health Services *(Model MHT Service Provider Agreement, Article III, Section 10)*

a. Describe the Applicant's experience, staffing, technology and operations to provide behavioral health services as required in the Service Provider Agreement.

b. Provide the Applicant's innovation plan to address behavioral health adolescents who may be at a higher risk for higher levels of care, which include, but are not limited to, a comprehensive adolescent behavioral health risk assessment, preventative strategies, and technology-enabled solutions.

c. Describe innovations and strategies the Applicant will employ to assist the Agency in meeting the goals for creating a seamless continuum of care to support enrollees in their recovery and substance use disorder treatment.

d. Provide the Applicant's strategy for preventing and treating opioid addiction and improving healthcare for enrollees at risk of or with an opioid and/or SUD.

e. Describe initiatives the Applicant will implement to address racial, ethnic, and geographic disparities and SDoH in delivery of and outcomes regarding behavioral health services.

f. Describe any innovative methods the Applicant will use to augment its approach to enrollee outreach and coordination of behavioral health services to assure enrollees are seeking and receiving care. The response should also address, but not be limited to, initiatives specific to Children's Mobile Crisis Response (CMCR) services.

H. Application Review and Approval

1. Review Process

Any qualified MCO that meets the requirements of the Application will be approved to receive a contract to provide MHT services. The Agency's review committee will evaluate Applications as follows:

a. Review the Applicant's response to Mandatory Requirements to confirm that all are met. Applications failing to meet one (1) or more Mandatory Requirements of the RFA will be disqualified.

b. Applicants that demonstrate they meet all Mandatory Requirements will proceed to review of the detailed response included in the Application. Applications must receive a Minimum Acceptable Score (MAS) of seventy percent (70%) of the total points available. Applications not attaining the MAS will be disqualified.

c. Finalize decision on acceptance or rejection of the Application, and make final recommendation to the Bureau Commissioner. Applicants that meet all Mandatory Requirements and receive a minimum acceptable score on their detailed response will be approved to receive a contract to provide MHT services.

2. Review Criteria

The Agency will review Applications based on criteria set forth in this RFA and information provided in the Applications submitted in response to the RFA. The initial review of Mandatory Requirements will be a "pass/fail" with a fail being warranted if the Applicant does not meet all Mandatory Requirements. Applications that "pass" all Mandatory Requirements will be reviewed and scored across five areas, which each receiving a percentage of the overall total 1,000 points. The point allocations for each area are as set forth below in Table 7, Scoring Allocations.

Table 7. Scoring Allocations

RFA Section	Points Possible
Section IV.B. Organization Section IV.C. Financial Stability	200
Section IV.D. Location of Operations	200

RFA Section	Points Possible
Section IV.E. Applicant Staffing for the MHT Program	
Section IV.F. Subcontractual Relationships and Delegation	200
Section IV.G. Responses to Scope of Services	400

3. Application Acceptance/Rejection

The Agency may accept or reject any Application in whole, or in part. The Agency will provide Applicant with e-mail notification when an Application has been approved. For notification purposes, bidders must provide the Agency with a valid email address in the Application.

After notice of approval, the Agency will initiate an onboarding plan with the MCO thirty (30) calendar days after providing notice of approval.

V. Request for Application Attachments

The below attachments are included with this MHT RFA. The Applicant should use the templates provided in responding to the applicable RFA requirements. Use of these templates will facilitate review of the Application by the Agency and help to assure requested information is included in the response.

Attachment A: Federal Funds Addendum

Attachment B: Applicant Questions to MHT Request for Application

Attachment C: Addendum Acknowledgment Form

Attachment D: Checklist of Required Documentation

Attachment E: Applicant Medicaid and CHIP Experience (Mandatory Requirement)

Attachment F: Geographic Mapping Reports (Mandatory Requirement)

Attachment G: Table of Key Staff Positions

Attachment H: Provider Network Standards

Attachment A: Federal Funds Addendum

Attachment A is available at the following webpage:

https://dhhr.wv.gov/bms/Members/Managed%20Care/RequestforApplication/Pages/default.aspx

Attachment B: Applicant Questions to MHT Request for Application

Instructions

Applicants that have questions about this RFA should use the following table format for submission to the Agency. Cite the Section and page number(s) of the RFA to which each question pertains. Questions must be submitted to the Agency RFA point of contact listed in Section II.A, RFA Questions, Answers, and Addenda. Applicants should indicate "MHT RFA Questions" in the subject line of the email. Applicants should use the following naming convention for the file name: MCOName.MHTRFAQuestions.Date Submitted (e.g., ABCCorp.MHTRFAQuestions.11.01.23).

Applicant Name: [Insert Name]

Date: [Insert Date]

Table 8. Applicant Questions

Item No.	RFA Section Reference	RFA Page Number	Question	BMS Response

Attachment C: Addendum Acknowledgment Form

Instructions

The Applicant should include this completed form with its Application to acknowledge receipt of all addenda issued for the MHT RFA. In Table 1 below, the Applicant should indicate "yes" or "no" for each addendum received. Additional rows may be added to the table by the Applicant if the number of addenda exceeds ten (10). If less than ten (10) addenda are provided, the Applicant should indicate "not applicable" in the additional rows.

An individual authorized to legally bind the Applicant should sign the form. Failure to acknowledge addenda may result in Application disqualification.

Acknowledgment

I hereby acknowledge receipt of the following addenda and my company has incorporated related information as appropriate in our Application.

Table 9. Addenda Acknowledgement

Addendum Number	Applicant Received?	Applicant Reviewed?
Addendum No. 1		
Addendum No. 2		
Addendum No. 3		
Addendum No. 4		
Addendum No. 5		
Addendum No. 6		
Addendum No. 7		
Addendum No. 8		
Addendum No. 9		
Addendum No. 10		

I understand that failure to confirm the receipt of addenda may be cause for rejection of this Application.

I further understand that in accordance with Section II.B. Verbal Communications any non-written discussions, conversations, or questions and answers regarding this RFA between Applicants and any State personnel are preliminary in nature and are non-binding. Only information issued in writing by an official written addendum by the Agency is binding.

_____
Company

_____
Authorized Signature

_____
Date

Attachment D: Checklist of Required Documentation

The below checklist is provided to assist the Applicant in confirming requested or required documentation is submitted as part of its Application. This checklist is not intended to serve as a comprehensive list of all information the Applicant will submit (e.g., the Applicant will need to determine what information to provide for narrative responses). Applicants are expected to carefully review the RFA in its entirety and submit information and documentation to support the Application.

Applicants should adhere to page limits where noted in Table 10 below. Indication is provided as to whether attachments are included in the page limits.

Table 10. Application Checklist of Required Documentation

Application Section	Contents	Requested Page Limit
Transmittal Letter		
Contents:	Transmittal Letter with all required statements	N/A
	Template: Completed *Attachment C, Addendum Acknowledgment Form*	
Table of Contents		
Contents:	Table of Contents with hyperlinks to each Application Section	N/A
Mandatory Requirements		
Contents:	Template: Completed *Table 4 of RFA, MHT RFA Mandatory Requirements*	N/A
	Certificate documenting active registration as a corporate entity with the West Virginia Office of the Secretary of State	N/A
	Certificate of Authority (COA) to do business as a Health Maintenance Organization for West Virginia Medicaid or other written evidence of filing an Application with the Offices of the Insurance Commissioner	N/A
	Template: Completed *Attachment E of RFA, Applicant Medicaid and CHIP Experience*	N/A
	Copy of NCQA accreditation or evidence of working toward attaining accreditation	N/A
	Microsoft Excel file organized by provider type indicating signed LOIs or provider agreements for each provider, including the name and address(es) of the provider, county(ies) served, and West Virginia Medicaid Identification Number.	N/A
	Network standards documentation and geographic mapping reports in accordance with *Attachment F of RFA, Geographic Mapping Reports*.	N/A
Organization		
Contents:	Organization Overview within Table 5 of RFA, Applicant Organization	N/A
	Subcontractor Overview within Table 6 of RFA, Subcontractor Organization (for each subcontractor that will provide covered services and benefits)	N/A
	Summary of existing or previous contracts with DHHR	N/A

Application Section	Contents	Requested Page Limit
	Description of experience of Applicant and subcontractors that will administer covered services or benefits.	N/A
	Applicant ownership information	N/A
	For each subcontractor, ownership information	N/A
	Listing of business disputes with any state or federal government	N/A
	Disclosure of terminations	N/A
Financial Stability		
Contents:	Required financial stability evidence	N/A
Location of Operations		
Contents:	Narrative response	N/A
Staffing Approach		
Contents:	Narrative response, including organizational charts	N/A
	Staffing Plan including narrative overview and workplan with timeline	N/A
	Completed *Attachment G of RFA, Table of Key Staff Positions*	N/A
	Project Manager and Key Staff Resumes for filled positions	3 per resume
	Key Staff signed Letters of Intent as applicable	N/A
Subcontractual Relationships and Delegation		
Contents:	Narrative response	N/A
	Template: If needed based on subcontractors included in application, completed *Attachment E of RFA, Applicant Medicaid and CHIP Experience*	
	Subcontractor Monitoring Plan	N/A
Application	**Scope of Services**	
Contents:	Covered Services ☐ Narrative Response	35
	Provider Network ☐ Narrative Response ☐ Provider Network Development Work Plan ☐ Attachment H of RFA: Provider Network Standards ☐ Provider Services Training Curriculum ☐ Model Provider Contract Template(s)	25, Attachment H, and Contract Template(s)

Application Section	Contents	Requested Page Limit
	Enrollment and Enrollee Services ☐ Narrative Response ☐ Marketing Plan ☐ Enrollee Services Training Curriculum ☐ Process for Assessing Quality and Efficiency of Enrollee Services Staff	25
	Value-Added Services ☐ Narrative Response	10
	Population Health ☐ Narrative Response ☐ Health Equity and Quality Committee Charter ☐ SDoH Work Plan	25
	Heath Care Management ☐ Narrative Response ☐ Care Management Processes ☐ Transition of Care Policies ☐ Utilization Management Policies and Procedures	25
	Quality Assessment and Performance Improvement Program ☐ Narrative Response ☐ Quality Assessment and Performance Improvement Program (QAPI) Program policies	20

Application Section	Contents	Requested Page Limit
	Health Information System ☐ Narrative Response ☐ Technology-enabled strategic plan ☐ Flowcharts, including the following: ○ Member eligibility, enrollment, and disenrollment management. ○ Provider enrollment and network management. ○ Care coordination system and interface with claims system and the enrollee portal ○ Claims payment, including claims processing edits, corrections, and adjustments ○ Encounter submission, including statistics for percent accepted and denied ○ Coordination of benefits (COB) for claims with third party liability (TPL) ○ Financial management and accounting ○ Any other ancillary systems/databases and their capabilities, such as reporting, grievance and appeals, subcontractor data collection, and electronic visit verification (EVV) ☐ Disaster Recovery Plan ☐ Business Continuity Plan ☐ Information Security Plan ☐ Systems Quality Assurance Plan ☐ Interoperability and Patient Access Plan ☐ Health Information System Strategy	25 and each Plan as an attachment
	Financial Requirements and Payment Provisions ☐ Narrative Response	5
	Fraud, Waste, and Abuse Requirements ☐ Narrative Response ☐ Internal Compliance Plan	10
	MHT Dental Services ☐ Narrative Response	25
	Behavioral Health Services ☐ Narrative Response	25

Attachment E: Applicant Medicaid and CHIP Experience (Mandatory Requirement)

Instructions

The Applicant must include the below table in its Application as part of its attestation to continuous experience for the last five (5) full calendar years (2018-2022) operating in implemented and funded services contract(s) for capitated risk-based Medicaid and CHIP managed care programs with Medicaid agencies with an aggregate average membership of at least fifty thousand (50,000) members per month. The Applicant should also complete the below table for each subcontractor in response to Question 2 in Section IV.F. Subcontractual Relationships and Delegation.

Table 11. Applicant Medicaid and CHIP Experience

Item No.	State	State Agency	Length of Contract	Program Type	Average Membership (2018-2022)

Attachment F: Geographic Mapping Reports (Mandatory Requirement)

The Applicant must provide individual geographic maps for all medical, dental, and behavioral health provider types and subtypes defined in the Model MHT Service Provider Agreement, Appendix I, Provider Network Standards. The Applicant must only use the provider types listed in the Agreement to categorize their provider network. If applicable, the Applicant may also use the "Additional Provider Type to promote the objectives of the Medicaid program as determined by CMS" category in the Agreement.

The Applicant must submit statewide maps of all counties and supporting data table in Microsoft Excel with each map, which include at a minimum:

- County name
- Provider type
- Number of providers of that type by county that have signed Letters of Intent (LOI) or provider agreements with the Applicant. Reports must include only providers that are enrolled in West Virginia Medicaid.

The Applicant's supporting data table must be an Excel file organized by provider type indicating signed LOIs or provider agreements for each provider, including the name and address(es) of the provider, county(ies) served, and West Virginia Medicaid Identification Number, to demonstrate statewide access. The file must only include providers that are enrolled in West Virginia Medicaid.

Attachment G: Table of Key Staff Positions

Instructions

As requested in Section IV.E, Applicant Staffing Approach for the MHT Program, applicants should provide the status of the below key staff positions that must be filled and fully trained by July 1, 2024. Add rows to the table for additional key staff positions the Applicant proposes, if any. If required qualifications for a filled staff position are not met, please provide a reason.

Table 12. Mountain Health Trust Key Staff Positions

Position	Location of Position	Open or Filled?	Staff Name and Credentials for Filled Positions	Resume or Letter of Intent Included with Application?	Required Qualifications Met? (Yes/No)
Chief Executive Office/Chief Operating Officer (CEO/COO)					
Chief Financial Officer					
Compliance Officer					
Contract Liaison/MHT Administrator					
Medical Director					
Medical Management Director					
Care Management Director					
Behavioral Health Medical Director					
Quality Director					
Member Services Director					
Claims Payment Director					
Network Development Director					
Provider Relations Director					
Program Integrity Lead					
Information Technology Director					
Community Engagement Director					
Encounter Data Integrity Manager					
MHT Member Advocate Dental Director					
Health Equity Director					

Attachment H: Provider Network Standards

Instructions

Indicate with a "yes/no" for which provider types the applicant meets network standards for adult and pediatric care. If a network standard is not met, please provide an explanation.

Table 13. Provider-to-Enrollee Ratios

Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
PCP	One (1) provider for every five hundred (500) enrollees per county		One (1) provider for every two hundred fifty (250) enrollees per county	
OB/GYN or certified nurse midwife	One (1) provider for every one thousand (1,000) enrollees per county		One (1) provider for every one thousand (1,000) enrollees per county	

Table 14. Medical Provider Network Time and Travel Distance

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
PCP	PCP	One (1) provider for every five hundred (500) enrollees per county		One (1) provider for every two hundred fifty (250) enrollees per county	
OB/GYN	OB/GYN or certified nurse midwife	Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time		Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time	
Frequently Used Specialist	Allergy	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Audiology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Cardiology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
	Dermatology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	General Surgery	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Gastroenterology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Neurology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Occupational Therapy	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Oncology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Ophthalmology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Orthopedics	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Orthopedic Surgeon	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Otolaryngology / Otorhinolaryngology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Physical Therapy	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
	Pulmonology	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Physical Medicine and Rehabilitation Specialist	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
	Speech Therapy	Two (2) providers within twenty (20) miles or thirty (30) minutes travel time		Two (2) providers within twenty (20) miles or thirty (30) minutes travel time	
Other Specialist	Anesthesiology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Chiropractic	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Dialysis	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Durable Medical Equipment (DME)	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Endocrinology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Hematology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Home Health Services	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Nephrology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
	Neurosurgery	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Orthotics and Prosthetics	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Pathology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Plastic Surgery	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Podiatry	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Radiology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Thoracic Surgery	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
	Urology	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	
Hospital	Basic Hospital Services	Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time		Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time	

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
	Tertiary Hospital Services	Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time		Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time	

Table 15. Pediatric and Adult Network Access Standards

Provider Category	Provider Type	Standard	Standard Met? (Yes/No)
General Dentist	Dentist	Two (2) providers within twenty-five (25) miles or thirty (30) minutes travel time	
Dental Specialist	Oral Surgeon	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	
	Orthodontist	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	

Table 16. Behavioral Health Network Access Standards

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
BH Provider	Psychologist	Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time		Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time	
	Psychiatrist	Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time		Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time	
	Licensed Professional Counselor (LPC)	Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time		Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time	
	Licensed Independent Clinical Social Worker (LICSW)	Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time		Two (2) providers within forty-five (45) miles or sixty (60) minutes travel time	

Provider Category	Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
BH Facility	Adult Inpatient Psychiatric Unit	Urban: One (1) hospital within thirty (30) miles or forty-five (45) minutes travel time Rural: One (1) hospital within sixty (60) miles or ninety (90) minutes travel time		N/A	
	Behavioral Health Clinic	Contract with identified list: • Appalachian Community Health Center • EastRidge Health Systems, Inc. • FMRS Health Systems, Inc. • Healthways, Inc. • Logan-Mingo Area Mental Health, Inc. • Northwood Health Systems, Inc. • Potomac Highlands Mental Health Guild, Inc. • Prestera Center for Mental Health Services • Seneca Health Services, Inc. • Southern Highlands • United Summit Center, Inc. • Valley Comprehensive Community Mental Health Center, Inc. • Westbrook Health Services, Inc.		Contract with identified list: • Appalachian Community Health Center • EastRidge Health Systems, Inc. • FMRS Health Systems, Inc. • Healthways, Inc. • Logan-Mingo Area Mental Health, Inc. • Northwood Health Systems, Inc. • Potomac Highlands Mental Health Guild, Inc. • Prestera Center for Mental Health Services • Seneca Health Services, Inc. • Southern Highlands • United Summit Center, Inc. • Valley Comprehensive Community Mental Health Center, Inc. • Westbrook Health Services, Inc.	
	Psychiatric Residential Treatment Facility (PRTF)	N/A		Contract with identified list: • Highland Charleston • River Park • Barboursville's School	
SUD Provider	Outpatient SUD provider	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time		One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	
SUD Facility	Residential SUD Provider	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time		One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	

Table 17. Essential Community Providers

Provider Type	Adult Standard	Adult Standard Met? (Yes/No)	Pediatric Standard	Pediatric Standard Met? (Yes/No)
FQHC or RHC	One (1) provider within forty-five (45) miles or sixty (60) minutes travel time		One (1) provider within forty-five (45) miles or sixty (60) minutes travel time	

Table 18. Network Adequacy for Additional Providers Types

Provider Type	Adult Standard	Adult Standard Met? Yes/No?	Pediatric Standard	Pediatric Standard Met? Yes/No
Additional Provider Type to promote the objectives of the Medicaid program as determined by CMS	One (1) provider within twenty (20) miles or thirty (30) minutes travel time		One (1) provider within twenty (20) miles or thirty (30) minutes travel time	