

# REQUEST FOR PROPOSALS



**External Quality Review Organization  
for Managed Health and Long-term Care Programs  
in the State of Wisconsin**

**RFP #: 1548-DDES-SM**

**DATE DUE:** April 28, 2006 at 4:00 p.m.

**Wisconsin Department of Health and Family Services**



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## **Section 1. GENERAL INFORMATION**

### **1.1. Purpose of the Request for Proposals**

The Wisconsin Department of Health and Family Services (the Department) releases this Request for Proposals (RFP) for the purpose of obtaining a qualified organization to provide all federally mandated External Quality Review (EQR) and EQR-related services for the Family Care Program, the Wisconsin Partnership Program, and the Program of All-inclusive Care for Elderly (PACE) populations, and for any other managed health and long-term care programs implemented by the Department's Division of Disability and Elder Services during the time period covered by this RFP. The Department intends to use the result of this solicitation to award a contract to a single organization to perform External Quality Review of these programs.

External Quality Review Organization (EQRO) services are required by sections 1932(c)(2) and 1903(a)(C)(ii) of the Social Security Act, which were enacted in sections 4705(a) and 4705(b) of the Balanced Budget Act (BBA) of 1997. Federal regulations 42 CFR Part 438 Subpart E – External Quality Review specifies that the following activities be performed annually.

#### **Required Review Activities**

1. Determining Compliance with Federal and State Managed Care Quality Standards
2. Validation of Performance Measures
3. Validation of Performance Improvement Projects
4. Assessing the Quality of Services and Support Coordination Functions

The contractor selected as a result of this RFP process will perform all of the required review activities listed in this section. The specific duties of the contractor are detailed in the Scope of Work section of this RFP.

The Department seeks proposals from existing organizations that 1) meet the competence and independence requirements set forth in CRF § 438.354; and 2) have experience in performing EQR-related activities as set forth in CRF § 438.358. Successful proposers will meet the requirements listed in section 1.11 – Eligibility Requirements. In addition, proposers should be familiar with applicable Medicaid Managed Care provisions of the Balanced Budget Act of 1997, and CMS protocols for use in EQR of Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs).

### **1.2. Program Introduction**

#### **A. Family Care Program**

The Department has contracted with five Counties that have both an Aging and Disability Resource Center (RC) and a Care Management Organization (CMO) to provide managed long term care services to individuals eligible for Family Care. (See Attachment A for map of Family Care RCs and CMOs). EQR and EQR-related activities will include the development of a methodology to collect, analyze and evaluate information on quality, timeliness, and access to services that the Family Care organizations furnish to enrollees.

A full description of Family Care is available at the Family Care web-site at [www.Department.state.wi.us/lcicare](http://www.Department.state.wi.us/lcicare). Descriptive information includes State and federal

requirements set forth in the Family Care statute, Family Care administrative rule, and Family Care's 1915(b) and 1915(c) waivers.

## **B. Partnership and PACE Programs**

PACE and the Wisconsin Partnership Program (WPP) are integrated health and long term care programs for frail elderly and people with disabilities. The Department has contracted with four Wisconsin non-profit community-based organizations located in different geographical regions of Wisconsin. (See Attachment A for map of Partnership organizations.) The PACE program is available only in Milwaukee, by the same organization that operates the Wisconsin Partnership Program in Milwaukee. EQR and EQR-related activities will include the development of a methodology to collect, analyze and evaluate information on quality, timeliness, and access to services that the PACE and Partnership organizations furnish to enrollees.

A full description of the PACE and Partnership Program is available at the following web-site: <http://www.dhfs.state.wi.us/WIpartnership/summary.htm>.

## **C. Managed Care Expansion**

The Department has released a Request for Information/Proposals to solicit partners to help expand managed health and long-term care in Wisconsin. The Department hopes to hear from private organizations, public-private partnership groups, and multi-county consortia with the potential to implement regional care management models in 2007-2009. DHFS will also welcome other ideas and proposals to help achieve the State's goals. To the extent that these new programs are expansions of Family Care, PACE or Partnership, or are some other model of managed care governed by Medicaid managed care rules, EQR and EQR-related activities will include the development of a methodology to collect, analyze and evaluate information on quality, timeliness, and access to services that these organizations furnish to enrollees. The Department's RFI/RFP for managed care expansion is available at the following web-site: <http://dhfs.wisconsin.gov/lcicare/rfi/>.

### **1.3. Definitions**

The following definitions are used throughout the RFP:

**Benchmarking** is a systematic process of identifying processes that produce the best results, internal or external, or searching to find what works best within an organization. The result is an identified benchmark that is representative of the best quality and value that currently exists. This allows simple comparisons between the internal quality of the Department's contractor and how it measures up to the best.

**Benefit package** means covered services, which are furnished by the contracted organizations, and for which payment is included in the capitation rate. A complete list of services in the Family Care benefit package can be found in the 2006 Health and Community Supports contract between the CMO and the Department, which is available on the Family Care web-site. A complete list of services in the PACE and Partnership benefit packages can be found at <http://www.dhfs.state.wi.us/WIpartnership/pdf-wpp/2004%20Generic%20Contract.pdf>. Additional information about the Medicaid services included in the Family Care benefit package can be found on the Medicaid program web-site

(<http://dhfs.wisconsin.gov/medicaid6/handbooks/familycare/pdfs/appendix4.pdf>) and in Medicaid provider updates.

**Capitation** means a per member per month payment to a contracted organization for enrollees' services the organization is required to provide or purchase as described in its contract with the Department and that is paid in advance of the service delivery.

**Care Management Organization (CMO)** means an organization that manages, coordinates, and assumes financial risk for the delivery of the Family Care benefit to enrolled members in a given geographic area. The term managed health and long-term care organization as used in this RFP includes Family Care CMOs.

**Centers for Medicare and Medicaid Services (CMS)** means the agency within the U.S. Department of Health and Human Services that is responsible for the federal-level administration of the Title XIX (Medicaid) program.

**Clinical** describes a practice specialty of the health care profession, including but not limited to physicians, registered nurses and social workers, which encompasses theories of medical, biological, psychological, and social development, and includes client-centered clinical supervision and consultation with professional colleagues.

**Clinical practice** is the application of specific knowledge, theories, and methods to assessment and diagnosis, treatment planning, intervention, and outcome evaluation.

**CMS** is the Centers for Medicare and Medicaid Services; an agency within the U.S. Department of Health and Human Services, which administers the Medicare and Medicaid Programs.

**Continuous quality improvement (CQI)** means a process for improving quality that assumes opportunities for improvement are unlimited, is customer-oriented, is data-driven, results in implementation of improvement, requires continual measurement of implemented improvement, and results in modification of improvements as indicated.

**Contract administrator** means the individual selected by the Department to manage all aspects of the contract resulting from this RFP.

**Contract period** means the twelve-month period commencing with the effective date of the contract and of its subsequent anniversary dates.

**Contractor** means the primary proposer awarded funds.

**Cost-reimbursement contract** provides for the payment of a fixed fee to the contractor. The fixed fee, once negotiated, does not vary with the actual cost but may be adjusted as a result of any subsequent changes in the scope of work or services to be performed under the contract.

**Cultural competence** means the ability to provide services effectively to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and protects and preserves their dignity.

**Department** means the Wisconsin Department of Health and Family Services. This is the executive department in Wisconsin responsible for the administration of Title XIX (Medicaid). The term Department may also indicate the Department's designee, as applicable.

**Division of Disability and Elder Services (DDES)** means the Division within the Department that is responsible for 1) long-term support for the elderly and people with disabilities; 2) mental

health and substance abuse services; and 3) regulation and licensing of over 40 different programs and facilities that provide health, long-term care, mental health/substance abuse services and caregiver background checks and investigations.

**Eligibility data** define the population using services. Specific eligibility data include: age, sex, benefits, target group, and dates of enrollment. Eligibility data are not encounter data – they do not define service use.

**Encounter** refers to the electronic record of a service provided to an enrollee by both institutional and practitioner providers (regardless of how the provider was paid).

**Encounter data** means data on a distinct health and long-term care service provided to a Family Care enrollee.

**Enrollee** means an eligible individual who has been enrolled in either Family Care, PACE or Partnership, or a different model of managed care contracted for by the Department. See definition of member.

**Enrollment consultant** is any individual who is under contract with the Department to do enrollment consulting, which means consulting with individuals who are eligible for one of the Department's managed health and long-term care programs to assist him/her in understanding all of the service or program options related to long term care, and the costs and consequences of receiving services for his/her long-term care needs, including the option of enrolling in a CMO in order to receive the Family Care benefit.

**EQR-related activities** are validation of performance improvement projects; validation of performance measures; and reviews to determine compliance with standards for access to care, structure and operations, and quality measurement and improvement.

**External quality review (EQR)** means the analysis and evaluation, by an EQRO, of aggregated information on timeliness, access, and quality of health and long-term care services furnished to Medicaid enrollees by each RC, CMO, PACE or Partnership organization or other contracted managed care entity and other related activities performed by an EQRO.

**External quality review organization (EQRO)** means an organization that meets the competence and independence requirements set forth in Federal regulations and performs EQR.

**Family Care** means the Wisconsin long-term care program that involves Department contracts with RCs, and CMOs to provide LTC services to CMO members or potential CMO members. The term managed health and long-term care organization as used in this RFP includes Family Care CMOs.

**Fee-for-service claims data** are claims data that are collected on use of services through traditional Medicaid billing systems. In order to secure payment, providers submit bills that identify the person served, the date of service, the service provided, the number of services, the place of service, the provider, the diagnosis, and the amount billed. The State pays the provider on the basis of the elements identified in the claim.

**Financial relationship** means—(1) a direct or indirect ownership or investment interest (including an option or non-vested interest) in any entity. This direct or indirect interest may be in the form of equity, debt, or other means and includes any indirect ownership or investment interest no matter how many levels removed from a direct interest; or (2) a compensation arrangement with an entity.

**Fiscal year (FY)** means State fiscal year, July 1 through June 30.

**Long-Term Care Functional Screen (LTCFS)** is Wisconsin's web-based application used to collect information about an individual's functional status, health and need for assistance for various programs that serve the frail elderly and adults with developmental or physical disabilities. Visit: <http://www.dhfs.state.wi.us/LTCare/FunctionalScreen>.

**Long-term care (LTC) functional screen data** is information gathered by certified screeners through the use of the LTC Functional Screen application.

**Managed health and long-term care organization** means any entity contracted by the Department to provide managed health and long-term care services, and includes entities providing the Family Care, PACE and Partnership programs. It also includes any future contracted entities providing managed health and long-term care programs that may differ somewhat from Family Care, PACE or Partnership.

**Member** means an eligible individual who has been enrolled in a CMO, PACE, Partnership, or other contracted managed care organization. See definition of enrollee.

**MEDS** means the Medicaid Evaluation and Decision Support (MEDS) system. It is an Oracle-based warehouse decision support system comprised of Medicaid and non-Medicaid data to assist Wisconsin in managing its Wisconsin Medicaid Program.

**MMIS** is the Medicaid Management Information System. It is a collection of subsystems that work together to perform all processing of regular Medicaid claims, including claim editing and writing both rejected and accepted claims to a permanent claims file. This information is used as input to reports, service histories, the Medicaid financial subsystem and MEDS.

**PACE** refers to the Program of All-Inclusive Care for the Elderly and is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The term managed health and long-term care organization as used in this RFP includes PACE organizations.

**Partnership** refers to the Wisconsin Partnership Program (WPP), which is an integrated health and long term care program for frail elderly and people with disabilities. The Partnership Program consists of several community-based organizations located in different geographical regions of Wisconsin. The term managed health and long-term care organization as used in this RFP includes organizations providing the Partnership program.

**Performance improvement projects** are systematic, planned approaches to improving outcomes that measure performance using objective quality indicators, involve interventions to improve quality, evaluate the effectiveness of the interventions and increase or sustain improvement.

**Performance measures** are data on an organization's performance as reflected in standardized measures, including when possible local, state, or national information on performance of comparable organizations.

**Prepaid Inpatient Health Plans (PIHPs)** are organizations paid on a prepaid capitation basis for services furnished to enrollees. These entities do not provide comprehensive health care services.

**Proposer** means a firm/organization that intends to develop and submit a proposal in response to this RFP.

**Protocols** mean detailed instructions to be followed by personnel performing reviews of quality.

**Provider network** means an individual provider, clinic, group, association, agency or facility, which is employed or subcontracts with the contracted organization to furnish services in the Family Care, PACE, Partnership or other contracted managed care entity's benefit package to members that are employed by, or subcontractors of, the contracted organization.

**Quality**, as it pertains to external quality review, means the degree to which a contracted organization increases the likelihood of desired health and long-term care outcomes of its enrollees through its structural and operational characteristics and through the provision of services that are consistent with current professional knowledge.

**Quality**, as it pertains to consumers, means the achievement of consumer-defined outcomes.

**Quality indicator** is a variable reflecting either a discrete event (e.g., an older adult has/has not received a flu shot in the last 12 months) or a status (e.g., an enrollee's diabetes is/is not under control). In either case, an indicator must be clearly defined and subject to objective measurement.

**Resource Center (RC)** is an Aging and Disability Resource Center, which is an entity that meets the standards for operation and is under contract with the Department to provide the following services under s. 46.283 (3), Stats.: information and referral services, advocacy, long-term care options counseling, benefits counseling, transitional services, prevention and early intervention, emergency response, choice counseling, disenrollment counseling, and waiting list management.

**State** means the State of Wisconsin.

**Subcontract** means a written agreement between a contractor and a third party, or between a subcontractor and another subcontractor, to provide services or perform administrative functions.

**Subcontractor** means a third party who contracts with a contractor for the provision of services for which the contractor has contracted with the Department to perform.

**Validation** means the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias and in accord with standards for data collection and analysis.

#### **1.4. RFP Timetable**

The delivery schedule set forth herein represents the Department's schedule that will be followed.

RFP Released	March 14, 2006
Written Questions due	March 24, 2006
Notice of Intent to Apply due	March 24, 2006
Proposer Conference (if necessary)	March 29, 2006 (1 p.m. to 4 p.m.)
Department Reply to Written Questions	April 7, 2006
Proposals Due	April 28, 2006
Letter of Intent to Award	May 22, 2006
Contract Start Date	July 1, 2006

### **1.5. Document Validity**

This Request for Proposals consists of this document, Section 1 through Section 10 and Attachment A through Attachment I contained herein. The proposer's proposal will consist of those documents labeled as such and submitted by the proposer in the manner and timeframe described in this RFP.

The Department is responsible for reviewing all completed proposals submitted in response to this RFP; selection of the contractor; development of contracts between the contractor and the Department; monitoring of contract performance; and approval of all subcontracts to the contractor.

### **1.6. Issuing Agency**

The Wisconsin Department of Health and Family Services, Division of Disability and Elder Services, Bureau of Long-Term Support, Managed Care section issues this Request for Proposal and will administer the contract that results from this RFP. The Managed Care section is the sole point of contact for the State of Wisconsin during the selection process. The Wisconsin Department of Health and Family Services has designated Karen McKim, Quality and Research Manager, as the person who will manage the procurement process.

Any inquiries or requests regarding this procurement must be submitted to only the person named in this section using one of the mechanisms provided for in Section 5. RFP QUESTIONS AND NOTICE INFORMATION, of this RFP. Proposals must be submitted in strict accordance with proposal submission instructions provided in Sections 6. SUBMITTAL OF PROPOSAL and 8. PROPOSAL ORGANIZATION AND CONTENT. Proposers are cautioned that communication attempts that do not comply with these instructions will not be answered, and that proposals submitted to any address other than the one provided in Section 6.1 Submitting the Proposal for Required Review Activities will not be considered.

### **1.7. Open Procurement Process**

In awarding this contract, the Department will follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

### **1.8. Allocation of Funds**

The federal Medicaid program will provide matching funding at the 75% rate for the contract costs of EQR and EQR-related activities that are conducted by a qualified organization. The State of Wisconsin will provide the 25% match to the federal funds. Proposers are advised that the funding under the contract may decrease or expand with each renewal period. Should additional State or federal funds become available for expansion and/or enhancement of benefit services, the Department may utilize the results of this RFP for additional awards. Under contract terms, the Department will not be responsible for any contractual expenditure that does not meet federal requirements.

The proposer should base its cost proposal on EQR activities for the current ten managed health and long-term care programs. If the Department contracts with additional managed health and long-term care organizations, it is expected that the contracted EQRO conduct EQR and EQR-

related activities for those entities as well. The contracted EQRO will need to recalculate its budget based on the additional covered populations and contracted entities.

#### **1.9. Actual and Incidental Costs related to the RFP**

All actual and incidental costs incurred for the development and submittal of a proposal in response to this RFP are solely the responsibility of the proposer, whether or not any award results from this solicitation. The State of Wisconsin shall provide no reimbursement for such costs, including costs associated with interviews, oral presentations or conferences.

#### **1.10. Contract Term and Length**

The contract will be finalized with the most advantageous proposer by July 1, 2006. This date is subject to change at the discretion of the Department. In the event that mutually agreeable terms cannot be reached within the time specified, the Department reserves the right to finalize a contract with the next most advantageous proposer without under taking a new procurement process.

The contractor chosen to perform EQR and EQR-related activities as a result of this RFP will contract with the Department for State fiscal year 2007 with four one-year options for a contract extension to State fiscal years 2008, 2009, 2010 and 2011. Contract extensions are based on satisfactory performance and availability of funds. Please note that all required EQR and EQR-related activity will apply in each contract period unless otherwise specified. However, the specific scope of work and deliverables required under this contract may evolve from year to year in response to program changes and enrollment levels. In addition, federal and State statutory and regulatory provisions may demand modifications. The Division of Disability and Elder Services (DDES), Bureau of Long-Term Support, Managed Care (MC) section contract manager will work directly with the EQR contractor in an attempt to reach a general agreement prior to the implementation of scope of work modifications.

Any contract awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist or if the Department is prevented for any reason from conducting the Family Care, PACE, Partnership or other managed health and long-term care program by the Centers for Medicare and Medicaid Services (CMS), Congress, the State Legislature, or a court of competent jurisdiction. Sending written notice to the contractor will effect such termination (See Section 4.15 Termination of Agreement). The Department's decision as to whether sufficient appropriations and authorizations are available will be accepted by the contractor as final.

#### **1.11. Eligibility Requirements**

This RFP is open to any proposer capable of performing the work described in the RFP, subject to the stipulations listed in subsections A through D.

## **A. Independence Qualifications of Proposers**

Proposers must meet the minimum qualifications for external quality review organizations (EQROs) during the entire term of the contract that results from this RFP and any extensions. Therefore, in accordance with 42 CFR Part 438 Subpart E, §438.354, the EQRO, and each of its subcontractors (if any) performing EQR or EQR-related activities must be external to and independent of the State Medicaid agency and from any Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) it reviews. Partnership organizations are MCOs and Family Care contractors are PIHPs. The proposer will certify that the independence requirements listed in this section are met.

### **To qualify as “independent”—**

- 1) A proposer that is a State agency, department, university, or other State entity
  - a) May not have Medicaid purchasing or managed care licensing authority; and
  - b) Must be governed by a Board or similar body the majority of whose members are not government employees.
- 2) A proposer that is a non-state entity may not—
  - a) Review a particular Resource Center or managed health and long-term care organization under contract with the Department if either the proposer, the Resource Center or the managed health and long-term care organization exerts control over the other (as used in this paragraph, “control” has the meaning given the term in 48 CFR 19.101) through—
    - i) Stock ownership;
    - ii) Stock options and convertible debentures;
    - iii) Voting trusts;
    - iv) Common management, including interlocking management; and
    - v) Contractual relationships.
  - b) Deliver any health care services to Medicaid recipients;
  - c) Conduct, on the State’s behalf, ongoing Medicaid managed care program operations related to oversight of the quality of the managed health and long-term care services, except for the related activities specified in this RFP; or
  - d) Have a present, or known future, direct or indirect financial relationship with a Resource Center or managed health and long-term care organization that it will review as an EQRO.

## **B. Conflict of Interest Qualifications**

All proposers must be free of conflict of interest between the State Medicaid agency (Department of Health and Family Services) and from the Resource Centers, managed health and long-term care organizations and subcontractors of any entity under review. The burden is on the proposer to present sufficient assurances to the State that the award of the contract to the proposer will not create a conflict of interest. The potential contractor must submit documentation that it has no conflict of interest with respect to conducting the duties and responsibilities outlined in the RFP.

When there is a question as to whether a conflict exists, it is the responsibility of the contractor to request, in writing, a determination by the State regarding conflict of interest. The State reserves the right to make a final determination regarding conflict of interest with

respect to a proposer's relationship with other providers or parties and the contractor agrees to abide by the State's decision.

### **C. Other Qualifications of Proposers**

Proposers who are interested in submitting proposals must meet, at a minimum, the following requirements:

- 1) A proposer shall ensure that no elected or appointed officer or other employee of the State of Wisconsin shall benefit financially or materially from the successful award of the contract to the proposer and that no individual employed by the State of Wisconsin shall be admitted to any share of part of the contract or to any benefit that may arise there from.
- 2) A proposer has not willfully terminated a contract with the State or Federal government prior to the initial term of the contract, within the last 5 years.
- 3) A proposer must disclose all contracts it holds with other States or entities within the last 5 years. For each State and each program within the State and each entity, the proposer must identify as succinctly as possible: 1) the organization name; 2) the length and dates of the contract; 3) the staff allocated; 4) the work undertaken; 5) the deliverables produced; and 6) a contact person in the State and/or program or entity who has knowledge of the work.

### **D. Requirements for Proposer Accessibility**

While the EQR contractor's headquarters may be outside of Wisconsin, all EQR services must be provided on-site, in the managed health and long-term care organizations' service area, or in the State, with the exception of approved administrative activities and those activities approved for off-site review. The successful proposer shall establish and maintain local office facilities at which business is conducted, i.e., where employees actually perform their work. The local office facilities must be available during standard business hours and should be within reasonable walking or driving distance of the Department's central office at 1 West Wilson Street, Madison Wisconsin. Regardless of local office location, the contract manager must be readily accessible and available to the Department during normal business hours.

## **Section 2. SPECIAL CONTRACTOR AND PROGRAM REQUIREMENTS**

This section specifies the special contractor requirements and responsibilities and how those responsibilities interrelate with Department responsibilities, and RC and managed health and long-term care organization responsibilities.

### **2.1. Competency Qualifications of Contractor**

The successful contractor will have, at a minimum, the following:

- 1) Staff with demonstrated experience and knowledge of—
  - a) Medicaid recipients, policies, data systems, and processes;
  - b) Managed care delivery systems, organizations, and financing;
  - c) Quality assessment and improvement methods; and
  - d) Research design and methodology, including statistical analysis;

- 2) Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities;
- 3) Other clinical and non-clinical skills necessary to carry out EQR or EQR-related activities and to oversee the work of any subcontractors;
- 4) Knowledge of how the full range of acute, primary and LTC services and supports are accessed through a managed care system;
- 5) Clinical study methodology, including experience and education in assessing medical and health care services through quality assurance and improvement techniques;
- 6) Capability to assume responsibility for rapid implementation of a process for managing the volume and type of work contained in this RFP; and
- 7) Sufficient and qualified staff and consultants to coordinate Wisconsin contract responsibilities with the Department and who are knowledgeable of current philosophies and nationally recognized approaches to serving consumers with frailties of aging, physical disabilities, developmental disabilities, and mental health and substance abuse disorders.

In addition, the focus of the quality reviews is on health and long-term care services and supports and the delivery thereof. Because of these factors, the organization that conducts the reviews must have personnel who are educated and experienced in the provision of community-based long-term care services and supports, the provision of mental health and substance abuse services, the provision of related medical services and the conduct of health services research. Further, the contractor must provide these individuals with appropriate supervision in the conduct of their work. The Department will select a contractor that employs reviewers with expertise in managed care health and long-term care delivery systems, community-based care, mental health and substance abuse services, and internal quality assurance and improvement mechanisms associated with managed care.

## **2.2. Organizational Experience of Proposer**

Proposers that have a minimum of five years experience performing EQR or EQR-related activities may receive preference. That is, proposers that have five or more years of experience contracting with federal or state agencies to assess quality, timeliness and access to health and long-term care services for managed health care populations may receive additional points by evaluators. Specifically, EQR-related activities are as follows: validation of performance improvement projects; validation of performance measures; and review to determine compliance with standards for access to care, structure and operations, and quality measurement and improvement.

## **2.3. Availability/Access of the Contractor to the Department**

The contractor and individuals hired by the contractor selected under this RFP for EQR activities will be required to work with responsible division and bureau staff within the Department. The contractor will be expected to participate in Department meetings in addition to the Department contractor team meetings to recommend changes and modifications/improvements to review components. Contractor will be expected to have teleconference technology to improve meeting attendance when travel distance, adverse conditions, or schedule conflicts are barriers to direct participation.

The Department's contractor must assure that its services are accessible to Department staff, RC, and managed health and long-term care organization staff, and program participants regardless of ability or disability, language, location, or cultural background. Reasonable accommodations, including barrier-free services, translation and signing services, and other considerations are the responsibility of the contractor. The contractor must comply with the requirements of the Americans with Disabilities Act.

#### **2.4. Department Roles and Responsibilities**

The Bureau of Long-Term Support, Managed Care section, as administrator of the EQRO contract for the Department resulting from this RFP, will assure that:

- 1) The contractor has sufficient information to use in performing each review activity;
- 2) The information that Department staff provide to the contractor is obtained through methods consistent with protocols established by the State and CMS; and
- 3) The results of the EQR are made available, upon request, to specified groups and to the general public.

The Department will have an on-going, continuous relationship with the selected contractor through each stage of the review or assessment process and will be part of the inception, design and follow-through of the annual scope of work. The Department will discuss, and as necessary modify, the contract scope of work in light of operational realities and changed circumstances. Department staff will interact with the selected contractor as professional peers working toward a common goal of reviewing, assuring the quality of, and improving services and supports for managed health and long-term care enrollees. Communication between the Department and contractor will be continual in order to specify what the review activity should cover, give feedback on the details of the methodology, understand and approve analysis techniques used by the contractor, and keep abreast of findings.

#### **2.5. Contractor Roles and Responsibilities**

The contractor will serve as an independent assessor to the Department, on behalf of the State and federal governments, of the quality of care and services provided by RCs and managed health and long-term care organizations. The EQR contractor is fully responsible for implementing quality review activities in accordance with the specifications determined by the Department. In some cases, at the discretion of the Department, the contractor may have responsibilities for designing quality review activities such as follow-up work plans related to an activity. Under this scenario, the Department may elect to delegate both the design and implementation of quality review activities to the contractor. As a general rule, however, the design of quality review activities will be a partnership between the Department and the contractor with input from the Family Care, PACE, Partnership, and other contracted organizations.

All EQR activities focus on evaluating the services that are arranged for or provided to managed health and long-term care enrollees. Ultimately, the goal of external quality review activities is to determine the degree to which a contracted managed health and long-term care organization increases the likelihood of desired health outcomes through the provision of services that are consistent with current professional knowledge.

The successful contractor will establish and maintain its own internal quality management program following the basic principles of Continuous Quality Improvement (CQI), which are presently used in many industries. The CQI principles must be applied to all aspects of the contractor's performance under the contract resulting from this RFP. A detailed description of the internal quality management program and its associated processes and procedures will be submitted for review to the Department by the contractor within 60 calendar days of the effective date of the contract.

## **2.6. Relationship between the Review Entities, the Department and the Contractor**

The Department has contracted with RCs, CMOs, PACE and Partnership and organizations to administer its managed health and long-term care programs at the local level.

- 1) RCs are contracted with the Department to provide outreach, information and assistance, benefits counseling, and prevention and early intervention services to people who may be in need of LTC services. They serve as the single access point to managed health and long-term care programs in Wisconsin;
- 2) CMOs provide or arrange for the provision of LTC services in the Family Care benefit and coordinate needed services outside the Family Care benefit. The current Family Care program operates under the authority of ss 46.2805 through 46.2895, Wis. Stats. Under the Family Care administrative rule (ch. HFS 10), RCs and CMOs must comply with all State and federal requirements for external review of quality of care and services furnished to its enrollees. In addition, RCs and CMOs must cooperate with any other review activities by the Department, another State agency or the federal government;
- 3) PACE and Partnership organizations arrange and coordinate all acute and long-term support services in the benefit package across care settings using an inter-disciplinary team comprised of a physician, nurse practitioner and social worker or independent living coordinator and a registered nurse. Under contract with the Department, the PACE and Partnership organizations must comply with external quality review requirements; and
- 4) The Department may in the future contract with entities providing a benefit package that is different from both Family Care, PACE or Partnership.

The Department believes that quality improvement and problem resolution activities are most effective when the entity being reviewed participates in the design of the activities. To bring about an effective approach to external quality review and establish an environment that promotes quality improvement, the Department desires to develop collaborative relationships among all involved parties. The Department will work in partnership with the contractor through each stage of the EQR process. To do this, the Department will have professionals who are well-versed in the latest quality oversight and measurement techniques who have expertise in serving people with long-term care support needs, and who are familiar with the principles of community-based consumer-centered care collaborate with the external quality review contractor and the contracted organizations.

RCs, CMOs, PACE, Partnership and other contracted organizations will participate in the following quality review design activities where appropriate:

- 1) Selection of the clinical and LTC service delivery issues to be addressed through external quality review;

- 2) Identification of specific review elements, including: identification of practice guidelines to be used to assess care, and identification of quality indicators;
- 3) Examination of evidence that will help discover the reasons behind findings; and
- 4) Development of follow-up work plans.

## 2.7. Information Sources for Review Activities

The contractor will use information from the following activities as primary sources for its review activities. A third party may have collected some of the information the contractor uses to conduct its reviews.

- 1) **Evaluation of Performance Improvement Projects.** Hardcopy or electronic written descriptions of findings and results of data collected on validated performance improvement projects that are required by the Department and were conducted by the CMO, PACE, Partnership or other contracted organization during the preceding 12 months. Information may also be obtained through an interview of managed long-term care organization personnel and other supporting documentation obtained from these entities on an ad hoc basis.
- 2) **Validating Reported Performance Measures Required by the State.** Data collected on validated performance measures that the Department requires and that the CMO, PACE, Partnership or other contracted organization reports during the preceding 12 months. This may entail reviewing the results of assessments that have been completed by a third party of the contracted organization's underlying information system. In addition, when performance measures are calculated from members' service records, the contractor may need to visually inspect a sample of records to determine whether members received the service in question.
- 3) **Assessing Compliance with Quality Standards.** Data, correspondence, information, and findings, including deficiencies, corrective action plans, and summaries of unmet requirements pertaining to each RC, CMO, PACE, Partnership or other contracted organization that has been collected during the reviews that have been conducted within the previous 3-year period. Review topics are the following:
  - a) Enrollee rights and protections.
  - b) Availability of services and establishment of provider networks.
  - c) Continuity and coordination of care.
  - d) Coverage and authorization of services.
  - e) Structure and operations standards.
  - f) Measurement and improvement standards.
  - g) Practice guidelines.
  - h) Quality assessment and performance improvement program.
  - i) Health information systems.
  - j) Grievance systems.
- 4) **Assessing the Quality of Services and Support Coordination Functions.** Information from member service records, discussions with care managers and other providers, interviews with members and/or member representatives or guardians, and on-site reviews.

- 5) **Information from the Following Activities.** Validation of member-level data, administration or validation of consumer or provider surveys of quality of care, calculation of performance measures, conduct of performance improvement projects, or conduct of studies on quality that are focused on a particular aspect of clinical or non-clinical activity at a particular point in time. Some of these activities may be conducted by another party, at the direction of the Department, in which case the contractor will use the data that has been collected by the third party in its review.
- 6) **Other.** Medicaid, Family Care, PACE, Partnership and other contracted program encounter data reported by the contracted organizations and resource centers and collected by the State in the course of managing these programs and other Medicaid programs.

## 2.8. Use of Review Findings

The Department has the discretion to determine how and when review findings will be used and how the contractor may be involved to varying degrees in this process. The contractor may or may not be involved with finalizing preliminary review findings under the direction of the Department. Depending on the specific activity, the Department may choose to be involved with review findings consistent with one of the following descriptions or in other intermediate ways.

- 1) **High Level of Department Involvement** - The Department may require the contractor to submit preliminary findings to the Department directly. The Department would then take total responsibility for reviewing the findings with the reviewed entities and developing a final report and follow-up work plan to be implemented by the contractor.
- 2) **Midlevel Department Involvement** - The Department may direct the contractor to implement a process for the RC, CMO, PACE, Partnership or other contracted organization to review and comment on findings prior to finalizing the contractor's annual report to the Department. The process could be jointly developed and implemented by the Department and the contractor.
- 3) **Low Level of Department Involvement** - The Department may direct the contractor to meet with each entity it reviewed to present its findings to the entity and develop a mutually agreed upon problem resolution, quality improvement, and follow-up work plan. The contractor would then submit a final report to the Department.

Regardless of the degree of involvement of the Department in finalizing the preliminary findings of the EQR in each review area, the Department will be highly involved in the follow-up of the final findings of reviews in each area. Since the Department is ultimately responsible for quality monitoring and oversight of RCs and managed health and long-term care programs, the EQR contractor will submit periodic reports on its follow-up activities on the preceding year's findings.

## 2.9. Report of EQR Results

Annually, the Department will provide information in the form of a report that is developed by the selected contractor and approved by the Department. The information in the report will be sufficient to enable interested parties to understand the conclusions or findings the EQR provides. The information released to interested parties will not disclose the identity of any

individual who is enrolled in any program under review. The information that constitutes the results of the EQR includes the following:

- 1) A detailed technical report that describes the following for each required review activity conducted:
  - The objectives;
  - The technical methods of data collection and analysis;
  - The data obtained; and
  - Conclusions drawn from the data.
  
- 2) In addition, the report must also describe:
  - Analysis of each entity's progress in implementing the quality standards in the contract;
  - The conclusions that were drawn as to the quality and effectiveness of the care furnished by each entity;
  - A detailed assessment of each entity's strengths and weaknesses with respect to timeliness, access, and quality of the health and long-term care services furnished to Medicaid enrollees;
  - The recommendations for improving the quality of the services furnished by each entity;
  - Comparative data about all entities, as determined appropriate by the Department; and
  - An assessment of the degree to which each entity effectively addressed the recommendations for quality improvement, as made by the contractor during the previous year's EQR activities.

## **2.10. Staffing**

Submission of a proposal indicates acceptance of the conditions specified in this RFP related to staffing resources and competencies. The Department reserves the right to accept or reject any of the contractor's employees assigned to this project and to require their replacement at any time.

## **2.11. Staffing Resources**

The contractor must have appropriate human resources to conduct all contracted EQR activities and must assign the following key leadership roles: a contract manager to manage the contract; and a project lead for each review activity under contract. (The contract manager and project lead positions are described in further detail in this section.)

The contractor must also have qualified personnel in other key management roles (examples of key management personnel functions include executive director, financial officer, medical director, health data analyst, information system manager and data base administrator). Proposals must provide the percentage of time each key management personnel will devote to the project and a statement that key management personnel assigned to the project will not be reassigned by the contractor without prior notifications to the Department. Key management personnel must be replaced with personnel of equal skill, training, and experience and not without the written consent of the Department.

In addition, appropriate medical, mental health and substance abuse, and long term care professional/clinical staff must be actively involved in the contracted activities related to development and review of performance improvement projects of a health and long term-care/clinical nature especially when they involve data collected from individualized service plans or medical record abstractions. The successful contractor shall be responsible for assuring that all persons, whether they are employees, agents, subcontractors, or anyone acting on behalf of the contractor, are properly licensed and/or certified as required under applicable State law and/or regulations, and are in compliance with all State and federal laws.

The selected contractor must also have adequate statisticians, information system personnel and analysts to design systems that will be utilized to collect, analyze and present the information in a clear and concise format.

Proposers must provide resumes describing the educational and work experiences for each of the key staff who would be assigned to the project. (Use the format in Attachment B for resumes of key staff.)

#### **2.12. Staff Competencies**

The contractor performing EQR and EQR-related activities must ensure the provision of qualified staff in sufficient numbers and with sufficient training and experience to manage the workload and provide services in accordance with the standards as detailed in this RFP. At a minimum, the contractor should employ or have available under contract personnel with the competencies described in sections 2.13 through 2.31.

#### **2.13. Clinical Expertise**

The contractor performing EQR and EQR-related activities must utilize staff level personnel with varying clinical experience, e.g., medical, nursing, social work, mental health and substance abuse professional, therapist and other allied health professions. However, because the contractor will be making measurements and assessments of the delivery of health and long-term care services and supports, assessment activities undertaken by the contractor should be under the supervision of an individual with the appropriate education and experience in:

- Assessing broad-based health and long-term care services and supports, including community-based services, through the use of quality assurance tools such as practice guidelines, quality indicators, and performance measures;
- Use of practice guidelines, including their development, evaluation and implementation; and
- Designing, implementing and assessing the effectiveness of corrective action plans/quality improvement activities.

In addition, the contractor must demonstrate that it has access to medical and health care experts in specific health and long-term care areas, and to experts in the fields of behavioral interventions, case management, and experts in the supports that can be provided within community-based care models on an ad-hoc basis.

#### **2.14. Research Expertise related to Contracted Activities**

The contractor must have sufficient experience in research methodology and statistical analytical methods to know how to undertake any of the contracted activities. The EQR contractor must

also have sufficient personnel resources in research and statistical analysis methods to provide assistance to the contracted managed health and long-term care organizations.

### **2.15. Information Systems Staff**

The contractor must have sufficient management information system staff to manage contract requirements including data collection, analysis, and storage. The contractor may subcontract this function; however, during the evaluation process, preference will be given to proposers that have in-house information technology capability. Information system staff must be accessible and available to Department staff during regular business hours for technical support and in order to meet the deadlines set by the Department. The contractor must have computer systems and personnel able to analyze data extracted from Department sources to meet the specifications of this RFP.

### **2.16. Staff Recruitment and Training**

The contractor shall assure that sufficient personnel are hired, on staff, or available as consultants under contract to implement the review programs as described in this RFP. For EQR and EQR-related activities, this shall be defined to include the hiring of, or contracting for, appropriate medical and long-term care providers with special expertise in the care and services under review by the contractor and shall include at a minimum: data manager and analysis staff, physicians, social workers and registered nurses who have experience in providing direct services to persons with physical disabilities, developmental disabilities and frailties of aging, mental health and substance abuse professionals, behavior analysts, physical and occupational therapists, speech/language pathologists, and experts in the area of providing supports in community-based service settings, including individuals' own homes. The accessibility, number and qualifications of the clinical staff or consultants must be sufficient for timely implementation and coordination of the responsibilities of this contract. Any changes in staffing that will result in a delay of the completion of required activities including reporting must be immediately reported to the Department.

The contractor will assure that its staff possesses sufficient current knowledge of the work that is required under this proposal through training of its review staff, including:

- An understanding of the Family Care, PACE, Partnership and other contracted organizations' provider qualifications and Wisconsin's regulation and licensing requirements;
- An understanding of the required Family Care, PACE, Partnership and other contracted organizations' quality monitoring and oversight system including the goals and objectives for conducting review;
- Training relevant to State regulations, policies, and procedures regarding the Family Care, PACE, Partnership and other contracted organizations' benefits, Medicaid and Medicare coverage, community-based long-term care and services, and federal regulations for EQR; and
- Instruction on how to conduct reviews and how to abstract information from records in such a way that the results are valid and reliable.

## **2.17. Orientation and Continuing Professional Development**

The contractor is responsible for all training of new staff and professional development necessary to support the activities outlined in this RFP. The contractor must also provide continuing education to clinical and non-clinical reviewers.

## **2.18. Contract Manager**

The selected proposer shall designate a contract manager to work directly with the Department and other contractors as necessary. The contract manager shall be a full-time employee with the authority to revise processes or procedures and assign additional resources as needed to ensure the maximum efficiency and effectiveness of review activities and timely completion of contract deliverables. It is not necessary that the contract manager be dedicated solely to the contract that results from this RFP. The Department reserves the right to review and approve the selection of the contract manager.

Regardless of local office location, the contract manager shall be readily accessible and available to the Department during normal business hours. The contract manager shall meet with representatives from the Department and other contractors as necessary at least once each quarter, or more frequently as needed, to discuss the status of the contract, the contractor's performance, necessary revisions, reviews, reports and planning.

## **2.19. Review Activity Leads**

For each review activity, the selected contractor must assign an individual who will act as project lead (one individual may act as the project lead for more than one review activity). The designated lead for a review activity shall be selected with Department concurrence; that is, the Department will have the right to review and approve the individual assigned as the project lead for a particular review activity.

Project leads for each review activity will meet frequently with Department personnel who are assigned to assure the satisfactory implementation of review activities and the integrity of the results of the review. The role of the project lead will be to initially plan and develop the review activity and then be responsible for the ongoing operation and execution of the review activity. At a minimum, project leads must meet the qualifications listed in Attachment C unless approved by the Department.

## **2.20. Data Management and Collection Requirements**

This RFP requires the contractor to provide an information system to support the activities described in Section 3 – Scope of Work. The contractor and the Department will exchange many electronic files on an ongoing basis. The contractor must be able to accept Department file layouts and have the capacity to maintain large data files. Access to the following sources of data will be provided by the Department:

- 1) Fee-for-service claims data;
- 2) Encounter data;
- 3) CMO, RC, and Enrollment Consultant data;
- 4) Long-term Care Functional Screen data;
- 5) Eligibility and enrollment data, which includes data on eligibility spans as well as demographic information;

- 6) Medicaid provider data; and
- 7) Medicare data (e.g., HEDIS, CAHPS, Health of Seniors).

The Department will provide the contractor with direct access to data whenever possible. This includes network dial-up support and system security to access the data. The contractor will be responsible for providing the hardware needed for connection to the Department network and software to process the data. When direct access is not possible, the Department will provide available data to the contractor electronically, in a mutually compatible format, to meet the needs of the evaluation.

### **2.21. Information System Infrastructure**

The contractor must have the technical capacity to develop and maintain an integrated data system that incorporates data elements from Departmental data sources (listed in section 2.20) for use in assessing the quality and appropriateness of services to enrollees served in the Family Care or Partnership programs.

- The contractor must have the capability to receive electronic files from the Department and its contractors and produce electronic files in a format usable by the Department;
- The contractor shall provide software/database compatibility to the products used by the Department;
- Requirements of this RFP may entail the development of a database for storing information on its review activities and procedures; and
- It is the responsibility of the contractor to maintain confidential data in secure systems.

Each proposer must provide a complete description of its information technology infrastructure and the methodologies that will be used in completing the review activities included in the proposal. Computer hardware, software and systems programming that may be required to perform the work required by this RFP are considered to be overhead expenses and, therefore, are not separately reimbursable expenses.

A systems architecture schematic for the contractor data system shall be due to the Department for approval within 30 calendar days following the award of the contract. The Department may recommend modifications in the data system consistent with the requirements of this RFP. Such recommendations will be transmitted to the contractor in writing. The contractor shall be required to make reasonable modifications to the data system upon request of the Department.

### **2.22. Information Management of Review Activities**

In cooperation with the Department, the contractor will develop and maintain an information management structure corresponding to the required review activities. The contractor will be directed to maintain ongoing records of all clinical and demographic information derived from its review activities. This data shall be maintained in a manner that permits revisions in reports as necessary, that facilitates quantitative analysis or review results, and that supports the ability to retrieve data on an as needed and ongoing basis. This data shall reflect reviews conducted and shall be transferred to the Department when requested. All data, reports, findings and the results of reviews and research based on these data are the exclusive property of the Department. Any use, access, or release of these data, other than that necessary for the purposes of the contract with the Department, can be made only with the approval of the Department.

In all activities involving the design, creation and data collection efforts of an information management system for the required review activities, it is the contractor's responsibility to create and maintain data dictionaries and appropriate documentation of this information. The data should at all times be maintained in such a manner as to allow for ad-hoc reporting and quantitative analysis of results.

### **2.23. Case Selection, Tracking, and Profiling for EQR Activities**

The contractor must maintain the computer capability to fulfill its responsibilities for case selection, reporting, record retrieval, profiling, and analysis as required by this RFP. Contractors will be expected to include its methodology for selecting cases for review based on the review categories set forth in this scope of work.

The contractor must maintain a record of the findings of all case reviews completed and demonstrate the capability to track the status of its activity on each case in process and the results of the contractor's review determinations. The information management system must provide the ability to:

- Select review samples based on predetermined case selection criteria;
- Profile service utilization practices to identify unusual patterns of care;
- Generate review work sheets and other documents related to the review sample;
- Track completion of sample case reviews;
- Provide the Department and contracted organizations with information gathered from pattern analysis activities including profiles of quality of care concerns from individual case reviews;
- Analyze service change activities obtained from case review findings; and
- Analyze and report changes in service practices.

### **2.24. Disaster Recovery**

The contractor shall have a disaster recovery plan for restoring application software, current master files and for hardware backup in the event its production systems are disabled. A copy of this plan must be provided to the Department within 30 calendar days following the award of the contract. The Department may recommend modifications in the disaster recovery plan consistent with the requirements of this RFP. Such recommendations will be transmitted to the contractor in writing.

### **2.25. Security and Confidentiality Measures**

As a contractor to the Department, the selected organization will have access to a significant amount of information in a variety of formats regarding the access and use of LTC and medical services in Wisconsin by individual health and LTC consumers. The consumers of Medicaid and Medicare services are entitled to privacy. The contractor shall protect all information, records and data collected in connection with its contract with the Department from unauthorized disclosures. In addition, the contractor must guard the confidentiality of individual enrollee information to any individual or entity except in compliance with applicable State and federal statutes, regulations and administrative rules.

All case information, paper records, written information and any electronic data shall remain confidential, as required by law and applicable policy, and shall be the sole property of the State of Wisconsin. The contractor must provide all staff with information regarding and training on federal and State statutes, administrative codes, and applicable policies and procedures related to confidentiality of client records. Misuse of this information may be cause for immediate termination of the contract and the organization may face additional legal action by either the Department or by those affected by the misuse. The contractor will indemnify and hold harmless the Department from all damages, costs, liabilities, and expenses caused by or arising from the contractor's failure to protect confidential information.

#### **2.26. Security Measures**

The contractor must have security measures designed to protect both electronic and paper files of a confidential nature (firewalls, locked rooms, etc.). Security measures must include who has access rights to the information and what process is followed to screen the individuals and limit access to these files.

A copy of security and confidentiality procedures, including training plans, must be provided to the Department within 30 calendar days following the award of the contract. The Department may recommend modifications in the security and confidentiality plans consistent with the requirements of this RFP. Such recommendations will be transmitted to the contractor in writing.

#### **2.27. HIPAA Compliance**

The contractor, and any subcontractor(s), will be required to comply with the Administrative Simplification provisions of Title II of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Pub. Law 104-191 (HIPAA) and all applicable regulations promulgated there under. Protected Health Information (PHI) is information received by the contractor from or on behalf of the Department that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 CFR164.501 and any amendments thereto.

The contractor will be considered a business associate of the Department as that term is defined in 45 CFR 160.103, and agrees to the terms of the Business Associate agreement provisions, which shall become part of the contract between the contractor and the State.

#### **2.28. Reporting**

The contractor shall complete and submit all reports for State or federal reporting as required in this RFP, by 42 CFR Parts 433 and 438, and as required by the contract. Penalties may be applied should the contractor be in non-compliance with required reporting.

#### **2.29. Availability of Records**

The contractor must respond to all inquiries from the Department within 2 business days and make all records and any written and/or electronic case information available to Department at any time upon request. The Department, in its monitoring of the contract, reserves the right to inspect or investigate any and all contract and subcontract agency records, procedures, and operations at any time during and after the close of the contract period.

### **2.30. State and Federal Statutes**

The contractor must ensure that all of its employees and any other agents of the contractor have a working knowledge of and comply with all applicable State and federal statutes and regulations, including HIPAA, in performance of services delivered under the RFP.

### **2.31. State Policies**

The contractor must comply with all policies, procedures and provisions as referenced or attached to this RFP or otherwise provided by the Department. The contractor must make provisions to receive any policy memos issued by the Department during the contract period and to assure staff understanding of and compliance with these provisions.

## **Section 3. SCOPE OF WORK**

### **3.1. Scope of Work Overview**

The scope of work to be provided under the EQRO contract includes multiple tasks and deliverables designed to analyze and evaluate information on quality, timeliness, and access to the care and services that the Family Care, PACE, Partnership and other contracted organizations, or their subcontractors, furnish to enrollees. The review activities under this RFP are delineated into two types: required review activities and optional review activities. The required review activities and responsibilities enumerated under this section are divided into four distinct areas. The selected proposer will be required under contract to perform all tasks and functions identified for all of the required review activities described in Section 3.2. Selection criteria will favor a proposal that includes a plan to maximize efforts to be cost-effective by integrating tasks associated with the four required review activities to the extent possible.

The optional review activities are not required under this RFP and proposers may not submit a technical proposal for these activities. Acceptance of an award for the required review activities in this RFP automatically pre-qualifies the contractor for performing any one of the optional activities at a negotiated price. Specific contract addenda from the Department shall specify work requirements under optional activities. Reimbursement for such services will be negotiated between the contractor and the Department. These services may be special projects that may arise as a result of congressional, legislative or Department actions.

Each review area is to be conducted in accordance with Department policies, procedures and other provisions in effect during the time period under review. In addition, all work on required and optional review activities shall be performed consistent with applicable Medicaid Provisions under the Balanced Budget Act of 1997, Managed Care provisions, and CMS protocols for use in EQRO of Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs).

The Scope of Work activities under the required and optional review activities are the only activities that are separately reimbursable under this RFP. The reimbursement for each of the required review activities is to be stated as part of the budget portion of the Technical Proposal and in the separate Cost Proposal. Other functions, such as overhead costs, will not be specifically reimbursed and should be apportioned among individual budgets for each of the required review activities by the proposer.

### **3.2. Required Review Activities Overview**

For each required review activity, the proposer must be able to perform all services described within the particular required review activity and meet the level of effort and quality identified in the RFP. Each review activity to be performed by the successful proposer will be specified by the Department through contract language. Only work that is specified in the contract will be reimbursed by the Department.

The four required review activities are the following:

1. Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs
2. Validation of Performance Measures
3. Validation of Performance Improvement Projects
4. Assessing the Quality of Services and Support Coordination Functions (This activity is a component of the CMS protocol for Activity #1.)

The unit of analysis for all external quality review activities is the organization the Department contracts with (or may contract with) to arrange for and/or provide services in the defined benefit packages of the specific managed health and long-term care program under review. The focus of the Department's quality monitoring and oversight activities is on the ability of each contracted organization to manage the system of care it provides, discover and remediate quality problems, and demonstrate improvements where needed. The EQRO contractor will assist the Department to validate the success or, if shortcomings are identified, improve the performance of each organization's quality outcomes, timeliness of, and access to services included in the contract between the Department and the organization.

The review quantities provided with each review activity description are only estimates. These estimates are presented for purposes of evaluating the Cost Proposals using absolute numbers and to allow the proposer to understand the scope of expected activity. The Department intends to direct a flexible and responsive EQR effort by periodically adjusting the focus of work toward areas of greatest benefit. In this regard, the Department reserves the right to change contractor activities, to change the timing and/or frequency of services and in other ways affect the contractor's work volume if determined to be in the best interests of the Department. Contract adjustments may result in changes in the volumes estimated for the review activity affected. However, the EQR contractor must be responsive to these changes and perform at the level determined by the Department.

### **3.3. Optional Review Activities Overview**

The optional activities will be used by the State whenever it wants information from these activities to be used as a component of external quality review. The successful contractor may also, at the discretion of the Department, conduct the optional activities listed in this section to assess RC and managed health and long-term care organization quality. Proposers shall not submit a technical proposal for optional review activities.

- 1) **Administering or Validating Surveys.** The Department may request ad hoc focused member or provider surveys. The Department will determine the survey instrument to be used. The survey may require the use of one or several modalities, such as mail, telephone, face-to-face interview or other modality as determined by its design. A completed survey includes the report of its results delivered to and approved by the Department. The amount

of the effort and resources required for a particular survey will be driven by its design and may be quite variable from one survey to the next.

- 2) **Conducting Focused Case Reviews.** The Department may request the contractor to conduct focused reviews in order to perform investigation of critical service delivery issues, including potential health and safety issues that may put a managed health and long-term care consumer at risk. Focused reviews may include a record review either on-site or by obtaining the record from the contracted organization.
- 3) **Conducting Focused Studies of Quality.** The Department may request the contractor to evaluate processes and outcomes of care through a process that is designed, conducted and reported in a methodologically sound manner. Sometimes the study may be conducted on a one-time basis and not necessarily followed-up with a repeat study for quality improvement purposes. The contractor will use the CMS protocol that specifies the procedures to use in conducting focused studies of service provided by RCs and managed health and long-term care organizations as directed by the Department.
- 4) **Conducting Performance Improvement Projects.** The Department may request the contractor to design, conduct and report on a project that targets high-volume or high-risk conditions of the managed health and long-term care populations. Unlike the focused study described in number 3, performance improvement projects require improvement strategies to be implemented and re-measurement to ensure that the improvement on the project is sustained. Performance Improvement Projects conducted by the contractor will be implemented according to methods specified in CMS protocols as directed by the Department.
- 5) **Calculating Performance Measures.** The Department may request the contractor to undertake the calculation of performance measures in accordance with specifications prescribed by the Department. The purpose of this activity is to report the findings in a manner that facilitates understanding of the reviewed entity's performance against any State-established minimum levels for performance. The contractor will be required to correctly carry out and apply calculations for selected measures as specified in the CMS protocols and as directed by the Department.
- 6) **Validating Encounter Data.** Contracted managed health and long-term care organizations are required to submit encounter data on a routine basis. The Department uses these data as input to a number of decisions. So as not to use inaccurate and/or incomplete data for decisions and conclusions by the Department or others, the Department may request that the contractor design an audit of encounter data. The purpose of the audit would be to allow the Department to accurately interpret the encounter data, focus on enforcement efforts, and produce complete and accurate information for its own use and for use by the public.
- 7) **Assessing Information Systems Capabilities.** The contractor may be asked to assess the strength of a managed health and long-term care organization with respect to its information systems capabilities. This activity will assess the extent to which a reviewed entity is capable of producing valid encounter data, performance measures, and other data necessary to

support quality assessment and improvement, as well as managing the care and support services delivered to its enrollees. The process will be accomplished using protocols that are consistent with those developed by CMS.

- 8) **Quality Monitoring of the LTC Functional Screen.** The contractor may be asked to assess the accuracy and quality of the administration of the screen by certified screeners. The contractor may also be asked to assess whether or not the Long-Term Care Functional Screen content and logic continue to produce a valid result (whether it accurately determines a level of care for all screened individuals consistent with that intended by federal and State eligibility regulations, when administered appropriately) and a reliable result (that is, whether it produces the same result for any individual, regardless of which qualified screener appropriately administers the screen). The assessment will be accomplished using protocols that are developed in collaboration with the Department.
- 9) **Providing Technical Assistance as Specified by the Department.** The Department may, from time to time, identify topics or areas for technical assistance that will strengthen the capabilities of RCs or managed health and long-term care organizations and encourage the implementation of effective quality assurance and quality improvement systems. In addition, the monitoring activities undertaken by the Department and the contractor will offer opportunities to identify technical assistance topics that need follow-up.

The contractor may, at the Department's request, provide technical support to groups of RCs or managed health and long-term care organizations to assist them in conducting activities related to the required and optional activities that provide information for the EQR. The contractor may be expected to be available to provide a range of technical support activities such as consultation on performance improvement projects, advice on planning and implementing quality improvement interventions in response to the findings of performance improvement projects, and the organization and participation in discussions on quality for RCs or managed health and long-term care programs.

- 10) **Developing Corrective Action Plans (CAPs).** The contractor may develop and prepare corrective action plan templates to be used by entities that are found not to be meeting expected performance levels or standards. This activity also includes: reviewing the CAP(s) and any substantiating documentation submitted by the entity; providing results to the Department and the entity regarding the feasibility of the CAP meeting the goals; and if it is determined that the CAP submitted by the entity will not meet the stated goals and objectives, the contractor will request submittal of a revised CAP following discussion with the Department and the entity. In addition, the contractor may provide assistance with CAP implementation and conduct a re-evaluation for progress and compliance on expected performance levels or standards. The contractor will provide a draft report of findings, including identified strengths and opportunities for improvement to each entity under a CAP. The report will provide sufficient detail to define further action(s) required by the entity.
- 11) **Performing Future Services at a Negotiated Rate.** The contractor may perform services not otherwise specified in the contract, including special projects, as requested by specific contract amendments. The specific work requirements and the reimbursement for such

services will be negotiated between the contractor and the Department. These services may include special projects that may arise as a result of Congressional, Legislative or Department actions.

### **3.4. Specifications of Deliverables**

Sections 3.5 through 3.8 set forth the activities and deliverables that will be required of the selected contractor under the contract expected to result from this RFP. For each review activity, using the information provided in sub-sections 3.5 to 3.8, the proposer must describe in detail how it proposes to perform specific required review activities 1 through 4.

### **3.5. Review Activity 1: Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs**

A proposer must address all aspects of the scope of work for annually using information obtained within the previous 3-year period to assess the extent to which the managed health and long-term care organizations have implemented quality standards required by CMS or the State in the following areas:

- 1) Enrollee rights and protections;
- 2) Availability of services and establishment of provider networks;
- 3) Continuity and coordination of care;
- 4) Coverage and authorization of services;
- 5) Structure and operations standards;
- 6) Measurement and improvement standards;
- 7) Practice guidelines;
- 8) Quality assessment and performance improvement program;
- 9) Health information systems; and
- 10) Grievance systems.

#### **A. Background**

The Federal government holds States responsible for monitoring managed care contractors' adherence to standards for organizational structure and operations that directly relate to quality of care. These standards are set forth in Federal regulations (Title 42, CFR, Part 400 and 434) and in the contracts the Department has with its managed care contractors. States may monitor quality standards either directly or through a contractor such as an EQRO.

The contractor will determine, in a manner consistent with CMS protocols, the extent to which the contracted managed health and long-term care organizations comply with the Federal and State quality standards. The successful proposer must have knowledge of the operational components and regulatory and contract requirements of managed health and long-term care organizations in order to conduct these reviews.

#### **B. Expected Volume under this Review Activity**

The review activity in this section focuses on each managed health and long-term care organization's performance against the broad categories of standards. It is anticipated that the contractor will address all of the quality standard areas annually. The work will include:

- 1) The design of methods to assess the extent to which each contracted entity has implemented effective systems for meeting standards in the ten areas; and
- 2) The design of a formula for scoring the results of each review.

The results will allow the Department to determine whether each entity is in compliance with program requirements in the areas under review.

For budgeting purposes, a review is the completion of the review activities described in this section for each of the 5 CMOs, 4 Partnership organizations and 1 PACE organization currently under contract with the Department.

### **C. Brief Summary of Review Activities**

As part of its quality monitoring and oversight activities, the EQRO will review, at least annually, how well each contracted managed care entity is implementing key quality standards organization-wide. This monitoring will be done both on-site and off-site and will entail interviewing key staff, providers and consumers and reviewing relevant documentation. Although document review and interviews are the core of this review activity, additional tasks will be necessary to prepare for, effectively support, and conclude the assessment activities. The seven tasks that comprise this review activity are:

- 1) Planning for the standards review;
- 2) Obtaining background information from the Department;
- 3) Reviewing documents;
- 4) Participating in interviews of organization personnel;
- 5) Collecting any other accessory information;
- 6) Analyzing and compiling findings; and
- 7) Reporting results to the Department.

### **D. Contractor Responsibilities**

The selected contractor will be required to use information collected during regular reviews of compliance with quality standards, and information gathered from other review activities the contractor conducts to assess the extent to which each managed care entity under contract has implemented required quality standards.

The contractor will develop a measurement and scoring methodology that addresses all of the relevant standards, and that allows scores to be comparable. The contractor will develop the scoring criteria, the forms to be used for measurement and scoring, and the detailed procedures to be followed for the measurement and scoring. This may entail a breakdown of relevant contract standards into separately measurable items. The contractor will assign values to each item to be measured based on a scale that is appropriate to the item scored. The methodology will include a weighting scheme based on the relative importance of each standard, and a process to determine how weights are assigned and the level of performance that would result in a particular score. The measurement of performance against some standards may require the contractor to review individual service records of current or former enrollees. The Department must approve the measurement and scoring methodology.

## **E. Staffing Requirements**

Refer to Section 2 for general staffing requirements. The contractor must have an appropriate process and professional staff to develop methods and criteria for assessing the implementation of quality standards, review protocols and scoring methods, and present findings in a clear and accurate format. The selected contractor will be expected to identify a key individual or a team of key individuals to assume leadership of review activities related to assessing quality standards. The leadership team must possess sufficient current knowledge of managed care quality standards and applicable federal regulations that pertain to managed care delivery systems.

## **F. Contractor Deliverables**

The selected contractor will provide, at a minimum, a final report with an executive summary that provides a quick overview of results to the Department and a report for each managed health and long-term care organization for each contract period. The Department expects the final report to be completed within 3 months of the date of the completion of the review activities related to this review. Reports will include a narrative summary of reviewer findings as documented on the documentation and reporting tool for each contracted entity with simple analysis, such as the total number of standards met, partially met or not met.

The contractor must have the ability to submit reports on a timely basis, provide reliable and valid information using the appropriate scoring methodologies and provide summaries of reviews by contracted entity. It is important that the contractor have the ability to present results and information relevant to a wide variety of audiences, including Department executives, legislators and the general public. This includes graphics and tabular results that are clear, concise, and self-explanatory. Executive summaries must be developed that provide quick overviews of results. Technical appendices will be needed to explain information in greater detail. A comprehensive annual report that reflects all activities during the contract period will be required.

The selected contractor will report directly to the Department and will submit all deliverables and information to the Department prior to providing them to the CMOs or other entities. All deliverables must be developed under the guidance of the Department, and are the property of the State of Wisconsin. All reports, publications or studies generated from this review area must be reviewed and approved by the Department.

## **G. Contents of Technical Proposal for Review Activity 1: Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs**

For this review activity, proposers must include the following components in their technical proposals. (See Section 8. PROPOSAL ORGANIZATION AND CONTENT of this RFP for instructions on how the technical proposal for this review activity must be formatted and organized.)

- 1) **Understanding of Work:** The proposal must reflect an understanding of the scope and purpose of the Department's goals and objectives in this review area, the activities entailed in this type of review, and the need for the various tasks required under the contract. Proposers must have knowledge of the operational components, regulatory requirements and Medicaid and Medicare managed care contract requirements. The proposal must also reflect an understanding of how a managed care arrangement can impact the provision of care and a process to evaluate a managed care organization in

light of this. The proposal should describe the proposer's experience in assessing whether or not organizations are in compliance with quality standards for access, quality assessment and improvement and grievance system. The proposer's experience will be evaluated based on how relevant this experience is to the review activity to be performed in the contract. Experience gained within the last five years should be included. Information regarding the quality of this experience such as letters of reference should also be provided.

- 2) **Organizational Capacity:** The proposer must provide a full discussion of the organizational experience and successful outcomes of that experience that demonstrate the capacity to successfully carry out the requirements of the review activity described in this section. Proposals should include a description of the proposer's capacity to develop appropriate review and evaluation tools for assessing quality standards and the database for storing information on its review of quality standards. The proposer must also describe its ability to develop a process and the professional staff for developing tools and criteria for evaluating compliance with standards, review scoring and analytic methods and present findings in a clear and accurate format.
- 3) **Personnel:** The proposer must provide a listing of personnel who will conduct the review activities in this area. The proposal must contain a section that describes the educational background, professional experience, and special qualifications of the review staff, and data analysis staff where appropriate, and other personnel to be involved in the review activities as well as those of any proposed subcontractor. The proposer must describe how the personnel will be utilized and the percentage of time they will devote to this review activity. The proposal must include the educational background, experience and special qualifications of consultants to be involved in this review activity.
- 4) **Methods, Workplan and Procedures:** The proposer, in its proposal, must specify in detail how it proposes to implement the responsibilities set forth in this section, including but not limited to:
  - a. An approach to assessing the extent to which each managed health and long-term care organization has implemented federal and State mandated quality standards including the development of review tools, reporting methods and analytic mechanisms;
  - b. A plan for using qualified staff, for training staff, and for measuring inter-rater reliability, if necessary;
  - c. An outline of a proposed scoring method to allow for comparisons across organizations as well as comparisons to objective standards;
  - d. Proposed reporting formats for review findings;
  - e. Ability to provide technical assistance, including attendance at Department committee meetings, assistance to the Department and managed health and long-term care organizations and providers in preparing for and conducting on-site reviews, and in recommending and developing new approaches assessing compliance with quality standards;
  - f. Timeline for each component of the proposer's approach to assessing compliance with quality standards, including the staff hours and personnel involved;
  - g. A description of its data processing system that will be used in completing the review activities in this area as described under this review activity; and

- h. Written documentation that the proposer uses or will acquire appropriate software to assure that the files exchanged will be accessible by the Department-approved software.

This list is not all-inclusive and responses must demonstrate and document an ability to complete the work identified in this section.

- 5) **Budget Information:** As part of its technical proposal, the proposer must submit a line item budget that reflects the cost of implementing this review activity. The budget must include a supportive narrative and a breakdown of costs consistent with Attachment D Budget Detail.

### **3.6. Review Activity 2: Validation of Performance Measures**

Proposers must address all aspects of the scope of work for validating performance measures that have been reported by the managed health and long-term care organizations during the preceding 12 months. Annually, the contractor must validate a subset (no more than two) of the contractually required performance measures. The Department will select the performance measures to be validated.

#### **A. Background**

The Department's strategy for monitoring and overseeing quality includes using information from validated performance measures to assess performance against expected levels. A core set of performance measures and minimum performance levels or improvement goals is established as part of the annual contracting process with the managed health and long-term care organizations for each program.

In time, some performance measures may apply to all contracted managed health and long-term care entities and others may apply to a specific entity, reflecting the past performance in a particular aspect of care or unique characteristic of the organization's enrolled population. For most of the performance measures, contracted entities will use administrative and claims/encounter data to calculate performance rates and report them to the Department. Information from other sources, like service records, may be a requirement of a few of the performance measures. The data are sent to the Department at specified time intervals.

#### **B. Expected Volume under this Review Activity**

A minimum of one state-specified performance measure will be validated for each of the managed care programs under review each year to confirm that the reported results are based on accurate source information. For budgeting purposes, a review is the completion of the review activities described in this section for a single performance measure.

During the first contract period, the contractor will review self-reported data on one performance measure submitted by each managed health and long-term care organization as a basis for the review. It is envisioned that, for the selected performance measure, a minimum of 30 service records will be reviewed per contracted entity. At least in the initial year of the period covered by this RFP, there will be ten contracted entities (5 CMOs, 1 PACE and 4 Partnership organizations). Each review will result in a report that assesses the rate of agreement between administrative data reported by each entity to the Department and manually extracted service record data.

### **C. Brief Summary of Review Activities**

The validation methodology used by the contractor will involve a review of the event rates reported by each contracted entity in a manner that is consistent with CMS-approved protocols. The complete list of state-specified performance measures for the Family Care Program can be found in the 2006 Health and Community Supports Contract between Department and the CMO, which can be found on the Department's LTC web-site

<http://www.dhfs.state.wi.us/LTCare/StateFedReqs/CY05HCSCContract.pdf>. For the PACE and Partnership Programs, contractually required performance measures can be found in the 2006 contracts associated with these programs. The contracts can be found on the following website: <http://www.dhfs.state.wi.us/WIpartnership/ProPublications.htm>.

Performance measures are reported to the Department in electronic format at least annually to coincide with the end of the first quarter after the close of a contracting period. These data are processed according to Department requirements and analyzed for accuracy and completeness as part of the encounter data editing process by the Department or a contracted third party. Performance measure data validation activities will begin once the final data on all of the required performance measures are submitted and has been translated into the Department's standardized format. Specifically, the activities the contractor will be involved with under this requirement are:

- 1) Communicating with the Department to ensure that the contractor understands the measures to be validated and the methodology the Department requires the managed health and long-term care organization to follow when reporting the performance measures;
- 2) Reviewing any results of prior assessments of underlying information systems that were conducted by the Department, by the contractor or a third party;
- 3) Validating the reporting of performance measures through procedures that are developed by the Department and the contractor, that are consistent with federal protocols;
- 4) Analyzing data and information obtained through the activities described in this section; and
- 5) Submission of a validation report and supporting documentation to the Department following the format and timeframes established by the Department.

In addition to the required activities, at the discretion of the Department, the contractor may also be involved with investigating why some performance measures are reported inaccurately by the managed health and long-term care organization. This may entail meeting with the managed health and long-term care organization to review findings and providing technical assistance on improving data reporting.

### **D. Contractor Responsibilities**

The contractor, in collaboration with the Department, will be responsible for developing effective validation protocols using appropriate validation methodologies to determine if each managed health and long-term care organization's self-reported data on performance is an accurate and complete reporting of actual enrollee events as they occurred and are documented in enrollee records. Validation methodologies will vary depending on the source of data used to report each performance measure. The EQRO contractor may be required to review definitions, coding, reporting specifications, and service records to ensure that services are being counted in

the same way and measures are calculated accurately. The contractor will use appropriate sampling strategies and methods to select a sample of enrollees for which service records will be requested.

### **E. Staffing Requirements**

Refer to Section 2 for general staffing requirements. The contractor must have an appropriate process and professional staff to develop standards or criteria for validating performance measures, validation protocols and methods, and present findings in a clear and accurate format. The selected contractor will be expected to identify a key individual or a team of key individuals to assume leadership of review activities related to performance measure validation. The leadership group must be representative of information systems staff, acute, primary and long-term care professionals, and health care analysis staff.

Personnel assessing the performance measure data should be accustomed to dealing with data issues and problems with resolving issues with accuracy, consistency, and completeness of reporting. The contractor will be responsible for training reviewers on the requirements of each indicator to be validated. As part of the training, each reviewer must review a subset of the sample and the results compared with the results of other reviews. The inter-reviewer reliability results must be above 90% for each indicator under scrutiny. Data abstraction criteria and inter-reviewer reliability are the responsibility of the contractor.

### **F. Contractor Deliverables**

The selected contractor will provide, at a minimum, a final report with an executive summary that provides a quick overview of results to the Department and a report for each managed health and long-term care organization for each contract period. The Department expects the final validation report to be completed within 3 months of the date of the completion of the data collection activities related to this review. Reports will focus on the accuracy and consistency of the performance data submitted by each reviewed entity for each performance measure under review, and will contain progress on review activities to date, the methodology of the validation, problems found while conducting the validation review, and recommendations for future performance reporting submissions. At a minimum, the report will verify rates, document inconsistencies with data and determine if systematic problems exist in data collection.

It is important that the contractor have the ability to present results in formats relevant to a wide variety of audiences, including Department staff, legislators and the general public. This includes graphics and tabular results that are clear, concise and self-explanatory. The contractor must have expertise in data organization and maintenance, and must provide the Department with electronic data files when needed. Technical appendices will be required that explain detailed information to Department staff

The selected contractor will report directly to the Department and will submit all deliverables and information to the Department prior to providing them to other entities. All deliverables must be developed under the guidance of the Department, and are the property of the State of Wisconsin. All reports, publications or studies generated from this review area must be reviewed and approved by the Department.

### **G. Contents of Technical Proposal for Validating Performance Measures**

For this review activity, proposers must include the following components in their technical proposals. (See Section 8. PROPOSAL ORGANIZATION AND CONTENT of this RFP for

instructions on how the technical proposal for this review activity must be formatted and organized.)

*[Please note that the record reviews to validate performance measures may be piggybacked onto reviews that are required under review activity number four when feasible, thereby limiting the number of additional records needed to complete both tasks. Furthermore, if a managed health and long-term care organization selects for its performance improvement project a performance measure that it is required to report routinely to the Department, review of compliance in this area should be coordinated with whatever validation process that is established for reporting of performance improvement projects.]*

- 1) **Understanding of Work:** The proposal must reflect an understanding of the scope and purpose of the Department's goals and objectives in this review area and the validation activities entailed in this type of review and the need for the various tasks required under the contract. Proposers should describe their experience in evaluating the accuracy of performance measures and determining the extent to which performance measures calculated by a MCP or PIHP follow specifications and other relevant activities. The proposer's experience will be evaluated based on how relevant this experience is to the review activity to be performed in the contract. Experience gained within the last five years should be included. Information regarding the quality of this experience such as letters of reference should also be provided.
- 2) **Organizational Capacity:** The proposer must provide a full discussion of the organizational experience and successful outcomes of that experience that demonstrate the capacity to successfully carry out the requirements of validating performance measures. Proposals should include a description of the proposer's capacity to develop effective validation protocols using appropriate validation methodologies to determine if each managed health and long-term care organization's self-reported data on performance is an accurate and complete reporting of actual enrollee events as they occur and are documented in enrollee records including how validation methodologies may vary depending on the source of data used to report each performance measure. The contractor must also describe its ability to review data definitions, coding, reporting specifications, and service records to ensure managed health and long-term care organizations are counting the same services in the same way and calculating the performance appropriately. A discussion of the use of appropriate sampling strategies and methods to select a sample of enrollees for which service records will be requested should also be included. The proposal for this particular review activity must also include a description of the capacity of the organization to provide reports that verify performance rates, document inconsistencies with data, and determine if systematic problems exist in data collection.
- 3) **Personnel:** Proposers must provide a listing of personnel who will conduct the specified review activities (i.e., professional staff, analysts, technicians, and any outside consultants). The proposer's proposal must contain a section that describes the educational background, professional experience, and special qualifications of the review staff, and data staff where appropriate, and other personnel to be involved in this review activity. The proposal must specify how the personnel will be utilized and the percentage of time they will devote to this review activity. The proposal must include the

educational background, experience and special qualifications of consultants to be involved in this review activity as well as those of any proposed subcontractor.

- 4) **Methods, Workplan and Procedures:** The proposer, in its proposal, must specify in detail how it proposes to implement the responsibilities set forth in its plan to validate self-reported performance measures, including but not limited to:
- a. An approach to validating performance measures, including the development of tools and guidelines;
  - b. A plan for using qualified staff, for training staff, and for measuring inter-rater reliability, when necessary;
  - c. A proposed outline of a scoring method to allow for comparisons across entities and to objective standards;
  - d. Methods, policies and procedures for conducting record reviews including the development of review tools, methods of identifying and selecting records for review, reporting methods and analytic mechanisms;
  - e. Propose reporting formats for forwarding review findings to the Department;
  - f. A description of the proposer's ability to provide technical assistance including attendance at Department committee meetings, assistance to the Department, managed health and long-term care organizations, and providers in preparing for and conducting performance measure validation, and in recommending and developing new approaches to validating performance measures;
  - g. A detailed workplan and timeline for each component of the proposer's approach to validating performance measures, including the staff hours and personnel involved;
  - h. A description of the data processing system that will be used in completing the review activities as described in this section; and
  - i. Written documentation that the proposer uses or will acquire appropriate software to assure that the files exchanged will be accessible by the Department approved software.

This list is not all-inclusive and responses must demonstrate and document an ability to complete the work identified under this required review activity.

- 5) **Budget Information:** As part of its technical proposal, the proposer must submit a line item budget that reflects the cost of implementing the Performance Measure Validation reviews, and is supported by cost and pricing data adequate to establish the reasonableness of the proposed amount for this review activity. The budget must include a supportive narrative and a breakdown of costs consistent with Attachment D Budget Detail.

### 3.7. Review Activity 3: Validation of Performance Improvement Projects

Proposers must address all aspects of the scope of work for annually evaluating the performance improvement projects that are required by the Department and that the managed health and long-term care organizations carried out during the preceding 12 months. Each required performance improvement project must be reviewed during a given contract period.

## **A. Background**

Annually, each managed health and long-term care organization must design and conduct two performance improvement projects (PIPs). An improvement project is a contained and manageable project with findings that can easily be turned into interventions that improve services and supports, and usually require that data are collected from enrollees being served or their service records on a specific topic.

## **B. Expected Volume under this Review Activity**

The anticipated maximum number of PIPs that will undergo review by the contractor is two for each managed health and long-term care organization in each contract (i.e., a total of 20 PIPs). For the first year of the period covered by this RFP, there will be ten managed health and long-term care programs. Each review of a PIP constitutes a single unit of work for budgeting purposes.

## **C. Brief Summary of Review Activities**

The review activities under this review area entail validating each PIP carried out by each Family Care, PACE and Partnership organization. The contractor will use protocols developed collaboratively by the Department and the contractor. Developed protocols must be methodologically sound and consistent with current industry practice. In addition, protocols that are developed must be consistent with those specified by the federal government.

Two major activities will be undertaken when validating PIPs: first, the contractor will assess the methodology for conducting the PIP, and second the contractor may verify actual PIP findings. The second activity is optional and is dependent on the findings of the first activity and is dependent on the direction of the Department. The first activity involves the following ten steps:

- 1) Review selected project topics;
- 2) Review project questions;
- 3) Review selected project indicators;
- 4) Review identified project population(s);
- 5) Review sampling methods (if sampling was used);
- 6) Review data collection procedures;
- 7) Assess improvement strategies;
- 8) Review data analysis and interpretation of results;
- 9) Assess the likelihood that reported improvement is real improvement; and
- 10) Assess whether the PIP resulted in sustained improvement.

## **D. Contractor Responsibilities**

Using standardized protocols, the contractor will be responsible for determining if each PIP was conducted using proper techniques. That is, that the managed health and long-term care organization, in conducting the PIP, used proper design so as to produce reliable data and appropriate analysis, that findings are appropriately interpreted and that the resulting interventions are aimed at improvements in member outcomes.

The contractor will be responsible for collecting written documentation of PIPs directly from each managed health and long-term care organization. All PIPs collected by the contractor must be made available to the Department electronically, on request. The results of the contractor's

assessment of PIPs must allow the Department to assess levels of quality for each contracted entity's PIP and to determine whether performance has improved in the topic area selected.

The selected contractor, in collaboration with the Department, will be responsible for developing appropriate PIP review and evaluation tools and the database for storing information on its review of PIPs. In addition, the contractor must be able to evaluate the effectiveness of interventions developed and implemented by each managed health and long-term care organization as part of its PIP. And finally, the contractor will be asked to assess whether or not PIPs are achieving demonstrable improvement over time and, if not, to work with the managed health and long-term care organization and the Department in establishing processes to promote quality improvement. This may require that the contractor provide periodic technical assistance to promote effective PIP processes and improve performance. The contractor must also develop an appropriate process and professional staff to develop standards or criteria for evaluating PIPs, review tools and analytic methods and present findings in a clear and accurate format.

#### **E. Staffing Requirements**

Refer to Section 2 for general staffing requirements. In addition, the contractor must have appropriate staffing to conduct the aforementioned activities. Appropriate clinical staff must be actively involved in the development and review of performance improvement projects of a clinical nature especially when they involve data collected from individualized service plans or member records. All clinical staff must have appropriate licenses in the State of Wisconsin and be in compliance with all State and federal laws. The contractor must also have adequate statisticians, information system personnel and analysts to design systems that will be utilized to collect, analyze and present the information in a clear and concise format.

The selected contractor will be expected to identify a key individual or a team of key individuals to assume leadership of review activities related to performance measure validation. The leadership group must be representative of information systems staff, acute, primary and long-term care professionals, and health care analysis staff.

#### **F. Contractor Deliverables**

The selected contractor will provide, at a minimum, a final report with an executive summary that provides a quick overview of results to the Department and a report for each managed health and long-term care organization for each contract period. The Department expects the final validation report to be completed within 3 months of the date of the completion of the data collection activities related to this review. The report will include findings in the form of a short summary, along with an assessment of the implications of all findings on the likely validity and reliability of each contracted organization's PIP findings. This report will provide the Department with the information it needs to determine if it should have confidence in the contracted organization's PIP results.

The selected contractor must have the ability to submit reports on a timely basis, provide reliable and valid information using appropriate statistical methodologies and provide summaries of the data by entity reviewed in aggregate formats. It is important that the contractor have the ability to present results in formats relevant to a wide variety of audiences, including Department staff, legislators and the general public. This includes graphics and tabular results that are clear, concise and self-explanatory. The contractor must have expertise in data organization and maintenance, and must provide the Department with electronic data files when needed.

Annually, for each reviewed entity and across all entities, the contractor will develop executive summaries that provide a quick overview of results. Technical appendices will be required that explain detailed information to Department staff. A comprehensive annual report that reflects all review activities in this area during the contract period is required.

The selected contractor will report directly to the Department and will submit all deliverables and information to the Department prior to providing them to reviewed entities or other entities. All deliverables must be developed under the guidance of the Department, and are the property of the State of Wisconsin. All reports, publications or studies generated from this review area must be reviewed and approved by the Department.

### **G. Contents of Technical Proposal for Evaluating PIPs**

For this review activity, proposers must include the following components in their technical proposals. (See Section 8. PROPOSAL ORGANIZATION AND CONTENT of this RFP for instructions on how the technical proposal for this review activity must be formatted and organized.)

- 1) **Understanding of Work:** Proposals must reflect an understanding of the scope and purpose of the Department's goals and objectives in this review area and the validation activities entailed in this type of review and the need for the various tasks required under the contract. The proposer's discussion of the goals and objectives of the review activity will be evaluated based on how it reflects an understanding of the scope and purpose of the Department's goals and objectives in this review area. The proposal should describe the proposer's experience in developing quality improvement processes to improve the health status of a specific population, developing and conducting studies or PIPs in focused areas, validating data submissions, and other relevant activities. The proposer's experience will be evaluated based on how relevant this experience is to the review activity to be performed in the contract. Experience gained within the last five years should be included. Information regarding the quality of this experience such as letters of reference should also be provided.
- 2) **Organizational Capacity:** The proposer must provide a full discussion of the organizational experience and successful outcomes of that experience that demonstrate the capacity to successfully carry out the requirements of evaluating performance improvement projects. Proposals should include a description of the proposer's capacity to develop appropriate review and evaluation tools for evaluating PIPs and the database for storing information on its review of PIPs; to evaluate the effectiveness of interventions developed and implemented as part of the PIP; and to assess whether or not PIPs are achieving demonstrable improvement over time. The proposer must also describe its ability to develop a process and the professional staff for developing standards or criteria for evaluating PIPs, review tools and analytic methods and present findings in a clear and accurate format.
- 3) **Personnel:** The proposer must provide a listing of personnel who will conduct the specified review activities (i.e., professional staff, analysts, technicians, and any outside consultants). The proposer's proposal must contain a section that describes the educational background, professional experience, and special qualifications of the review staff and data staff where appropriate, and other personnel to be involved in this review activity. The proposal must specify how the personnel will be utilized and the percentage

of time they will devote to this review activity. The proposal must include the educational background, experience and special qualifications of consultants to be involved in the review activity as well as those of any proposed subcontractor.

- 4) **Methods, Workplan and Procedures:** The proposer, in its proposal, must specify in detail how it proposes to implement the responsibilities required under this review activity, including but not limited to:
- a. An approach to evaluating performance improvement projects, including the development of protocols, tools and guidelines;
  - b. A plan for using qualified staff, for training staff, and for measuring inter-rater reliability, when necessary;
  - c. An outline of a scoring method to allow for comparisons of PIPs on the basis of objective standards and across reviewed entities;
  - d. An approach to data validation in relationship to PIPs;
  - e. A description of the proposer's ability to provide technical assistance including attendance at Department committee meetings, assistance to the Department, managed health and long-term care organizations, providers in preparing for and conducting evaluations of PIPs, assistance to Family Care or Partnership organizations in developing PIPs and implementing identified improvements, and in recommending and developing new approaches to PIPs;
  - f. A workplan and a timeline for each component of the proposer's approach to implementing its plan for evaluating PIPs, including the staff hours and personnel involved; and
  - g. Written documentation that the proposer uses or will acquire appropriate software to assure that files that are exchanged will be accessible by the Department.

This list is not all-inclusive and responses must demonstrate and document an ability to complete the work identified in this RFP.

- 5) **Budget Information:** The proposer must submit a line-item budget that reflects the cost of implementing the PIP reviews, and is supported by cost and pricing data adequate to establish the reasonableness of the proposed amount for this review activity. The budget must include a supportive narrative and a breakdown of costs consistent with Attachment D Budget Detail.

### **3.8. Review Activity 4: Coordination and Continuity of Care Reviews**

The proposal for this review activity must address all aspects of the scope of work for annually assessing the adequacy of the case management function of the managed health and long-term care organization. The purpose of this review activity is to determine the appropriateness and adequacy of the services and supports provided by each entity, and to ensure that the services furnished or coordinated are consistent with the nature and severity of the enrollee's disability and the stated desires and preferences of the enrollee. This review activity is a subset of Review Activity 1: Determining Compliance with Federal and State Quality Standards.

#### **A. Background**

Each managed health and long-term care organization must implement procedures to deliver care and coordinate services for all of its enrollees. This includes mechanisms to assess each enrollee to identify any ongoing health conditions that require a course of treatment or regular care and

monitoring. In addition, for each individual enrolled in a managed health and long-term care organization, an individual written plan of care that is member-centered must be developed by qualified individuals. Contracted managed health and long-term care organizations use an interdisciplinary team (IDT) model of care coordination.

In monitoring for compliance with the requirements of care coordination, the contractor will obtain a random sample of records or files of enrollees and review the assessment of needs and their individualized plans of care. Each record review consists of reviewing available information about services, supports, time frames, staff responsible for service provision, and documentation of the enrollees' preferences, needs and outcomes in the service plan. The purpose of the review is to determine how well the managed health and long-term care organization is using the assessment and planning process to coordinate supports for the enrollee and whether or not service plan goals reflect enrollees' stated preferences and outcomes.

### **B. Expected Volume under this Review Activity**

The term "review" as used throughout this section is defined as the completion of a review of a random sample of individual enrollee's service records, which may include a review of the LTC functional screen, the comprehensive assessment, the plan of care and case notes. To assure consistency in the preparation of a proposal, a preliminary estimate of the number of cases that must be reviewed annually should be based on current managed health and long-term care organizations, as follows:

- Annually, a minimum of 30 cases selected randomly from the total enrollee population for each Family Care organization, except for the Milwaukee CMO, and each Partnership organization and the PACE organization will be reviewed; and
- Annually, a minimum of 100 cases selected randomly for the Milwaukee CMO.

Three reviews will be conducted annually. One review will consist of reviewing a random sample of 220 service records of Family Care enrollees. The second review will consist of reviewing a random sample of 120 service records of Partnership enrollees. The third review will consist of reviewing a random sample of 30 service records of PACE enrollees. A record review will consist of examining the comprehensive assessment, the individualized service plan, and monitoring and follow up activities that assure the enrollee's plan has been implemented and that care is being coordinated across providers.

### **C. Brief Summary of Review Activities**

Coordination and continuity of care reviews are to be conducted using review protocols developed collaboratively by the Department and the contractor. The source of information for these reviews will be administrative data (e.g., managed care organization membership and enrollment files), service record documentation of comprehensive assessments and member-centered plans, utilization and outcome information on members, provider case notes and other health and long term records, and may also include interviews of managed health and long-term care organization staff and providers or interviews of members and/or their representatives or a combination of all sources. The Department will provide the eligibility data, LTC functional screen data, fee-for-service-claims data, and encounter data to the contractor. The contractor must have the capability to load all of the data onto its system.

The primary review activities that will be undertaken with this review are to:

- 1) Determine whether or not the record documents that the member's needs and outcomes were identified and assessed;
- 2) Determine if documentation shows that plans of care are developed with participation with the member or his or her representative; and
- 3) Assess whether care and services are in accordance with generally accepted standards of practices, policies, protocols, guidelines or minimum practice.

#### **D. Contractor Responsibilities**

During each contract period, the contractor will be responsible for reviewing three random samples of enrollees, one sample for each of the existing managed health and long-term care programs. The contractor will be responsible for requesting the necessary information directly from the managed health and long-term care organization to review each case. Depending on the number of records requested, the contractor will either review the records on-site or will receive copies of the records by mail or other means.

The contractor must have the capability to design and use complex sampling methods, including the use of appropriate statistics to assure valid results. The selected contractor, in collaboration with the Department, will be responsible for developing effective review protocols using valid and reliable methodologies for evaluating the coordination and continuity of care. It must also develop a database for storing information on its review activities. In addition, the contractor must be able to evaluate the effectiveness of interventions developed and implemented by each reviewed entity to improve care coordination. And finally, the contractor will be asked to assess whether or not contracted organizations are improving over time, and if not, to work with them and the Department to establish processes to promote quality improvement.

An important Department goal is to provide timely feedback to contracted entities. This objective is a challenge when conducting retrospective reviews that allow a specified time lag for data to be submitted to the Department. The Department is interested in innovative and efficient approaches to sampling, analysis, and report production that will result in timely feedback.

#### **E. Staffing Requirements**

Refer to Section 2 for general staffing requirements. The contractor will be responsible for assuring that staff members who perform the coordination and continuity of care reviews meet the minimum qualifications stated in Attachment C Contractor Review Activity Lead and Review Staff Qualifications. Reviewers must be knowledgeable about the Family Care, PACE and Partnership organization target groups as well as Medicaid services, eligibility requirements, and the managed health and long-term care organization service delivery systems. The contractor must recruit and retain staff who demonstrate an ability to apply sound and effective information gathering, analysis and decision-making strategies; assess the significance of that information with regard to appropriate standards and regulations; and produce written documentation consistent with Department standards in a clear, focused and professional format.

Trained reviewers will abstract from the member's service record data needed to complete the review. The contractor must assure that reviewers are trained in data abstraction by measuring inter-rater reliability of reviewers on a periodic basis. The contractor's reviewers must achieve an overall inter-rater reliability score, as measured by a percentage agreement among reviewers,

of at least 90%. As a contractor to the Department, all personnel having access to member records must sign a standard security agreement indicating understanding and consent to maintain the confidentiality of information in these files.

The contractor will assure that sufficient personnel are hired, on staff, or available under contract to implement this review area as described in this section of the scope of work. This requirement includes the hiring of health and long term care professionals with special expertise in the care, services and supports under review by the contractor and will include, at a minimum, sufficient nurse and social worker review staff with appropriate experience in LTC services and supports, mental health and substance abuse professionals, therapists, and others who have knowledge of services and needs of the special populations served.

The contractor will obtain training for its clinical and non-clinical staff reviewers including:

- 1) An overview of the Department's review system including the Department's goals and objectives for conducting this review;
- 2) Training relevant to State regulations, policies, and procedures regarding Medicaid covered state plan services and waiver services;
- 3) Instruction on how to conduct record reviews and how to abstract information necessary to make a determination about adequacy of care management services from the service record; and
- 4) How to document case-specific findings and determination whether the member's service plan is consistent with the nature and severity of the member's disability.

The contractor will also provide continuing education to its clinical and non-clinical reviewers and other staff and submit a plan for training clinicians and non-clinician reviewers in its proposal. The plan must include curricula subject to the review by the Department as well as the timeframes and frequency of training activities.

## **F. Contractor Deliverables**

There are three separate deliverables for this review activity for each review conducted: case-specific findings reports and recommendations for each reviewed entity; trend reports for each reviewed entity; and summary reports for each reviewed entity.

- 1) **Case-Specific Findings Reports:** Each reviewed record will result in case-specific findings. At the conclusion of a review of all of the records in a sample, the contractor will provide a case-specific findings report to the Department and each managed health and long-term care organization under review. Case-specific findings will specify whether or not care and services provided meets standards and whether follow up is required. If a reviewer finds that a plan of care does not agree with the stated disabilities and needs of a member in critical areas, or if basic member needs are overlooked in the comprehensive assessment, an immediate referral will be made to the Department before any action is taken. The Department will examine the findings of immediate referral cases in a timely manner and, if the Department agrees with the reviewer's findings, the managed health and long-term care organization will be informed of the review results and recommendations.
- 2) **Summary Trend Reports:** The second report will be a trend report specific to each managed health and long-term care organization under review, which includes a summary of the findings and recommendations for problem resolution, quality

improvement, and follow-up activities such as technical assistance. Reports will be in an electronic format that is acceptable to the Department.

- 3) **Summary Report:** At the conclusion of each review, summary reports specific to each reviewed entity will be submitted to the Department and will be assessed and commented upon by the Department before they are finalized. These reports will provide results that include a technical report specifying the objectives of, methods used, description of data obtained and conclusions drawn as to the quality, timeliness, and access to the care furnished by the managed health and long-term care organization. The information provided in this report will not disclose the identity of any individual reviewed.

The selected contractor will report directly to the Department and will submit all deliverables and information to the Department prior to providing this information to reviewed entities. All deliverables must be developed under the guidance of the Department, and are the property of the State of Wisconsin. All reports, publications or studies generated from this review area must be reviewed and approved by the Department.

#### **G. Contents of Technical Proposal for Reviewing Member-Centered Plans**

For this review activity, proposers must include the following components in their technical proposals. (See Section 8. PROPOSAL ORGANIZATION AND CONTENT of this RFP for instructions on how the technical proposal for this review activity must be formatted and organized.)

*[Please note that cases that are reviewed to assess the coordination and continuity of care provided by a managed health and long-term care organization may also be used to validate performance measures, thereby limiting the number of additional records needed to complete both tasks.]*

- 1) **Understanding of Work:** The proposal must reflect an understanding of the scope and purpose of the Department's goals and objectives in this review area, of the review activities entailed in this type of review, and of the need for the various tasks required of the managed health and long-term care organization under their contract with the Department. The proposer must propose an approach and methods for evaluating plans of care that address both the assessment of clinical and therapeutic services and the developmental of LTC support services needed to enhance a member's well-being and achieve member defined outcomes.

The proposal must describe the proposer's experience in conducting coordination and continuity of care reviews, quality assurance and improvement, health services analyses, benchmarking, and other relevant activities. The proposer's experience will be evaluated based on how relevant this experience is to the review activity to be. Experience gained within the last five years should be included. Information regarding the quality of this experience such as letters of reference should also be provided.

- 2) **Organizational Capacity:** The proposer must provide a full discussion of the organizational experience and successful outcomes of that experience that demonstrate the capacity to successfully carry out the requirements of this review. Proposals should include a description of the proposer's capacity: 1) to develop appropriate review protocols and evaluation tools for carrying out the primary review activities required by

this review and the database for storing information on its review results; 2) to evaluate the coordination and continuity of care; and 3) to assess whether or not interventions to improve coordination and continuity are effective. The contractor must also describe its ability to develop a process and employ the professional staff for developing standards or criteria for evaluating plans of care, for creating review tools, for carrying out the analytic methods necessary to complete each review, and present findings in a clear and accurate format.

- 3) **Personnel:** The proposer must provide a listing of personnel who will conduct the specified review activities described in this section. The proposal must describe the types and specialties of professional staff and/or subcontracted providers who will be performing the reviews for the proposer and their availability to perform such review. In addition, the proposer must provide a listing of personnel who will conduct the specified review activities (i.e., professional staff, analysts, technicians, and any outside consultants). The proposal must specify how the personnel will be utilized and the percentage of time they will devote to this review activity. The proposal must include the educational background, experience and special qualifications of consultants to be involved in this review activity as well as those of any proposed subcontractor.

The proposal must also include a plan for providing training and continuing education to its clinical and non-clinical staff including reviewers who will abstract from the member's service record data needed to complete the review. The contractor must assure that reviewers are trained in data abstraction by measuring inter-rater reliability of reviewers on a periodic basis. The proposal must include the proposer's plan for assuring that reviewers achieve an overall inter-rater reliability score, as measured by a percentage agreement among reviewers, of at least 90%.

- 4) **Methods, Workplan and Procedures:** The proposer, in its proposal, must specify in detail how it plans to implement this review activity, including but not limited to:
- a. Methods, policies and procedures, etc., for implementing these reviews, including a description of pre- and post-review processes and timeline, and suggested review techniques;
  - b. Draft forms to be completed by review staff to record review decisions, data input documents/formats, etc.;
  - c. A complete description of the data processing system that will be used in completing the reviews;
  - d. A plan for using qualified staff, for training staff, and for measuring inter-rater reliability;
  - e. A proposed outline of a scoring method that allows for comparisons across reviewed entities and to objective standards;
  - f. Proposer's ability to provide technical assistance including attendance at Department committee meetings, assistance to the Department, the managed health and long-term care organizations and providers in preparing for and conducting reviews, and in recommending and developing new approaches that assess compliance with contract standards for coordination and continuity of care;
  - g. A workplan and a timeline for each component of the proposer's approach to assessing the coordination and continuity of care, including the staff hours and personnel involved;

- h. A description of its data processing system that will be used in completing the review activities in this area as described in this section; and
- i. Written documentation that the proposer uses or will acquire appropriate software to assure that the files exchanged will be accessible by the Department-approved software.

This list is not all-inclusive and responses must demonstrate and document an ability to complete the work identified under this section.

- 5) **Budget Information:** As part of its technical proposal, the proposer must submit a line item budget that reflects the cost of implementing this review activity. The budget must include a supportive narrative and a breakdown of costs consistent with Attachment D Budget Detail.

#### **Section 4. GENERAL CONTRACT REQUIREMENTS**

The following items are required to assure the continuation of funds. These requirements will form part of the contract used to award these funds. Failure to comply with these requirements can result in disallowances of expenditures or termination of the agreement.

##### **4.1. Acceptance of RFP and Proposal Content as Contractual Agreement**

In the event of a contract, the contents of this RFP (including all attachments), RFP addenda and revisions, and the proposal from the successful proposer, and additional terms agreed to, in writing, by the Department and the contractor shall become part of the contract. Failure of the successful proposer to accept these as a contractual agreement may result in a cancellation of the award.

##### **4.2. Implementation Plan**

The contractor shall, for EQR and EQR-related activities, be responsible for the preparation and execution of an implementation plan that details how the requirements for the review activities under contract will be organized and activated. The implementation plan shall outline all steps necessary for the contractor to begin implementation of each review activity for the current ten managed health and long-term care organizations no later than July 1, 2006, or the start date of the contract, whichever comes first. The implementation plan shall specify expected dates of completion of all steps, and identify the persons responsible for all tasks. Subject to approval of the Department, the contractor will be allowed some flexibility in implementation of review schedules. It is expected, however, that by the end of the first State fiscal year, June 30, 2007, a full complement of scheduled reviews have been completed.

A final implementation plan for EQR and EQR-related activities for the current ten managed care organizations shall be submitted to the Department no later than twenty (20) calendar days following the award of the contract. This implementation plan shall be based upon the implementation plan submitted in the proposer's technical proposal and coordinated with the Department to ensure readiness to complete required tasks by the dates specified in this RFP. The Department reserves the right to modify the final implementation plan consistent with the requirements of this RFP. Any modification to the final implementation plan by the Department will be incorporated into the Department's approval of the plan. Any unapproved deviation by

the contractor from the approved implementation plan shall be regarded as a material breach, and all remedies provided for hereunder shall become available to the Department.

If the Department contracts with additional managed health and long-term care organizations, a plan for implementing EQR activities in the new programs shall be submitted to the Department by a date specified by the Department.

#### **4.3. Payments to Contractor**

It is anticipated that a cost-reimbursement contract will be awarded but the Department reserves the right to award another type. In no event shall the contractor claim or the Department be required to reimburse costs in excess of the total contract amount. Total contract amounts will be released upon the completion of required review activities and Department approval of the final report of the work specified under the contract.

Any subcontract that may result from this RFP shall specify that the prime contractor is solely responsible for fulfillment of its contract with the Department. The Department will make contract payments only to the prime contractor and will consider the selected proposer to be the sole point of contact with regard to any final contract.

#### **4.4. Allowable Costs**

A successful proposer will be required to comply with the Department's Allowable Cost Policy Manual. A copy of the Department's Allowable Cost Policy Manual is available at the following Department web-site address: <http://dhfs.state.wi.us/grants/AllowCost.HTM>; or contact Ann Anderson within the Program Evaluation and Audit Section at 608-267-2836.

#### **4.5. Capital Equipment**

Funds may only be used to purchase capital equipment with prior written approval from the Department. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000 and a useful life in excess of one year.

#### **4.6. Salaries**

Funds cannot be used to supplant current salaries.

#### **4.7. Reports and Documentation**

Reports and documentation of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of contract responsibilities, in accordance with the requirements contained within this RFP and in the final contract. Failure of the successful proposer to accept these obligations may result in an imposition of intermediate sanctions, termination of the contract or cancellation of the award.

As part of its contract obligations, the successful proposer shall, at the request of the Department, appear before DDES administrators or any other persons or groups, including committees or the Legislature, to clarify findings and to answer any questions at any time during or after the contract period.

#### **4.8. News Releases**

News releases pertaining to this award or any part of the proposal shall not be distributed without the prior written approval of the Division of Disability and Elder Services (DDES). Copies of any news releases distributed regarding this program during the contract period will be submitted to and approved by the Contract Administrator prior to release.

#### **4.9. Legal Services**

Contract funds may be used to provide legal advice to the program for purposes of carrying out its contract obligations. Funds cannot be used to support any legal actions taken against the federal or State government, including contract disputes that might arise with the Department.

#### **4.10. Employment**

The successful proposer will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of DDES.

#### **4.11. Dual Employment**

Section 16.417, Wis. Stats., prohibits an individual who is a state employee or who is retained as a consultant full-time by a state agency from being retained as a consultant by the same or another agency where the individual receives more than \$12,000 as compensation within the same one-year period as the resulting contract. This prohibition applies only to individuals and does not include corporations or partnerships.

#### **4.12. Subcontracting**

The proposer that is awarded a contract is permitted to use subcontractors. However, the contractor is accountable for, and must oversee, all subcontractor functions and both the contractor and subcontractor must meet the requirements for independence and conflict of interest, as specified in this RFP. If a contractor plans to use subcontractors for any components of the required services, this should be clearly explained and costed out separately in the proposal. However, no delegation by the contractor will relieve the contractor of responsibility for assuring the performance of all aspects of the contract.

The use of subcontractors at any time during the contract period by the successful proposer for any portion of the scope of work detailed in the RFP is subject to the prior written consent of DDES. DDES may request such additional information and written assurances as deemed necessary to ensure that only qualified, competent agencies or groups perform services under the contract, and to ensure that the required scope of work is performed in a professional manner.

#### **4.13. Minority Business**

The State of Wisconsin is committed to the promotion of minority business in the State's purchasing program and has a goal of placing five (5) percent of its total purchasing dollars with certified minority businesses. Authority for this program is found in Wisconsin Statutes, ss. 5.107 (2), 16.75 (4), 16.755 and 560.036 (2). The contracting agency is committed to the promotion of minority business in the State's purchasing program.

With this procurement, the successful contractor will be encouraged to purchase services and supplies from minority businesses certified by the Wisconsin Department of Commerce, Bureau of Minority Business Development. A listing of certified minority businesses, as well as the services and commodities they provide, is available from the Department of Administration, Office of Minority Business Program, 608-267-7806.

#### **4.14. Audits**

The successful contractor will submit to the Program Evaluation and Audit Section a certified annual audit report within 180 calendar days of the close of the fiscal year. The audit shall be conducted and reports submitted in accordance with applicable State and federal regulations and guidelines and professional standards, including, but not limited to, Office of Management and Budget Circulars A-133 and A-128; the Department Provider Agency Audit Guide; the Department's Allowable Costs Manual or Financial Management Manual for Counties, Tribes and 51 Boards; the Department's Numbered Memo Series; s. 46.036, Wis. Stats.; and generally accepted auditing standards.

#### **4.15. Termination of Agreement**

Either party may terminate this agreement at its sole discretion with ninety (90) calendar days written notice (See Section 1.10 Contract Term and Length). The State reserves the right to terminate this agreement with less notice if DDES determines a breach or default has occurred or it is necessary to protect the best interests of the State. Upon termination, DDES liability will be limited to the cost of the services performed as of the date of termination plus expenses incurred with the prior written approval of DDES.

In the event that either the successful proposer or DDES terminates this agreement, for any reason whatsoever, the successful proposer will refund to DDES within fourteen (14) calendar days of said termination, all payments made hereunder by DDES to the successful proposer for work not completed or costs not incurred.

#### **4.16. Waiver of Informalities**

DDES will review all proposals submitted by interested proposers. DDES further reserves the right to waive minor informalities. A minor informality is a variation from the RFP terms and conditions, which does not affect the price of the proposal, does not give one contractor an advantage or benefit not enjoyed by other contractors, or does not affect DDES' interest. The determination of whether an RFP condition is substantive or a mere informality shall reside solely with DDES.

#### **4.17. Proprietary Information**

Data contained in the proposal, all documentation provided therein, and materials and innovations developed as a result of this contract award cannot be copyrighted or patented without written authorization from DDES. All data, documentation and innovation become the property of the State of Wisconsin and DDES. The successful proposer agrees that DDES shall have royalty free, non-exclusive and irrevocable rights to reproduce, publish or otherwise use and authorize others to use any materials and innovations developed as a result of this contract award. Any copyright material authorized by DDES or distribution of materials developed through this contract award will acknowledge use of DDES funds.

#### **4.18. Affirmative Action and Civil Rights Compliance**

The successful proposer or subcontractor to the successful proposer with a contract of an expected value of \$25,000 or more and who has a workforce of 25 or more employees must 1) submit an affirmative action plan for approval to DDES within fifteen (15) working days after the contract is awarded (Instructions on preparing the plan and technical assistance regarding this requirement are available from the Department's Affirmative Action/Civil Rights Compliance Office); and 2) must agree to post in conspicuous places, available for employees and proposer for employment, a notice to be provided by the Department that sets forth the provisions of the State of Wisconsin's nondiscrimination law. Failure to comply with the conditions of this section may result in the successful proposer or subcontractors becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.

No other qualified persons shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability or age. This policy covers eligibility for, and access to, services delivery, and treatment in all programs and activities. In delivering services to adolescents and their families, the successful proposer must ensure civil rights compliance consistent with the Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act.

#### **4.19. Reasonable Accommodations**

DDES will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities who are applying for this contract. For special needs, contact Karen McKim, Quality and Research Manager, phone 608-266-9304 or fax 608-266-5629.

#### **4.20. Non-Discrimination in Employment**

In connection with the performance of work under this contract, the successful proposer and any subcontractor agree not to discriminate against any employee for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), Wis. Stats., sexual orientation or national origin. This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the successful proposer and any subcontractors agree to take affirmative action to ensure equal employment opportunities.

#### **4.21. Certification of Agreement to RFP Terms and Conditions**

Proposers must read the Standard Terms and Conditions Form, DOA-3054 (R10/2005) and Supplemental Terms and Conditions Form, DOA-3681 (found in Section 9 STANDARD TERMS AND CONDITIONS) and must agree to the terms and conditions contained therein. The proposer indicates agreement by correctly completing the certification form DOA-3261 (R08/2003) (Attachment E) and submitting it as specified under Section 8. Subsection 8.1.

#### **4.22. VendorNet**

The State of Wisconsin's purchasing information and vendor notification service is available to all businesses and organizations that want to sell to the State. Anyone may access VendorNet on the Internet at <http://vendornet.state.wi.us> to get information on State purchasing practices and policies, goods and services that the State buys, and tips on selling to the State. Vendors may use the same Web site address for inclusion on the bidders list for goods and services that the organization wants to sell to the State. A subscription with notification guarantees the organization will receive an e-mail message each time a state agency, including any campus of the University of Wisconsin System, posts a request for bid or a request for proposal in their designated commodity/service area(s) with an estimated value over \$25,000. Organizations without Internet access receive paper copies in the mail. Increasingly, state agencies also are using VendorNet to post simplified bids valued at \$25,000 or less. Vendors also may receive e-mail notices of these simplified bid opportunities.

### **Section 5. RFP QUESTIONS AND NOTICE INFORMATION**

#### **5.1. Written Questions**

Proposers may submit written questions regarding the RFP requirements to the procurement manager: Karen McKim, Quality and Research Manager, Division of Disability and Elder Services, Managed Care Section, 1 W. Wilson Street, Room 518, P.O. Box 7851, Madison, WI 53707-7851, phone 608-266-9304 or fax 608-266-5629. (COLLECT CALLS WILL NOT BE ACCEPTED)

Written inquiries or written requests for clarification of any part of this RFP must be received by the procurement manager by the deadline specified in the RFP timetable. Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should notify the procurement manager immediately (in writing) of such error and request modification or clarification to the RFP.

Inquiries must identify the organization submitting the written inquiry. DDES will supply written answers to all questions submitted by the deadline for questions. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to all proposers that have submitted a notice of intent to apply.

#### **5.2. Notice of Intent to Apply**

Proposers are requested to submit a Notice of Intent to Apply (Attachment F) to DDES by the deadline specified in the RFP timetable. DDES will send written clarifications and supplemental information regarding the RFP, if any, only to those parties who have submitted timely notice of intent. Notices should be submitted to: Karen McKim, Quality and Research Manager, Division of Disability and Elder Services, Managed Care Section, 1 W. Wilson Street, Room 518, P.O. Box 7851, Madison, WI 53707-7851, phone 608-266-9304 or fax 608-266-5629..

### 5.3. Proposer Conference

If necessary, there will be a proposers' conference at the DHFS State Office Building, Room B370, located at 1 West Wilson Street, Madison, WI on the date and time shown in the RFP timetable. (See driving directions at <http://dhfs.wisconsin.gov/aboutDHFS/directions.htm>.) The purpose of the proposers' conference is to discuss the contents of this RFP and any proposer's written questions and recommended changes. Attendance at this conference is not mandatory, but recommended. Proposers who submit a notice of intent to apply will be notified of the conference.

The Department will accept oral questions during the conference and will make a reasonable effort to provide answers at that time; however, verbal answers and discussions shall not be binding upon the Department. Answers to oral questions may be followed up with written responses. Responses to written questions submitted previous to the proposers' conference will be provided by the date indicated in the RFP timetable. Written questions submitted at the time of the proposers' conference must be legible, to the point and identify the proposer submitting the question.

### 5.4. RFP Amendments

The Department reserves the right to amend this RFP at any time. Amendments shall become addenda to this RFP.

## Section 6. SUBMITTAL OF PROPOSAL

### 6.1. Submitting the Proposal for Required Review Activities

Submission of a proposal indicates acceptance of all conditions contained in the RFP including the standard terms and conditions contained in Section 9. STANDARD TERMS AND CONDITIONS.

All proposals must be submitted in hard copy. The proposer must supply two separate packages:

**Package 1:** the original technical and cost proposal (**Technical and cost proposals must be in separately sealed packets within package 1.**)

Package 1 must contain – one (1) original of the technical proposal and one (1) original of the cost proposal. (The original of the technical proposal and the original of the cost proposal must be clearly identified as originals.)

**Package 2:** copies of the technical proposal

Package 2 must contain – five (5) complete bound copies (three-ring binder format is acceptable) of the technical proposal.

To ensure confidentiality of the documents, all technical and cost proposals must be packaged, sealed and show the following information on the outside of the package:

- Proposer's name and address;
- Request for proposal title;
- Request for proposal number; and
- Proposal due date.

Each technical and cost proposal packet must be submitted in one of the following two ways:

**If sending by US mail use the following address:**

Karen McKim, Quality and Research Manager  
DDES, Managed Care Section  
1 West Wilson Street, Room 518  
P.O. Box 7851  
Madison, WI 53707-7851

OR

**If proposal is hand delivered, deliver to the following office:**

Karen McKim, Quality and Research Manager  
DDES, Managed Care Section  
1 West Wilson Street, Room 518  
Madison, WI

**Closing date:** The closing date for the receipt of all proposals under this solicitation is April 28, 2006 at 4 p.m. A proposal will be accepted and considered received on time if:

- a) The mailed proposal is received in the office (address shown in this section) by 4:00 p.m. on April 28, 2006; or
- b) The proposal is hand delivered to Karen McKim, Quality and Research Manager (address shown in this section) by 4:00 p.m. on April 28, 2006.

**NO FAXED OR E-MAILED PROPOSALS WILL BE ACCEPTED**

Proposals must be received in the office (address shown in this section) by the specified date and time. All proposals must be time-stamped as accepted by the Purchasing Officer by the stated time. Proposals not so stamped will not be accepted. Receipt of a proposal by the State mail system does not constitute receipt of a proposal by the office identified in this section, for purposes of this RFP.

Proposers are cautioned to allow sufficient time for delivery by the U.S. Post Office because it can sometimes take several days to receive mail from outlying areas. Any proposals, which are received after the closing date and time, will not be reviewed and will be returned to the vendor. No exceptions will be allowed.

Supplemental and clarifying information will not be accepted from a proposer after the deadline for submittal of proposals, unless requested by DDES.

**6.2. Correction of Proposal Errors**

When the Department determines that a proposer's proposal contains an obvious error, such as a transposition, extension or footing error in figures that are presented, the Department will notify the proposer of the error and shall provide the proposer with an opportunity to correct the error. Information that is required to be included in a proposal and that is inadvertently omitted shall not be accepted under this error correction provision.

## **Section 7. PROPOSAL SELECTION AND AWARD PROCESS**

Accepted proposals will be reviewed by an Evaluation Committee and scored against the stated criteria. Selection of the successful proposer shall be based on the proposal that is determined to be in the best interests of the Department, taking into consideration criteria set forth in this RFP and cost.

### **7.1. Review of Mandatory Requirements of the Technical Proposal**

All proposals will be reviewed initially to determine if mandatory requirements are met. Failure to satisfy mandatory requirements may result in rejection of the proposal. In the event that all proposers do not satisfy one or more of the mandatory requirements, the State reserves the right to continue the evaluation of the proposals and to select the proposal that most closely satisfies the requirements specified in this RFP. No points shall be awarded for passing the mandatory requirements. In making this determination, each technical proposal shall be reviewed against the following checklist:

- 1) The proposal is submitted by the date and time established in the RFP; and
- 2) The proposer satisfies the eligibility requirements specified in Section 1. Subsection 1.11 Eligibility Requirements, as documented in Tab 2 of the proposer's proposal.

The mandatory requirements will be evaluated based on the information submitted under Tab 2 of the proposal. At a minimum, the proposer must address the following:

#### **a. Independence Requirement**

The proposer must provide a statement that it meets the required conditions to be an eligible candidate for the contract award including:

- (i) If the proposer is a State agency, Department, university, or other State entity, it must provide a statement that it does not have Medicaid purchasing or managed care licensing authority;
- (ii) If the proposer is a State agency, Department, university, or other State entity it must provide a statement that it is governed by a Board or similar body, the majority of whose members are not government employees;
- (iii) The proposer must provide a statement that it does not exert control over a Resource Center or managed health and long-term care organization under contract with the Department (as used in this paragraph, "control" has the meaning given the term in 48 CFR 19.101);
- (iv) The proposer must provide a statement that it does not deliver any health care services to Medicaid recipients;
- (v) The proposer must identify any contracts or agreements it has with any state or local government entity that is a Medicaid Program provider or contractor and the general circumstances of the contract or agreement. (This information will be reviewed by the Department to ensure that the proposer qualifies as independent.); and
- (vi) The proposer must provide a statement that it does not have a present, or known future, direct or indirect financial relationship with a Resource Center or managed health and long-term care organization that it will review as an EQRO.

b. Conflict of Interest Requirement

The proposer must provide sufficient assurances to the State that the award of the contract to the proposer will not create a conflict of interest between the contractor, the Department, and the contracted managed long-term care programs.

c. Other Requirements

- (i) The proposer must provide a statement to ensure that no elected or appointed officer or other employee of the State of Wisconsin shall benefit financially or materially from the successful award of the contract to the proposer, and that no individual employed by the State of Wisconsin shall be admitted to any share of part of the contract or any benefit that may arise from the contract;
- (ii) The proposer must provide a statement that it has not willfully terminated a contract with the State or Federal government prior to the initial term of the contract, within the last 5 years; and
- (iii) A proposer must disclose all contracts it holds with other States or entities within the last 5 years. For each State and each program within the State and each entity, the proposer must identify as succinctly as possible: 1) organization name; 2) the length and dates of the contract; 3) the staff allocated; 4) the work undertaken; 5) the deliverables produced; and 6) a contact person in the State and/or program or entity who has knowledge of the work.

d. Accessibility Requirement

The proposer must provide assurances that all EQR and EQR-related activities will be provided on-site, in the managed health and long-term care organizations service area, or in the State, with the exception of approved administrative activities and those activities approved for off-site review.

## **7.2. Evaluation of the Technical Proposals**

Accepted proposals will be reviewed by the Evaluation Committee and scored against the stated criteria. A proposer may not contact any member of the Evaluation Committee except at the State's direction. The Evaluation Committee will be responsible for the review and assignment of points for technical merit. The Department reserves the right to use technical advisors in this process.

As part of this process, the committee may review references, request interviews, and/or conduct on-site visits and use the results in scoring the proposals. The Department reserves the right to request further clarification on information provided in proposals and to allow for correction of errors contained in proposals submitted by proposers.

Evaluation criteria for the technical proposal are grouped into content areas. Content areas presented in the RFP have been assigned points. The final points awarded to a technical proposal shall be compared to the final points awarded to all other technical proposals.

## **7.3. Proposal Scoring**

All proposals meeting mandatory requirements will be reviewed and scored using the methodology described in this section for the following review sections:

- 1) Non-financial qualifications (310 points maximum)

- 2) Performance of EQR and EQR-related activities (530 points maximum)
  - Required Review Activity 1: Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs
  - Required Review Activity 2: Validation of Performance Measures
  - Required Review Activity 3: Validation of Performance Improvement Projects
  - Required Review Activity 4: Coordination and Continuity of Care Reviews
- 3) Cost (60 points maximum)

The Evaluation Committee must award at least 600 points for the combined non-financial qualifications and performance of EQR and EQR-related activities sections prior to having the cost proposal scored. A proposal that receives less than 600 points on these sections will be ineligible for further consideration.

#### **7.4. Non-financial Qualifications**

A maximum of 310 points will be awarded for the proposer's non-financial qualifications. Points will be scored on the following aspects of the proposer's proposal, based on the information submitted under Tab 3 of the proposal. Areas to be evaluated are:

a. Organizational Structure, Resources and Capacity (20 points)

The technical proposal must describe in detail:

- (i) The organization;
- (ii) Submit proof of incorporation;
- (iii) Current organizational structure;
- (iv) Background and experience of its officers and executive staff;
- (v) History;
- (vi) Legal structure;
- (vii) Ownership;
- (viii) Affiliations; and
- (ix) Relationship of this project to the proposer's overall organizational structure.

b. Financial Stability (20 points)

The proposer must submit one of the following financial reports:

- (i) For a publicly held corporation, a copy of the most recent three years of audited financial reports and financial statements with the name, address, and telephone number of a responsible person in the proposer's principal financial or banking organization and the name and a contact person from the audit firm;
- (ii) For a privately held corporation, proprietorship, or partnership, financial information for the past three years, similar to that included in an annual report, to include, at a minimum, an income statement, a statement of cash flow, a balance sheet, and number of years in business, as well as the name, address, and telephone number of a contact in the proposer's principal financial or banking organization and proposer's auditor;
- (iii) If the proposer is either substantially or wholly owned by another corporate (or other) entity, the proposer must also include the most recent detailed financial report of the parent organization and a statement that the parent organization will

- unconditionally guarantee performance by the proposer in each and every term, covenant, and condition of any contract as executed by the parties; and
- (iv) If any change of ownership of the company is anticipated during the 12 months following the proposal due date, describe the circumstances of such change and indicate when the change is likely to occur.

c. Proposer Experience (50 points)

The proposer must provide a full discussion of the organizational experience and successful outcomes of that experience that demonstrate the capacity to successfully carry out the requirements of the contract. This should include a succinct description of the proposer's experience in monitoring quality in Medicaid and Medicare managed care and/or publicly funded services for consumers who are frail elders, persons with physical or developmental disabilities, or persons with mental health and/or substance abuse disorders. The organizational experience of the proposer or a designated organization within a newly formed corporation, if relevant, should be presented. The narrative should, at a minimum, include full and in-depth presentation of information related to the following items:

- (i) Managing a contract involving multiple related tasks;
- (ii) Providing services to providers of direct services in a social service or community-based setting;
- (iii) Managing a large budget in a fiscally responsible manner;
- (iv) Utilizing quality assurance and improvement techniques to improve the effectiveness and efficiency of service delivery and coordination; and
- (v) Demonstrating organizational structure that promotes flexibility, accountability, and responsiveness to customers.

d. Competency Qualifications (80 points)

Describe how the proposer will staff and manage functions associated with the contract, which should include the following:

- (i) An organizational chart, which identifies each employee assigned to the contract and the reporting relationships between all positions. Include the geographical location for each position, identify each position as a staff or contracted position, and indicate the percentage of time each employee will devote to work activities related to the contract;
- (ii) Using Attachment B Format for Resumes, provide information about education and experience for key management personnel the proposer will assign to the contract work. Include the minimum staff education and experience requirements for these personnel. Key management personnel include vice presidents, directors, project managers, medical director, health data analyst, statistician, systems analyst, information system manager, and data base administrator;
- (iii) The names, if known, and relevant past experience of employees that the proposer recommends for filling the contract manager and the review activity lead positions as well as other supervisory and managerial positions that will report to the contract manager. Include a resume (using Attachment B Format for Resumes) of each employee recommended to fill these positions. Also identify the name and the position of the individual to whom the contract manager will report;

- (iv) Job descriptions containing the qualifications (e.g., training, education and experience) and job functions of on-site and off-site review staff, supervisory staff, clinical staff and consultants that will be assigned to each location by area. Include similar information for other non-clinical staff such as information systems staff, analysts, and health services research staff, training and customer service staff;
- (v) If the contract manager, project leads or supervisory positions reporting to the contract manager are not yet employed, explain how the proposer will recruit and select candidates for these positions;
- (vi) A statement by the proposer that key personnel assigned to the contract will not be reassigned by the contractor without prior notification to the Department and will be replaced with personnel of equal skill, training, and experience;
- (vii) Whether or not clinical staff and consultants will be assigned to the contract and in what positions and what percentage of the position's FTE will be dedicated to the contract;
- (viii) Specific information regarding numbers, qualifications, licenses, certifications, credentials and roles of each employee, clinical staff and consultants assigned to the contract;
- (ix) Specific information on the proposer's capacity to provide staff with the appropriate information system application development skills; and
- (x) Details of any plans to use subcontractors in relation to the contract which includes the name and address of the subcontractor, a description of the services to be performed by the subcontractor, and total amount that will be paid to the subcontractor.

e. Information Systems (60 points)

Each proposal must include a complete description of its information technology infrastructure and the methodologies that will be used in completing the review activities included in the proposal:

- (i) Provide a discussion of the proposer's systems capacity to gather, analyze, and report on any of the following items:
  - Fee-for-service claims data;
  - Encounter data;
  - CMO, RC, and Enrollment Consultant data;
  - Long-term Care Functional Screen data;
  - Eligibility and enrollment data, which includes data on eligibility spans as well as demographic information;
  - Medicaid provider data; and
  - Medicare data (e.g., HEDIS, CAHPS, Health of Seniors);
- (ii) Provide a statement that the proposer has the capacity to maintain the large data files provided by the Department and that the organization will use the appropriate software to assure file exchange with the Department;
- (iii) Provide a discussion of the proposer's capacity to connect to the Department network, provide software to process data, and exchange electronic files, including;

- The computer hardware, software and systems programming that may be required to perform the work required by this RFP;
  - The proposer's technical capacity to develop and maintain an integrated data system that incorporates data elements from departmental data sources for use in assessing the quality and appropriateness of services to enrollees served in the Department's managed long-term care programs;
  - The proposer's experience in the development of databases for storing information on review activities and procedures; and
  - The proposer's capacity to maintain confidential data in secure systems;
- (iv) Provide a discussion of how the proposer will maintain ongoing records of all clinical and demographic information derived from its review activities;
- (v) Provide a discussion of the capacity of the proposer's system to permit revisions in reports as necessary, which facilitates quantitative analysis or review results and that supports the ability to retrieve data on an as needed and ongoing basis;
- (vi) Provide a discussion of how the proposer will transfer data on reviews conducted to the Department on an ongoing basis;
- (vii) Provide a discussion of how the proposer will protect the use, access, or release of these data, other than that necessary for the purposes of the contract with the Department;
- (viii) Provide a description of the proposer's disaster recovery plan for restoring application software, current master files and for hardware backup in the event production systems are disabled;
- (ix) Provide a description of security measures designed to protect both electronic and paper files of a confidential nature (firewalls, locked rooms, etc.) including:
- Who has access rights to the information;
  - What process is followed to screen the individuals and limit access to these files; and
  - Plans to comply with the Health Insurance Portability and Accountability Act of 1996 Public Law 104-191 (HIPAA) and the processes the proposer has in place to maintain consumer confidentiality.

f. References (No points)

The proposer must provide at least three (3) references using the form for proposer references in Attachment G Proposer References, DOA-3478. The proposer must include identifying information on individuals and organizations that may be contacted by the Department concerning those contacts.

g. Knowledge of Family Care, PACE and Partnership (30 points)

The proposer must demonstrate knowledge of the Family Care, PACE and the Partnership program, along with related programmatic and social issues. Provide a succinct description of the proposers experience in the following areas:

- (i) Medicaid waivers and state plan services;
- (ii) Medicaid waiver operational systems on the local level;
- (iii) Medicare services and Medicare managed care;
- (iv) Quality monitoring and oversight in a managed care arrangement, including expertise in overall quality management;

- (v) Personal outcomes measurement;
  - (vi) Techniques for providing technical assistance;
  - (vii) Data system development and operation;
  - (viii) Development and presentation of training programs; and
  - (ix) Current issues in aging, physical disabilities, developmental disabilities, mental health, substance abuse, brain injury and long-term care.
- h. Internal Quality Management Program (10 points)  
The proposer must provide a description of the proposer's internal quality program which includes:
- (i) The components of its internal quality program;
  - (ii) How the proposer ensures appropriate administration of its contracts;
  - (iii) How the proposer ensures that all functions are carried out on a timely basis;
  - (iv) What staff are responsible for the internal quality program;
  - (v) A description of how the proposer conducts internal quality monitoring and notifies its contractors of findings of its internal quality monitoring;
  - (vi) A description of the proposer's remediation processes.
- i. Workplace Diversity (10 points)  
The proposal must include a description of specific and effective steps to promote a workplace that honors diversity and to assure the recruitment and retention of staff who are culturally diverse, culturally competent, and representative of the groups served under the Department's managed long-term care programs: persons who are elderly, persons with physical disabilities, persons with developmental disabilities and persons with mental health and/or substance abuse disorders.
- j. Contract Disclosure (10 points)  
The proposer must disclose all contracts it holds with other States or entities that it has contracts with currently and have contracted for related services during the last five (5) years (this includes all public and private contracts). Specifically, the proposer must provide the organization name, the length and dates of the contract, the work undertaken and the deliverables produced, contact person, address and telephone number for all organizations. The Department reserves the right to contact references, including those not listed in the proposal.
- k. Awards Information (10 points)  
The proposer must provide a detailed description of the proposer's innovations and approaches designed to assure and improve quality, and information relative to any awards or recognition received by the proposer for its work in quality assurance systems.
- l. Penalty Information (10 points)  
The proposer must provide a complete history of any sanctions, legal penalties, or bankruptcies, incurred by the contractor or any of its proposed subcontractors during the last five (5) years related to any contracts. (Proposers are awarded 10 points for a history free of penalties.)

**7.5. Performance of EQR and EQR-related activities**

A maximum of 530 points shall be available for the combined four required review activities. Content areas are identical in all four review areas, but please note that point values vary between them. Areas to be evaluated are the following: (See Section 3 Subsections 3.5 through 3.8 for activities and deliverables that will be required under the EQRO contract.)

**Required Review Activity 1: Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs**

Content Areas MAXIMUM POINTS	POINTS AVAILABLE
a. Understanding of Work	20
b. Organizational Capacity	20
c. Personnel	20
d. Methods, Workplan and Procedures	40
f. Budget Information	15
Total	115

**Required Review Activity 2: Validation of Performance Measures**

Content Areas MAXIMUM POINTS	POINTS AVAILABLE
a. Understanding of Work	20
b. Organizational Capacity	20
c. Personnel	20
d. Methods, Workplan and Procedures	40
f. Budget Information	15
Total	115

**Required Review Activity 3: Validation of Performance Improvement Projects**

Content Areas MAXIMUM POINTS	POINTS AVAILABLE
a. Understanding of Work	40
b. Organizational Capacity	20
c. Personnel	35
d. Methods, Workplan and Procedures	40
f. Budget Information	15
Total	150

**Required Review Activity 4: Coordination and Continuity of Care Reviews**

Content Areas MAXIMUM POINTS	POINTS AVAILABLE
a. Understanding of Work	40
b. Organizational Capacity	20
c. Personnel	35
d. Methods, Workplan and Procedures	40
f. Budget Information	15
Total	150

**7.6. Oral Presentations**

Top scoring proposers, based on an evaluation of the written proposal, may be required to participate in interviews and/or site visits to support and clarify their proposals, if requested by

the Evaluation Committee. The Department will make every reasonable attempt to schedule each presentation at a time and location that is agreeable to the proposer. Specific instructions will be given at the time concerning the length of the oral presentation. Failure of a proposer to interview or permit a site visit on the date scheduled may result in rejection of the proposer's proposal. Points awarded from oral presentations will be incorporated into the previously assigned points to attain final scores for technical proposals.

#### **7.7. Right to Reject Proposal and Negotiate Contract Terms**

The State reserves the right to reject any and all proposals. The State may negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the agency may negotiate a contract with the next highest scoring proposer. Any award made as a result of this RFP is subject to successful contract negotiations.

#### **7.8. Review of Mandatory Requirements of the Cost Proposal**

Cost proposals for all proposers that have earned at least the minimum technical score stated in sub-section 7.3 shall be opened and scored at the conclusion of the review and scoring of the technical proposals. Cost proposals must be sufficiently responsive to the requirements of the RFP to permit a complete evaluation as determined by the Department. In making this determination, each cost proposal will be evaluated against the following mandatory requirements:

- 1) Was the cost proposal received no later than the date and time specified in the RFP?
- 2) Did the proposer propose a firm price for each of the four review activities?

Only those cost proposals that are determined to meet the mandatory requirements of the RFP shall be further evaluated.

#### **7.9. Evaluation Criteria / Proposal Scoring – Cost Proposal**

Cost is one of the evaluation categories and will be a percentage of the total RFP evaluation. Point values shall be assigned to cost proposals based on the total proposed dollar amount for all review activities (row 5 of Attachment I Cost Proposal Form). Cost will be prorated with the lowest cost proposal given the highest score. A formula would be as follows:

$$\frac{\text{Lowest Bid Amount (constant)}}{\text{Other Proposer's Bid Amount}} \times (\text{times}) 60 = \text{Total Score}$$

Calculation of points awarded to subsequent proposals will use the lowest dollar bid amount as a constant numerator and the dollar amount of the bid being scored as the denominator. (This result will always be less than one). The result then is multiplied by 60, which is the total number of points given to this criterion. The total score will result.

#### **7.10. Award and Final Offers**

The Evaluation Committee's scoring will be tabulated according to the final points awarded to a technical proposal. The final points awarded to a technical proposal shall be compared to the final points awarded to all other technical proposals. The cost proposals will be opened and scored at the conclusion of the review and scoring of the technical proposal. Subsequently, the

cost proposal points will be merged with those resulting from the evaluation of the technical proposals. The total score will result. The Evaluation Committee will compile the final scores (technical and cost) for each proposal.

The award will be granted in one of two ways. The award may be granted to the highest scoring responsive and responsible proposer. Alternatively, the highest scoring proposer or proposers may be requested to submit final and best offers. If final and best offers are requested by the State and submitted by the proposer, they will be evaluated against the stated criteria, scored and ranked by the Evaluation Committee. The award then will be granted to the highest scoring proposer. However, a proposer should not expect that the State will request a final and best offer.

#### **7.11. Minority Business**

Proposals from certified Minority Business Enterprises may have points weighed by a factor of 1.00 to 1.05 to provide up to a 5% preference to these businesses. To be awarded Minority Business Enterprise points, a proposer must include Attachment E DOA 3261 (R08/2003) under Tab 1 of its proposal. DOA 3261 must be filled out correctly to indicate that the proposer is certified by the Wisconsin Department of Commerce. The proposer must provide a copy of a certification or letter issued by the Wisconsin Department of Commerce indicating that the proposer is a minority business enterprise.

#### **7.12. Proposer Responses**

DDES reserves the right to waive minor informalities, to adopt any part of or the proposer's entire proposal, and to accept only the most qualified offer in the judgment of the Division Administrator.

#### **7.13. Notification of Intent to Award**

All proposers who respond to this RFP will be notified in writing of the State's intent to award the contract as a result of this RFP. The intent to award a contract letter will be sent to the successful proposer with copies to all other proposers.

After notification of awards are made, and under the supervision of Department staff, copies of all proposals will be available for public inspection for ten working days from the letter of intent to award date.

#### **7.14. Public Inspection of Proposals**

It is the intention of the State to maintain an open and public process in the submission, review and approval of proposals and resultant contract. All material submitted by proposers will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation of the proposal, which were submitted except for material designated as proprietary or confidential. (Use Attachment H Designation of Confidential and Proprietary Information, DOA-3027 to make this designation.) This information will be available for public inspection, under supervision from 9:00 a.m. to 4:00 p.m., Monday through Friday (except holidays) until July 1, 2006, at 1 West Wilson Street, Room 518, Madison, WI.

Appointments are necessary to ensure that space and staff to provide assistance are available. Appointments can be made by calling Karen McKim, Quality and Research Manager at 608-266-9304.

No entire proposal submitted to the State may be marked as confidential, and any materials so marked, by being included in the proposal, will be considered public information.

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

#### **7.15. Protest/Appeal Process**

Notices of Intent to protest and protests must be made in writing. Written appeals must fully identify any contested issues and should identify statute and Administrative Code provisions that are alleged to have been violated.

The written notice of intent to protest the contract award must be filed with the Secretary, Wisconsin Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 and received in the Secretary's office no later than five (5) working days after the notice of intent to award is issued. The full, final written protest must be received in the Secretary's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Secretary of the Department of Health and Family Services may be appealed to the Secretary of the Department of Administration within five (5) working days of issuance, with a copy of the appeal to the procuring agency, providing the appeal alleges a violation of statute or a provision of Wisconsin Administrative Code.

### **Section 8. PROPOSAL ORGANIZATION AND CONTENT**

The evaluation and selection of a contractor will be based on the information submitted in the proposer's technical proposal and cost proposal. The technical proposal must be organized and indexed in the format specified in this RFP and must contain, at a minimum, all listed items in the sequence specified in section 8.1. There is no intent to limit the content of the proposal. Additional information deemed appropriate by the proposer that is outside of the required content information should be included in the section designated for attachments and exhibits. However, the proposal should be succinct and contain only material essential to facilitate evaluation.

#### **8.1. Organization of Contents of Technical Proposal**

This section provides an outline of the areas in which the proposer must clearly state the manner in which it shall meet each requirement of the RFP. The responses and information that a proposer provides shall constitute the proposer's technical proposal. It is important that each question or request for information be addressed, and be addressed in the order outlined in this section. Proposer's responses are to be clear and concise, yet complete. Elaborate binding, colored displays, and promotional material are not desired. Emphasis in each proposal must be on completeness and clarity of content.

The proposer's technical proposal must be organized into clearly delineated sections. Each section of the proposal must fully address the specific content required for that section. For each review activity, the proposer is to demonstrate its qualifications for ensuring successful and timely completion of all requirements as stated in this RFP.

Proposals should be typed in a 12-point font, double-spaced and submitted on 8.5 by 11-inch paper bound securely (three ring binders are acceptable). Proposals must be organized with the following headings and subheadings. Each heading and subheading should be separated by tabs or otherwise clearly marked. The RFP sections, headings, and subheadings, which should be submitted or responded to, are:

- Tab 1. Agency Information Sheet
  - Attachment E DOA-3261 (R08/2003)
  - A copy of the certification or letter issued by the WI Department of Commerce if proposer is certified as a minority business enterprise.
- Tab 2. Required Forms and Certificates
  - Assurances that the mandatory requirements specified in Section 1. Subsection 1.11 Eligibility Requirements are met.
  - Attachment H Designation of Confidential and Proprietary Information, DOA-3027
- Tab 3. Proposer's Non-financial Qualifications
  - Organizational Structure, Resources and Capacity
  - Proposer Experience
  - Competency Qualifications
  - Information Systems
  - References (Using Attachment G Proposer References, DOA-3478)
  - Knowledge of Family Care, PACE and Partnership
  - Internal Quality Management Program
  - Workplace Diversity
  - Contract Disclosure
  - Awards Information
  - Penalty Information
- Tab 4. Review Activity 1. Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs
  - a. Understanding of Work
  - b. Organizational Capacity
  - c. Personnel
  - d. Attachment B Format for Resumes
  - e. Methods, Workplan and Procedures
  - f. Budget Information
  - g. Attachment D - Budget Detail
- Tab 5. Review Activity 2. Validation of Performance Measures
  - a. Understanding of Work
  - b. Organizational Capacity
  - c. Personnel
  - d. Attachment B Format for Resumes
  - e. Methods, Workplan and Procedures
  - f. Budget Information
  - g. Attachment D - Budget Detail

- Tab 6. Review Activity 3. Validation of Performance Improvement Projects
- a. Understanding of Work
  - b. Organizational Capacity
  - c. Personnel
  - d. Attachment B Format for Resumes
  - e. Methods, Workplan and Procedures
  - f. Budget Information
  - g. Attachment D - Budget Detail
- Tab 7. Review Activity 4. Coordination and Continuity of Care Reviews
- a. Understanding of Work
  - b. Organizational Capacity
  - c. Personnel
  - d. Attachment B Format for Resumes
  - e. Methods, Workplan and Procedures
  - f. Budget Information
  - g. Attachment D - Budget Detail
- Tab 8. Attachments and Exhibits

## **8.2. Format and Contents of Cost Proposal**

A proposer's cost proposal shall conform to the requirements described as follows:

- 1) The proposer must submit its Cost Proposal on the form provided in Attachment I Cost Proposal Form according to the instructions provided on the form and in Section 6 SUBMITTAL OF PROPOSAL.
- 2) Complete Attachment I Cost Proposal Form for required activities (1 through 4). (Use one form for all review activities.)
- 3) For each activity, complete the price information (column E) for the row that corresponds with the activity. [For example, for review activity 1, the proposer must fill in the price information for the row that corresponds to that review activity. The proposer uses the same form to fill out the pricing information for review activity 2, only this time using Row 2 of Cost Proposal Form.] The original of the cost proposal form must be submitted with the original of the technical proposal (in a separately sealed packet that is appropriately labeled).
- 4) Complete Row 5, total price for all reviews.
- 5) If the proposer requests Minority Business Enterprise points, the proposer must include the following documentation under Tab 1 of its technical proposal:
  - Attachment E, DOA-3261 (R08/2003) must be filled out correctly to indicate that the proposer is certified by the Wisconsin Department of Commerce.
  - A copy of a certification or letter issued by the Wisconsin Department of Commerce indicating that the proposer is a minority business enterprise.
- 6) No mention of the cost proposal may be made in the response to the technical requirements of this Request for Proposal.

### **8.3. Withdrawal of Proposals**

Proposals shall be irrevocable until contract award unless the proposal is withdrawn. Proposers may withdraw a proposal in writing at any time up to the proposal closing date and time. To accomplish this, the written request must be signed by an authorized representative of the proposer and submitted to the RFP procurement officer. If a previously submitted proposal is withdrawn before the proposal due date and time, the proposer may submit another proposal at any time up to the proposal closing date and time.

## **Section 9. STANDARD TERMS AND CONDITIONS**

The State of Wisconsin reserves the right to incorporate standard State contract provisions into any contract negotiated with any proposal submitted responding to this RFP (Standard Terms and Conditions DOA-3054 (R10/2005) and Supplemental Standard Terms and Conditions for Procurements for Services (DOA-3681)). Failure of the successful proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

## Standard Terms And Conditions (Request For Bids / Proposals)

- 1.0 SPECIFICATIONS:** The specifications in this request are the minimum acceptable. When specific manufacturer and model numbers are used, they are to establish a design, type of construction, quality, functional capability and/or performance level desired. When alternates are bid/proposed, they must be identified by manufacturer, stock number, and such other information necessary to establish equivalency. The State of Wisconsin shall be the sole judge of equivalency. Bidders/proposers are cautioned to avoid bidding alternates to the specifications which may result in rejection of their bid/proposal.
- 2.0 DEVIATIONS AND EXCEPTIONS:** Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the bidder's/proposer's letterhead, signed, and attached to the request. In the absence of such statement, the bid/proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the bidders/proposers shall be held liable.
- 3.0 QUALITY:** Unless otherwise indicated in the request, all material shall be first quality. Items which are used, demonstrators, obsolete, seconds, or which have been discontinued are unacceptable without prior written approval by the State of Wisconsin.
- 4.0 QUANTITIES:** The quantities shown on this request are based on estimated needs. The state reserves the right to increase or decrease quantities to meet actual needs.
- 5.0 DELIVERY:** Deliveries shall be F.O.B. destination freight prepaid and included unless otherwise specified.
- 6.0 PRICING AND DISCOUNT:** The State of Wisconsin qualifies for governmental discounts and its educational institutions also qualify for educational discounts. Unit prices shall reflect these discounts.
- 6.1** Unit prices shown on the bid/proposal or contract shall be the price per unit of sale (e.g., gal., cs., doz., ea.) as stated on the request or contract. For any given item, the quantity multiplied by the unit price shall establish the extended price, the unit price shall govern in the bid/proposal evaluation and contract administration.
- 6.2** Prices established in continuing agreements and term contracts may be lowered due to general market conditions, but prices shall not be subject to increase for ninety (90) calendar days from the date of award. Any increase proposed shall be submitted to the contracting agency thirty (30) calendar days before the proposed effective date of the price increase, and shall be limited to fully documented cost increases to the contractor which are demonstrated to be industrywide. The conditions under which price increases may be granted shall be expressed in bid/proposal documents and contracts or agreements.
- 6.3** In determination of award, discounts for early payment will only be considered when all other conditions are equal and when payment terms allow at least fifteen (15) days, providing the discount terms are deemed favorable. All payment terms must allow the option of net thirty (30).
- 7.0 UNFAIR SALES ACT:** Prices quoted to the State of Wisconsin are not governed by the Unfair Sales Act.
- 8.0 ACCEPTANCE-REJECTION:** The State of Wisconsin reserves the right to accept or reject any or all bids/proposals, to waive any technicality in any bid/proposal submitted, and to accept any part of a bid/proposal as deemed to be in the best interests of the State of Wisconsin. Bids/proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the bid/proposal is due. Bids/proposals date and time stamped in another office will be rejected. Receipt of a bid/proposal by the mail system does not constitute receipt of a bid/proposal by the purchasing office.
- 9.0 METHOD OF AWARD:** Award shall be made to the lowest responsible, responsive bidder unless otherwise specified.
- 10.0 ORDERING:** Purchase orders or releases via purchasing cards shall be placed directly to the contractor by an authorized agency. No other purchase orders are authorized.
- 11.0 PAYMENT TERMS AND INVOICING:** The State of Wisconsin normally will pay properly submitted vendor invoices within thirty (30) days of receipt providing goods and/or services have been delivered, installed (if required), and accepted as specified. Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing. A good faith dispute creates an exception to prompt payment.
- 12.0 TAXES:** The State of Wisconsin and its agencies are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes as described below. The State of Wisconsin, including all its agencies, is required to pay the Wisconsin excise or occupation tax on its purchase of beer, liquor, wine, cigarettes, tobacco products, motor vehicle fuel and general aviation fuel. However, it is exempt from payment of Wisconsin sales or use tax on its purchases. The State of Wisconsin may be subject to other states' taxes on its purchases in that state depending on the laws of that state. Contractors performing construction activities are required to pay state use tax on the cost of materials.
- 13.0 GUARANTEED DELIVERY:** Failure of the contractor to adhere to delivery schedules as specified or to promptly replace rejected materials shall render the contractor liable for all costs in excess of the contract price when alternate procurement is necessary. Excess costs shall include the administrative costs.
- 14.0 ENTIRE AGREEMENT:** These Standard Terms and Conditions shall apply to any contract or order awarded as a result of this request except where special requirements are stated elsewhere in the request; in such cases, the special requirements shall apply. Further, the written contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgment shall be effective or binding unless expressly agreed to in writing by the contracting authority.
- 15.0 APPLICABLE LAW AND COMPLIANCE:** This contract shall be governed under the laws of the State of Wisconsin. The contractor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct. The State of Wisconsin reserves the

## Standard Terms And Conditions (Request For Bids / Proposals)

right to cancel this contract if the contractor fails to follow the requirements of s. 77.66, Wis. Stats., and related statutes regarding certification for collection of sales and use tax. The State of Wisconsin also reserves the right to cancel this contract with any federally debarred contractor or a contractor that is presently identified on the list of parties excluded from federal procurement and non-procurement contracts.

- 16.0 ANTITRUST ASSIGNMENT:** The contractor and the State of Wisconsin recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the State of Wisconsin (purchaser). Therefore, the contractor hereby assigns to the State of Wisconsin any and all claims for such overcharges as to goods, materials or services purchased in connection with this contract.
- 17.0 ASSIGNMENT:** No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.
- 18.0 WORK CENTER CRITERIA:** A work center must be certified under s. 16.752, Wis. Stats., and must ensure that when engaged in the production of materials, supplies or equipment or the performance of contractual services, not less than seventy-five percent (75%) of the total hours of direct labor are performed by severely handicapped individuals.
- 19.0 NONDISCRIMINATION / AFFIRMATIVE ACTION:** In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5), Wis. Stats., sexual orientation as defined in s. 111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities.
- 19.1** Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan by the contractor. An exemption occurs from this requirement if the contractor has a workforce of less than twenty-five (25) employees. Within fifteen (15) working days after the contract is awarded, the contractor must submit the plan to the contracting state agency for approval. Instructions on preparing the plan and technical assistance regarding this clause are available from the contracting state agency.
- 19.2** The contractor agrees to post in conspicuous places, available for employees and applicants for employment, a notice to be provided by the contracting state agency that sets forth the provisions of the State of Wisconsin's nondiscrimination law.
- 19.3** Failure to comply with the conditions of this clause may result in the contractor's becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.

- 20.0 PATENT INFRINGEMENT:** The contractor selling to the State of Wisconsin the articles described herein guarantees the articles were manufactured or produced in accordance with applicable federal labor laws. Further, that the sale or use of the articles described herein will not infringe any United States patent. The contractor covenants that it will at its own expense defend every suit which shall be brought against the State of Wisconsin (provided that such contractor is promptly notified of such suit, and all papers therein are delivered to it) for any alleged infringement of any patent by reason of the sale or use of such articles, and agrees that it will pay all costs, damages, and profits recoverable in any such suit.
- 21.0 SAFETY REQUIREMENTS:** All materials, equipment, and supplies provided to the State of Wisconsin must comply fully with all safety requirements as set forth by the Wisconsin Administrative Code and all applicable OSHA Standards.
- 22.0 WARRANTY:** Unless otherwise specifically stated by the bidder/proposer, equipment purchased as a result of this request shall be warranted against defects by the bidder/proposer for one (1) year from date of receipt. The equipment manufacturer's standard warranty shall apply as a minimum and must be honored by the contractor.
- 23.0 INSURANCE RESPONSIBILITY:** The contractor performing services for the State of Wisconsin shall:
- 23.1** Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.
- 23.2** Maintain commercial liability, bodily injury and property damage insurance against any claim(s) which might occur in carrying out this agreement/contract. Minimum coverage shall be one million dollars (\$1,000,000) liability for bodily injury and property damage including products liability and completed operations. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) per occurrence combined single limit for automobile liability and property damage.
- 23.3** The state reserves the right to require higher or lower limits where warranted.
- 24.0 CANCELLATION:** The State of Wisconsin reserves the right to cancel any contract in whole or in part without penalty due to nonappropriation of funds or for failure of the contractor to comply with terms, conditions, and specifications of this contract.
- 25.0 VENDOR TAX DELINQUENCY:** Vendors who have a delinquent Wisconsin tax liability may have their payments offset by the State of Wisconsin.
- 26.0 PUBLIC RECORDS ACCESS:** It is the intention of the state to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities.

## Standard Terms And Conditions (Request For Bids / Proposals)

Bid/proposal openings are public unless otherwise specified. Records may not be available for public inspection prior to issuance of the notice of intent to award or the award of the contract.

releases pertaining to this procurement shall not be made without prior approval of the State of Wisconsin. Release of broadcast e-mails pertaining to this procurement shall not be made without prior written authorization of the contracting agency.

- 27.0 PROPRIETARY INFORMATION:** Any restrictions on the use of data contained within a request, must be clearly stated in the bid/proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.
- 27.1** Data contained in a bid/proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation, and innovations become the property of the State of Wisconsin.
- 27.2** Any material submitted by the vendor in response to this request that the vendor considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or material which can be kept confidential under the Wisconsin public records law, must be identified on a Designation of Confidential and Proprietary Information form (DOA-3027). Bidders/proposers may request the form if it is not part of the Request for Bid/Request for Proposal package. Bid/proposal prices cannot be held confidential.
- 28.0 DISCLOSURE:** If a state public official (s. 19.42, Wis. Stats.), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this agreement, and if this agreement involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this contract is voidable by the state unless appropriate disclosure is made according to s. 19.45(6), Wis. Stats., before signing the contract. Disclosure must be made to the State of Wisconsin Ethics Board, 44 East Mifflin Street, Suite 601, Madison, Wisconsin 53703 (Telephone 608-266-8123).
- State classified and former employees and certain University of Wisconsin faculty/staff are subject to separate disclosure requirements, s. 16.417, Wis. Stats.
- 29.0 RECYCLED MATERIALS:** The State of Wisconsin is required to purchase products incorporating recycled materials whenever technically and economically feasible. Bidders are encouraged to bid products with recycled content which meet specifications.
- 30.0 MATERIAL SAFETY DATA SHEET:** If any item(s) on an order(s) resulting from this award(s) is a hazardous chemical, as defined under 29CFR 1910.1200, provide one (1) copy of a Material Safety Data Sheet for each item with the shipped container(s) and one (1) copy with the invoice(s).
- 31.0 PROMOTIONAL ADVERTISING / NEWS RELEASES:** Reference to or use of the State of Wisconsin, any of its departments, agencies or other subunits, or any state official or employee for commercial promotion is prohibited. News
- 32.0 HOLD HARMLESS:** The contractor will indemnify and save harmless the State of Wisconsin and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the contractor, or of any of its contractors, in prosecuting work under this agreement.
- 33.0 FOREIGN CORPORATION:** A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority. Any foreign corporation which desires to apply for a certificate of authority should contact the Department of Financial Institutions, Division of Corporation, P. O. Box 7846, Madison, WI 53707-7846; telephone (608) 261-7577.
- 34.0 WORK CENTER PROGRAM:** The successful bidder/proposer shall agree to implement processes that allow the State agencies, including the University of Wisconsin System, to satisfy the State's obligation to purchase goods and services produced by work centers certified under the State Use Law, s.16.752, Wis. Stat. This shall result in requiring the successful bidder/proposer to include products provided by work centers in its catalog for State agencies and campuses or to block the sale of comparable items to State agencies and campuses.
- 35.0 FORCE MAJEURE:** Neither party shall be in default by reason of any failure in performance of this Agreement in accordance with reasonable control and without fault or negligence on their part. Such causes may include, but are not restricted to, acts of nature or the public enemy, acts of the government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather, but in every case the failure to perform such must be beyond the reasonable control and without the fault or negligence of the party.



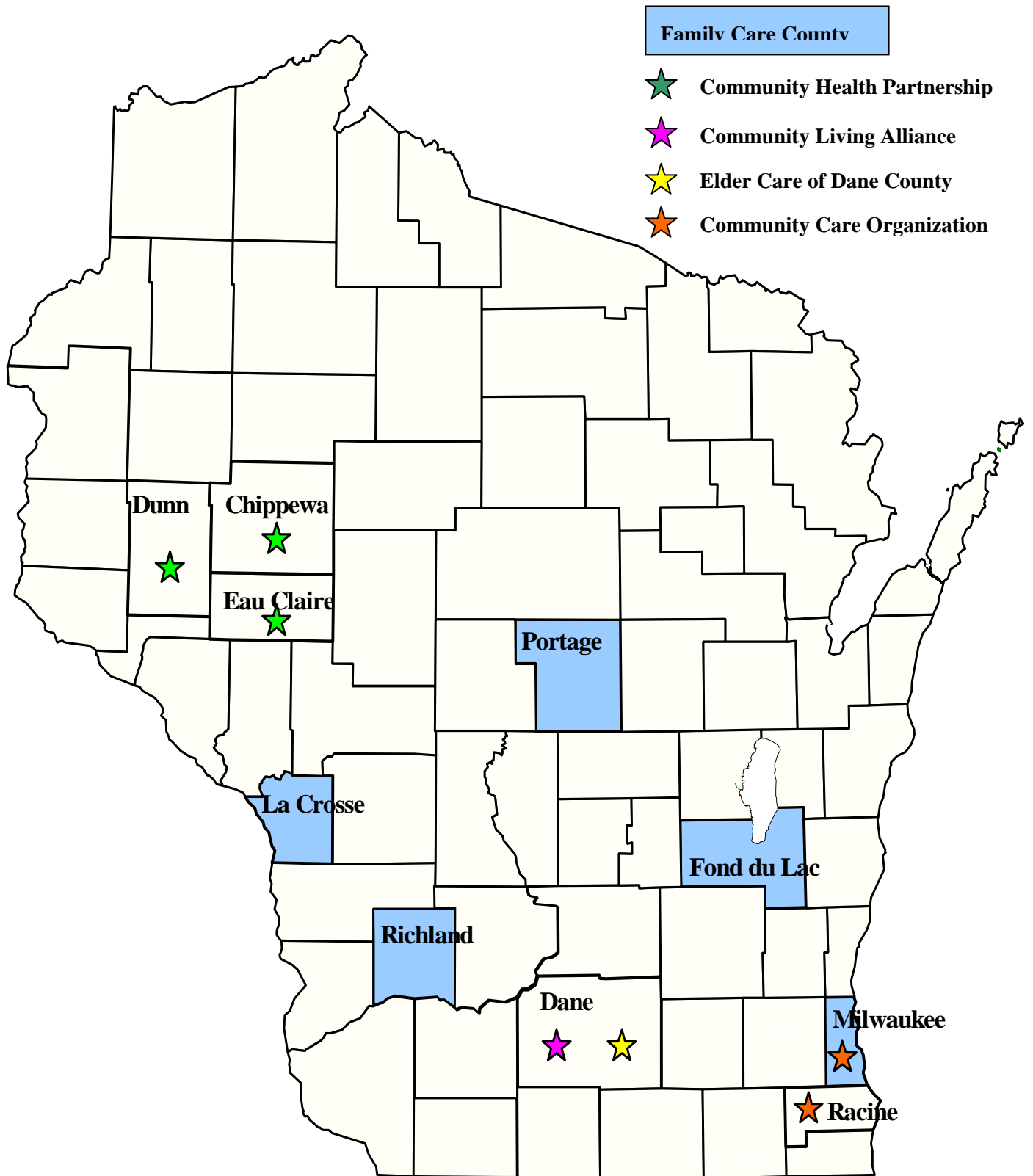
## Supplemental Standard Terms and Conditions for Procurements for Services

- 1.0 ACCEPTANCE OF BID/PROPOSAL CONTENT:** The contents of the bid/proposal of the successful contractor will become contractual obligations if procurement action ensues.
- 2.0 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:** By signing this bid/proposal, the bidder/proposer certifies, and in the case of a joint bid/proposal, each party thereto certifies as to its own organization, that in connection with this procurement:
- 2.1** The prices in this bid/proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
- 2.2** Unless otherwise required by law, the prices which have been quoted in this bid/proposal have not been knowingly disclosed by the bidder/proposer and will not knowingly be disclosed by the bidder/proposer prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other bidder/proposer or to any competitor; and
- 2.3** No attempt has been made or will be made by the bidder/proposer to induce any other person or firm to submit or not to submit a bid/proposal for the purpose of restricting competition.
- 2.4** Each person signing this bid/proposal certifies that: He/she is the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein and that he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above; (or)
- He/she is not the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein, but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate in any action contrary to 2.1 through 2.3 above, and as their agent does hereby so certify; and he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above.
- 3.0 DISCLOSURE OF INDEPENDENCE AND RELATIONSHIP:**
- 3.1** Prior to award of any contract, a potential contractor shall certify in writing to the procuring agency that no relationship exists between the potential contractor and the procuring or contracting agency that interferes with fair competition or is a conflict of interest, and no relationship exists between the contractor and another person or organization that constitutes a conflict of interest with respect to a state contract. The Department of Administration may waive this provision, in writing, if those activities of the potential contractor will not be adverse to the interests of the state.
- 3.2** Contractors shall agree as part of the contract for services that during performance of the contract, the contractor will neither provide contractual services nor enter into any agreement to provide services to a person or organization that is regulated or funded by the contracting agency or has interests that are adverse to the contracting agency. The Department of Administration may waive this provision, in writing, if those activities of the contractor will not be adverse to the interests of the state.
- 4.0 DUAL EMPLOYMENT:** Section 16.417, Wis. Stats., prohibits an individual who is a State of Wisconsin employee or who is retained as a contractor full-time by a State of Wisconsin agency from being retained as a contractor by the same or another State of Wisconsin agency where the individual receives more than \$12,000 as compensation for the individual's services during the same year. This prohibition does not apply to individuals who have full-time appointments for less than twelve (12) months during any period of time that is not included in the appointment. It does not include corporations or partnerships.
- 5.0 EMPLOYMENT:** The contractor will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employing agency of such person or persons and of the contracting agency.
- 6.0 CONFLICT OF INTEREST:** Private and non-profit corporations are bound by ss. 180.0831, 180.1911(1), and 181.0831 Wis. Stats., regarding conflicts of interests by directors in the conduct of state contracts.
- 7.0 RECORDKEEPING AND RECORD RETENTION:** The contractor shall establish and maintain adequate records of all expenditures incurred under the contract. All records must be kept in accordance with generally accepted accounting procedures. All procedures must be in accordance with federal, state and local ordinances.
- The contracting agency shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents relating to any contract resulting from this bid/proposal held by the contractor. The contractor will retain all documents applicable to the contract for a period of not less than three (3) years after final payment is made.
- 8.0 INDEPENDENT CAPACITY OF CONTRACTOR:** The parties hereto agree that the contractor, its officers, agents, and employees, in the performance of this agreement shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the state. The contractor agrees to take such steps as may be necessary to ensure that each subcontractor of the contractor will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state.

**Section 10. ATTACHMENTS**

- A. Map of Family Care RCs and CMOs
- B. Format for resumes of key staff
- C. Contractor Review Activity Lead and Review Staff Qualifications
- D. Budget Detail
- E. DOA-3261 (R08/2003)
- F. Notice of Intent to Apply
- G. Proposer References, DOA-3478
- H. Designation of Confidential and Proprietary Information, DOA-3027
- I. Cost Proposal Form

## Family Care Counties and Wisconsin Partnership Program Sites



**Attachment B: Format for Resumes of Key Staff - Proposal No. 1548-DDES-SM**

**BIOGRAPHICAL OUTLINE  
EQRO RFP**

<b>NAME:</b>	<b>TITLE:</b>
<b>ORGANIZATION:</b>	

<b>INSTITUTION (Name, City, State)</b>	<b>DEGREE</b>	<b>YEAR</b>	<b>FIELD OF STUDY</b>

**PROFESSIONAL EXPERIENCE (A brief summary that is no more than one single-spaced typed page.)**

**Attachment C: Proposal No. 1548-DDES-SM**

**Review Activity Lead and Review Staff Minimum Qualifications**

**Review\* Activity Lead and Review Staff Minimum Qualifications**

- Quality Review Staff Qualifications
- EQRO review staff must have the following qualifications, including:
- Knowledge of community alternatives for the populations being served under the managed health and long-term care programs;
  - Knowledge of the full range of long term care resources;
  - Specialized knowledge of the conditions of the populations being served under the managed health and long-term care programs, including mental health and substance abuse; and
  - Knowledge and expertise in the field of quality management.

In addition, review staff employed by the EQRO contractor or serving under contracts with the EQRO who conduct reviews (see footnote) must have:

1. A BA/BS degree preferably in a health or human services-related field, social work, rehabilitation psychology, registered nurse (this does not include a registered nurse degree of less than four years), mental health, substance abuse services; or
2. Any combination of four (4) years of post-secondary education and experience, either in long term support (preferred) or other human services, may be substituted for the degree requirements with prior Department approval. (Exceptions will be limited to persons adjudged to be otherwise especially well qualified to provide long term support care management, for example an individual who is certification as a substance abuse provider.)

\*A review is any activity that includes a review of written materials/documents that contain information on managed health and long-term care program members or policies and procedures on various RC, CMO, PACE or Partnership QA/QI activities, interviews with members, primary direct care staff, and case managers, observation of members, and observation of the interaction between members and direct care staff, the purpose of which is to verify that the contracted organization has met its obligations regarding health and safety assurances and quality assurance and quality improvement.

**Attachment D: Proposal No. 1548-DDES-SM**

**BUDGET DETAIL Form**

(NOTE: For each separate review activity, proposers must prepare this initial budget for the 12-Month Period of July 1, 2006 through June 30, 2007)

Required Review Activity	Total Salaries and Fringe (from Part 1)		Total Direct and Indirect Review Costs (from Part 2)			
	\$		\$			
<b>PART 1. Salaries by position of personnel, rate per hour, and estimated hours</b>						
Title of Position (add rows as needed)	% of Time Budgeted	Hourly Rate or Monthly Salary	Hours per Week	Number of Months	Personnel Cost	Fringe Benefits
				Salary Sub-Total	\$	
<b>Part 2: Direct and Indirect Review Costs</b>						
Item	Description/Details			Budgeted Amount		
1.	Total Salaries and fringe from Page E2 box (h)					
2.	Travel for Staff – in-state					
3.	Travel for Staff – out-of-state					
4.	Equipment					
5.	Supplies and Operating Expenses					
6.	Sub-contractual and Consultant Costs					
7.	Training for staff – initial					
8.	Training for staff – on-going					
9.	Indirect Cost:					
10.	Other. Additional costs not covered above or indicate that there are no additional costs.					
11.	Total Agency Direct & Indirect Expenses for Review Activity (Total 1–10)			Direct and Indirect Sub-total	\$	

**Attachment E: Proposal No. 1548-DDES-SM**

State of Wisconsin  
DOA-3261 (R08/2003)  
s.16.75, Wis. Statutes

**PROPOSALS MUST BE SEALED AND ADDRESSED TO:**

Remove from proposer list for this commodity/service. (Return this page only.)

AGENCY ADDRESS: Karen McKim, Quality and Research Manager WI Department of Health and Family Services DDES, Bureau of Long-term Support, Managed Care Section PO Box 7851 1 W. Wilson Street, Room 518 Madison, WI 53707-7851		Proposal envelope must be sealed and plainly marked in lower corner with due date and Request for Proposal # <b>1548-DDES-SM</b> . Late proposals will be rejected. Proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the proposal is due. Proposals dated and time stamped in another office will be rejected. Receipt of a proposal by the mail system does not constitute receipt of a proposal by the purchasing office. Any proposal which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other proposals. Proposal openings are public unless otherwise specified. Records will be available for public inspection after issuance of the notice of intent to award or the award of the contract. Proposer should contact person named below for an appointment to view the proposal record. Proposals shall be firm for acceptance for sixty (60) days from date of proposal opening, unless otherwise noted. The attached terms and conditions apply to any subsequent award.	
REQUEST FOR PROPOSAL THIS IS NOT AN ORDER  PROPOSER (Name and Address)		Proposals MUST be in this office no later than <p style="text-align: center;"><b>April 28, 2006 at 4:00 p.m</b></p>	Public Opening <input type="checkbox"/> No Public Opening <input checked="" type="checkbox"/>
		Name (Contact for further information) <p style="text-align: center;">Karen McKim, Quality and Research Manager</p>	
		Phone <p style="text-align: center;">608-266-9304</p>	Date
		Quote Price and Delivery FOB <p style="text-align: center;">See RFP</p>	
Description			
This form must be completed, signed, and returned with the proposal.  Solicitation is for the External Quality Review Organization for the managed long-term care organizations that have a contract with the Wisconsin Department of Health and Family Services, Bureau of Long-Term Support.			
Payment Terms:		Delivery Time:	
<input type="checkbox"/> We claim minority bidder preference [Wis. Stats. s. 16.75(3m)]. Under Wisconsin Statutes, a 5% preference may be granted to CERTIFIED Minority Business Enterprises. Bidder must be certified by the Wisconsin Department of Commerce. If you have questions concerning the certification process, contact the Wisconsin Department of Commerce, 5th Floor, 201 W. Washington Ave., Madison, Wisconsin 53702, (608) 267-9550.			
<input type="checkbox"/> We are a work center certified under Wis. Stats. s. 16.752 employing persons with severe disabilities. Questions concerning the certification process should be addressed to the Work Center Program, State Bureau of Procurement, 6th Floor, 101 E. Wilson St., Madison, Wisconsin 53702, (608) 266-2605.			
Wis. Stats. s. 16.754 directs the state to purchase materials which are manufactured to the greatest extent in the United States when all other factors are substantially equal. Materials covered in our bid were manufactured in whole or in substantial part within the United States, or the majority of the component parts thereof were manufactured in whole or in substantial part in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
In signing this proposal we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other proposer or competitor; that the above statement is accurate under penalty of perjury.			
We will comply with all terms, conditions and specifications required by the state in this Request for Proposal and all terms of our proposal.			
Name of Authorized Company Representative (Type or Print)		Title	Phone ( )
			Fax ( )
Signature of Above	Date	Federal Employer Identification No.	Social Security No. if Sole Proprietor (Voluntarv)

**Attachment F: Proposal No. 1548-DDES-SM**  
**Notice of Intent to Apply**

Wisconsin Department of Health and Family Services  
Division of Disability and Elder Services  
Managed Care Section  
1 West Wilson Street, Room 518  
Madison, WI 53707-7851  
Attention: Karen McKim, Quality and Research Manager

**NOTICE OF INTENT TO APPLY**  
**External Quality Review Organization**  
**Proposal No. 1548-DDES-SM**

Name of Proposer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Return this Notice of Intent by March 14, 2006 to: Karen McKim, Quality and Research Manager, 1 West Wilson Street, Room 518, P.O. Box 7851, Madison, WI 53707-7851.

If you do not submit this notice, you can still apply if you meet the proposal due date. Any supplemental written information related to this RFP developed by the DHFS will be provided only to those agencies which have filed a notice of intent or to agencies which request such information.

**Attachment G: Proposal No. 1548-DDES-SM  
Proposer References (DOA-3478)**

**STATE OF WISCONSIN  
DOA-3478 (R12/96)**

**BID/Proposal No. 1548-DDES-SM**

**Proposer Reference**

FOR PROPOSER: \_\_\_\_\_

Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for four (4) or more installations with requirements similar to those included in this solicitation document. If proposer is proposing any arrangement involving a third party, the named references should also be involved in a similar arrangement.

Company Name \_\_\_\_\_

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Address (include Zip + 4) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Product(s) and/or Service(s) Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment H: Proposal No. 1548-DDES-SM**

STATE OF WISCONSIN

DOA-3027 N(R01/98)

**DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION**

The attached material submitted in response to Bid/Proposal #1548-DDES-SM includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

**Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released

Section	Page #	Topic

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS.

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The State considers other markings of confidential in the bid/proposal document to be insufficient. The undersigned agrees to hold the State harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name	
Authorized Representative	
	Signature
Authorized Representative	
	Type or Print
Date	

This document can be made available in accessible formats to qualified individuals with disabilities.

**Attachment I: Proposal No. 1548-DDES-SM**

**Cost Proposal Form**

**Procedure for Required Review Activities.** Use one Cost Proposal Form for all required review activities. Fill in only the price information (column E.) for each review activity in the corresponding row. The original of the cost proposal form must be submitted with the original of the technical proposal (in a separate, sealed envelope) that is appropriately labeled.

(a)	(b)	(c)	(d)	(e)
Row	Review Activity	Expected no. of reviews (first contract period)	Estimated Annual Volume (first contract period)	Cost Proposal per Review Activity (first contract period)
<b>REQUIRED REVIEW ACTIVITIES (INCLUSIVE OF ADMINISTRATIVE COSTS)</b>				
1.	Determining Compliance with Federal and State Quality Standards for MCOs and PIHPs	5 CMO reviews 4 Partnership reviews 1 PACE review	<ul style="list-style-type: none"> <li>• All standards reviewed annually</li> <li>• 15 on-site reviews</li> </ul>	\$
2.	Validation of Performance Measures	5 CMO reviews 4 Partnership reviews 1 PACE review	<ul style="list-style-type: none"> <li>• 1 measure</li> <li>• 30 records/ measure</li> <li>• 30 records / contracted entity</li> <li>• 300 records total</li> </ul>	\$
3.	Validation of Performance Improvement Projects	5 CMO reviews 4 Partnership reviews 1 PACE review	<ul style="list-style-type: none"> <li>• 2 PIPs</li> <li>• 10 Contracted entities</li> <li>• 20 reviews</li> </ul>	\$
4.	Coordination and Continuity of Care Reviews	1 Family Care review 1 Partnership review 1 PACE review	<ul style="list-style-type: none"> <li>• 30 records each / 4 CMOs and 100 records / 1 CMO</li> <li>• 30 records / 4 Partnership organizations</li> <li>• 30 records / 1 PACE organization</li> <li>• 270 records total</li> </ul>	\$
5.	Total Cost for all Reviews			\$