

RFP Evaluation: Detailed Score Report with Comments

Dental - ASO

Proposer: All

Question Num: All

Evaluator: All

Team: All

Q Num	Proposal	Evaluator	Score	Team	Comments
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1	A	Eval1	3	TeamA	
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The Proposer's response is more than adequate and fully meets the Department of Health Care Services' (DHCS) basic needs/requirements or expectations in demonstrating an understanding of the issues facing beneficiaries. The Proposer has familiarized itself with reports and studies that demonstrate the issues within the Medi-Cal Dental program related to low utilization by beneficiaries. The Proposer described six key barriers on page 10 of the Beneficiary Outreach Plan that prevent beneficiaries from receiving care: provider shortage/lack of providers willing to participate; geographic challenges; cultural barriers; limited English proficiency; limited oral health literacy; and negative associations with the Medi-Cal Dental program. With each key barrier, the Proposer has provided information on nine different outreach initiatives that will be implemented to fix each issue, as presented on pages 11-15 of the Proposer's Beneficiary Outreach Plan. Each solution is explained in detail with supporting information, such as studies to show its potential effectiveness along with relevant examples of other Medicaid programs that saw an increase in beneficiary utilization after implementing a similar program. Proposer demonstrates a more than adequate understanding of the public's interest and shows this through their collaboration and discussions with many dental advocate organizations throughout California in order to better understand the barriers that beneficiaries face in receiving appropriate oral health education. The Proposer has also invested in foundations that aim to improve the status of oral health in California. Many of their proposed activities involve reaching out directly to beneficiaries with the use of traditional methods (i.e. telephone calls and mailings) and also newer technology (i.e. websites, text messages, e-mails), and providing education regarding the importance of oral health disease prevention, as well as what services are available and how to access them (pages 38-46 of Beneficiary Outreach Plan).

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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets the Department of Health Care Services' (DHCS) needs/requirements or expectations.

Proposer demonstrates a thorough understanding of the issues facing beneficiaries. Proposer shows extensive knowledge of general Medicaid Dental access issues and also researched California specific issues and read current studies and papers on Denti-Cal. Proposer also conducted their own independent study to better understand issues that face Denti-Cal beneficiaries and providers. Proposer presented numerous beneficiary issues and also presented possible remedies to shortcomings. Proposer outlined "6 key barriers" preventing beneficiaries from receiving services: provider shortages, geographic challenges, cultural barriers, limited English skills, need for improvement on oral health literacy and negative associations with Medi-Cal. Proposer then presented possible solutions to each barrier. For example, in regards to cultural barriers, Proposer suggests employing Cultural Ambassadors and community-based workers to promote the Denti-Cal mission by educating beneficiaries in a culturally appropriate way and to reduce any fears or misconceptions. Proposer focuses on the importance of increased provider outreach for the success of increased beneficiary utilization of services. Proposer focuses on the interdependent relationship between beneficiary access/utilization and Provider Outreach: if there are not enough providers willing to serve Denti-Cal beneficiaries, access issues will continue to be a problem. Proposer discusses the issues in border communities and subpopulations, as well as the unique geographic challenges of California. Proposer presents solutions they have used and states they have been successful, with other Medicaid programs, such as beneficiaries receiving care in medical offices, training Registered Dental Assistances (RDA), registered dental hygienists (RDH), and registered dental hygienists in alternative practice (RDHAP) to provide services. Proposer also presents multiple solutions to educate beneficiaries and provide awareness of the Denti-Cal programs, such as postcards, emails, text messages, Denti-Cal re-branding, billboards, flyers, posters, direct communication, a web portal and others. Proposer extensively outlines problems and provides solutions to issues that face Denti-Cal beneficiaries.

(Section: P)

2	A	Eval1	3	TeamA
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The Proposer's response is more than adequate and fully meets DHCS' basic needs/requirements or expectations to identify, monitor, address, and resolve barriers to timely access to dental care statewide, in border communities, and in those areas and subpopulations that are below targeted utilization levels as identified by the Department. The Proposer has described six key barriers on page 10 of the Beneficiary Outreach Plan that prevent beneficiaries from receiving care: provider shortage/lack of providers willing to participate; geographic challenges; cultural barriers; limited English proficiency; limited oral health literacy; and negative associations with the Medi-Cal Dental program. With each key barrier, the Proposer has provided information on nine different outreach initiatives that will be implemented with the goal to solve each issue in order to improve access in areas of low utilization, as presented on pages 11-15 of the Proposer's Beneficiary Outreach Plan. In order to monitor the metrics needed to measure utilization and identify improvements, the Proposer plans to use data sources including geo access reports, hot spot mapping of beneficiary utilization rates, care coordination reports, telephone services reports, and statewide beneficiary utilization rates, as described on pages 55-58 of the Beneficiary Outreach Plan. Specific to border communities and areas and subpopulations that are below targeted utilization as identified by the Department, the Proposer describes the Virtual Dental Home project which targets areas of low utilization. The Proposer is currently involved in the project and has provided funding, and proposes expanding the project and working with registered dental hygienists to provide more care to beneficiaries. (Pages 47-51 of Beneficiary Outreach Plan)

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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer comprehensively identifies, and presents plans to monitor, address, and resolve barriers to timely access to dental care statewide, in border communities, and in subpopulations that are below targeted utilization levels identified by the Department. Proposer outlines multiple areas that effect timely access, such as provider shortage, lack of dentists willing to participate, administrative burdens that discourage providers from participating in Denti-Cal, low reimbursement rates for Denti-Cal providers, beneficiaries not being aware of the Denti-Cal program and the importance of dental services. Proposer suggests re-branding Denti-Cal to dissociate from old negative stigmas surrounding the program. Proposer states they have had success in re-branding other Medicaid dental programs and re-branding created new, more positive identities. Proposer shows a thorough understanding of issues facing beneficiaries and provides solutions to improve access. Proposer outlines several solutions to increase the number of providers administering services for beneficiaries. Proposer's plan targets dentists, dental hygienists, dental assistants as well as doctors and other medical professionals. Proposer suggests targeting and strengthening an already existing program in which Primary Care Physicians (PCPs) and medical staff apply fluoride varnish and promote the importance of regular dental visits. Proposer presents research that states beneficiaries/caregivers are far more likely to go to new baby checkups and pediatric medical visits than dental visits, and states there are 6 well baby visits in the first year of a child's life. Proposer plans to increase efforts to get PCPs or medical staff to apply fluoride varnish starting at 6 months of age. Proposer also suggests coordinating with PCP to help encourage beneficiaries to schedule visits and increase utilization of services by providing mock prescription pads to assist and remind beneficiaries to schedule a dental visit. Proposer proposes expanding an existing pilot program in which they participated, which demonstrated that RDHAP, RDHs and RDAs can provide preventive services, education, and case management services in community based settings. This will help to provided services to skilled nursing facilities (SNFs), border communities and underserved areas. Proposer also suggests many other ideas to expand services and address utilization issues, two of which are expanding teledentistry and mobile units to reach underserved areas. Proposer states they will monitor the success in increasing utilization and time access with monthly reports such as Geo Access reports, care coordination reports, telephone survey reports, and California Medicaid Management Information System (CD-MMIS) reports.

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3	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' basic needs/requirements or expectations when describing the approach for addressing increasing utilization for Annual Dental Visits, preventive dental services for children ages one through twenty, and sealants on permanent molars for children ages six to nine. For each utilization category, the Proposer describes different methods from their Beneficiary Outreach Plan that will be used in order to achieve an increase in utilization which includes providing education on the importance of oral health and communicating directly with beneficiaries via mailings and telephone calls. An overarching program the Proposer introduces is their Preventistry Program which focuses on preventive dental services for children ages one to twenty, and providing sealants on permanent molars for children ages six to nine. The Proposer details the steps of the program which includes implementing benchmarks and an incentive program for providers.

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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer outlines several ideas for programs to increase utilization of annual dental visits, preventative dental services for children and sealants on permanent molars. Proposer outlines they will work to increase annual visits with a direct-to-beneficiary outreach campaign using a "multi-modality digital strategy" that utilizes live phone calls, automated interactive calls, text messaging, emails, postcards, and smartphone application push notifications. Proposer plans to analyze monthly claims data and determine when beneficiaries are due for annual visits. They will then contact beneficiaries to schedule visits using the above listed methods. Proposer states they have successfully employed a parallel campaign in New York and greatly increased the scheduling of annual visits. Proposer also plans to emphasize a concept called "dental home" which focuses on beneficiaries finding a primary dentist to see year after year. Proposer presents research from the American Academy of Pediatric Dentistry that states if a beneficiary has a set dentist they are far more likely to make their annual visits and care will be better coordinated as the dentist knows the patient's history. Proposer has successfully implemented the "dental home" concept with other states' Medicaid programs.

Proposer states they will launch a prevention program that educates on the importance of sealants, fluoride and preventive services. They will send tool kits to all general and pediatric dentists which includes an introduction to the programs, brochures and window advertising, and posters and links to educational material and templates. They will give providers a list of all beneficiaries that are due or past due for sealants and/or fluoride treatments. Proposer then plans to reach out to beneficiaries to encourage them to come in for preventative services and also, with approval of the Department incentivize providers if agreed upon thresholds are met. Another example Proposer provides to increase sealants and fluoride use is to increase the focus on an existing campaign that targets infants PCPs and trains PCPs to apply fluoride varnishes at the child's well baby visits. Proposer states the method has been effective in other states. Proposer also plans reach out to PCPs about promoting the importance of dental health. Proposer gives multiple detailed examples on how they will increase usage annual dental visits, preventative dental services for children and sealants on permanent molars. Proposer outlines general outreach plans to inform beneficiaries of the importance of dental services, reduce Denti-Cal stigma, break down cultural and language barriers and overall general awareness of the Denti-Cal program. Proposer exceeds expectations in their answer.

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4	A	Eval1	3	TeamA
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The Proposal's response is more than adequate and fully meets DHCS' basic needs/requirements or expectations in describing their approach for developing a comprehensive health promotion and prevention education strategy. On pages 38-46 of the Proposer's Beneficiary Outreach Plan, detailed information is provided to explain the goals of their strategy, which are to "raise awareness in families about the availability of dental benefits and the importance of dental health, and how to access dental services, educate beneficiaries on the importance of early and periodic dental care, educate beneficiaries and families on the importance of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and implement our Cultural Ambassador Program." The specific methods to achieve these goals are described in detail and focus on providing education regarding oral health via direct communication and printed materials that are linguistically and culturally appropriate in order to reach the Medi-Cal population.

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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer provides a comprehensive health promotion and prevention education strategy. Proposer has thoroughly researched the issues that face Denti-Cal beneficiaries. Proposer provides a strategy that will educate beneficiaries, families of beneficiaries, providers, PCPs, managed care plans, Community Based Organizations (CBO), and other groups that work with beneficiaries to educate them on the importance of dental services and how to receive them. Proposer studied current literature and research on the Denti-Cal program, met with groups who work closely with beneficiaries to gain a better understanding of the challenges faced by beneficiaries and conducted their own research to study issues faced by beneficiaries/providers. Proposer's education strategies account for the different beneficiary groups, such as age, culture, primary language, geographic location, and other distinct groups. Proposer outlined 6 key areas they thought were barriers to care (provider shortages, geographic challenges, cultural barriers, limited English skills, need for improvement on oral health literacy and negative associations with Medi-Cal). They came up with solutions for each problem which include education on Denti-Cal and the importance of preventative services. Proposer plans to educate beneficiaries using direct and non-direct channels. Proposer outlines 4 goals in their education and prevention strategy: (1) raise awareness in families about the availability of dental benefits and the importance of dental health and how to access dental services; (2) educate beneficiaries on the importance of early and periodic dental care; (3) educate beneficiaries and families on the importance of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); and (4) a cultural ambassador program. Proposer describes each goal, then presents plans on how they will meet the goals and gives examples of how they have been successful with other dental programs. Proposer also describes how they will create and distribute materials that educate and inform beneficiaries about prevention such as posters and brochures, phone calls to beneficiaries, a web portal that can be used by beneficiaries and providers (the portal will have educational material that is appropriate for different groups), mass emails, and mailing, etc. Proposer outlines their education and prevention strategy will aim to reach all cultures and languages. One example they describe is distributing fotonovela material (comic book-like pamphlets popular in Latin American countries) which will describe importance of dentals services for children of migrant farm workers which they state has been very successful in another Medicaid population. Proposer outlines a thorough and comprehensive education and prevention strategy.

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5	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' basic needs/requirements or expectations of understanding of EPSDT. Their experience with providing Medicaid dental services in other states familiarizes them with the EPSDT requirements. The Proposer states that "all of the outreach we conduct for beneficiaries ages 1-20 is centered on the tenants of EPSDT" (page 42 of Beneficiary Outreach Plan). The Proposer's Medical-Oral Expanded Care (MORE Care) Program and Comprehensive Health Program and Prevention Education Strategy include components that target meeting EPSDT requirements (Pages 35-46 of Beneficiary Outreach Plan).

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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates knowledge and understanding of EPSDT. Proposer states they are a specialist in the delivery of Medicaid dental services across the country. They state they are very familiar with EPSDT requirements as detailed in section 1905(4)(5) of the Social Security Act (the Act) as they have worked with multiple Medicaid programs. Proposer describes their knowledge of what EPSDT services are and why they are important and how they will go about the goal of meeting the requirements of EPSDT services. Proposer states they work closely with the Center for Medicare and Medicaid Services (CMS), and have given presentations on how they have been effective in providing EPSDT services in multiple states. Proposer shows their ability to transfer their understanding of what EPSDT services are to beneficiaries using them. Proposer lists multiple strategies on how they have effectively increased EPSTD services in other states and plan to increase EPSTD services in California. Examples include targeting PCPs, mobile EPSDT services, and outreach and education. Proposer meets guidelines defined in the Request for Proposal (RFP).

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6	A	Eval1	3	TeamA
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The Proposer's response is more than adequate and fully meets DHCS' basic needs/requirements or expectations in providing a viable solution to contact the families of children who are due for an EPDST annual dental screening and prevention visit. Upon initial enrollment into the Medi-Cal Dental Program, the Proposer will initiate a conversation via telephone call with the beneficiary to inform them of EPSDT services that are available. The Proposer's Direct-to-Beneficiary Outreach Program (page 28-30 of Beneficiary Outreach Plan) will monitor if a beneficiary has had a dental visit in the past six months, and will employ different communication methods that includes sending a postcard, making phone calls and the use of technology to communicate with beneficiaries. Specific to missed appointments, the Proposer describes a Broken Appointment Education Program that encourages providers to submit to the Proposer any missed appointment information via online submission and contact the beneficiary directly to inform them they missed an appointment and offer to reschedule the appointment (page 36 of Beneficiary Outreach Plan). For beneficiaries with limited English proficiency who require interpretive services, the Proposer will seek bi-lingual Spanish-speaking candidates as Customer Service Representatives because of the majority of Spanish-speaking Medi-Cal beneficiaries. For other necessary interpretive services, the Proposer contracts with an organization that will assist in providing translation services on telephone calls.

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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer presents an adequate plan to contact and schedule appointments for the families of children who are due for an EPSTD services, annual dental screenings and prevention visits. Proposer outlines plans for existing and newly enrolled beneficiaries. Proposer states when new beneficiaries enroll they will then call within 30 days and "provide an overview of the EDPST services, the importance of regular preventive care, and answer any initial questions. We (They) will verify that key demographic information, including address, gender, preferred language and date of birth is accurate. This information will be used for future oral health education opportunities." Proposer states a customer service representative will also assist in scheduling an appointment, using the methods described in the RFP. Proposer plans to reach out to new and existing beneficiaries via text messaging and create a web portal which will have provider information. Proposer states they will analyze claims data each month for new and existing beneficiaries, to determine beneficiaries that have not had a dental visit in the past six months. They will then reach out to all beneficiaries in need of services with live phone calls, post cards, text messages, automated calls, emails and smart phone applications. Proposer's plan provides for assistance in follow up on missed appointments. Proposer acknowledges it is a hindrance for providers when a beneficiary cancels an appointment less than 24 hours before the visit or does not show up at all. Proposer suggests ideas such as implementing an electronic tracking system for providers to use to document missed appointments and also calling beneficiaries to explain the importance of making scheduled visits. Proposer describes implementation of their plan with other Medicaid programs. Proposer adequately provides for interpretive services for beneficiaries with limited English proficiency. Proposer states they will always have an interpreter available through an interpretation service, and that the interpreter will be culturally sensitive and appropriate. Proposer meets guidelines outlined in the RFP.

(Section: P)

7	A	Eval1	2	TeamA
<p>The Proposer's response is adequate and meets DHCS' basic needs/requirements or expectations in providing a comprehensive plan to increase provider participation, which includes focus on increasing the number of existing providers accepting new patients and referrals. The plan involves a multi-faceted approach that is described on page 16 of the Provider Outreach Plan that includes methods such as rebranding the program, easing the administrative burden for providers to join and participate in the program, a recruitment campaign, financial incentives made available through the Dental Transformation Initiative to promote preventive care, provider champions, and one-to-one support. Encouraging existing providers to accept new patients is another goal of using the methods. Each component of the plan is then further described and detailed with supporting information that includes examples of where the Proposer has implemented the methods in other Medicaid programs.</p>				
7	A	Eval2	2	TeamA

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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer provides an adequate plan to increase provider participation. Proposer outlines how they will go about increasing the number of participating Medi-Cal dentists and also other individuals, such as RDHs, who they propose can administer preventative dental services. Proposer plans to first research provider participation, to gain answers to questions like: 'Why providers don't want to participate?', and 'What are issues current providers have with the Denti-Cal program?'. Proposer states they have reviewed current literature on the Denti-Cal program and also conducted a survey of providers and CBOs to learn provider issues. Proposer lists "5 Tactics to encourage traditional providers to join the network": (1) Re-Brand Denti-Cal; (2) Easing the administrative burden for providers to join and participate in the program; (3) Financial incentives made available through the Dental Transformation Initiative to promote preventive care; (4) Create Provider Champions; and (5) One-to-one support for providers. Proposer states one of the largest deterrents for providers is administrative burdens. Proposer lists 6 ideas to reduce administrative burdens which they believe will encourage providers to participate in Denti-Cal. One idea Proposer states is they will introduce a free web portal for providers to submit information. Proposer describes all of the functions the portal will provide and states they will work with the Fiscal Intermediary (FI) contractor. Proposer does not detail how the portal will actually be implemented and the feasibility of creating such a portal. Proposer states their 6 idea to reduce administrative burdens were allowed by CMS in other Medicaid programs and these would not require regulation changes in California, but Proposer does not fully detail how the new ideas will be executed in California.

Proposer demonstrates a plan to increase the number of actively participating providers in Proposer's "5 Tactics to encourage traditional providers to join the network". They state they plan to provide "one-to-one" support to assist providers to sign up for Denti-Cal. Proposer also plans to create Provider Champions, which described providers who will act as recruiters for Denti-Cal and inform potential new providers about Denti-Cal processes. Proposer will also reach out to potential providers through a 20 week recruitment campaign. Proposer details the different steps and phases of the campaign. Proposer aims to recruit providers by solving the deterrents that discourage providers from participating in Denti-Cal.

(Section: Q)

8	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' basic needs/requirements or expectations to monitor, increase accuracy and expand the provider referral network. The Proposer explains the process of monitoring and ensuring the accuracy of the referral network that will be implemented on page 65 of the Provider Outreach Plan. The Proposer will communicate directly to providers either via email, web or mail to request verification of the information in the system in order to make accurate referrals. Provider Field Representatives will also be available to request this information. The Proposer also discusses implementing outreach processes regionally, establishing various baselines in order to narrow the approach, direct communication and different tactics that are traditional, non-traditional and unique to encourage providers to join the program, as outlined on page 16 of the Provider Outreach Plan.

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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer outlines a general plan to monitor, increase accuracy and expand the provider referral network. Proposer states, as required by the RFP, they will monitor and ensure the accuracy of the referral network, monitor beneficiary travel distances to receive care, and use data analytics to monitor the network and utilization. Proposer then gives brief explanations of how they will monitor the referral network and travel distances. Proposer goes into more detail on how they will use data analytics to monitor the network and utilization. Proposer, who runs dental contracts in other states, uses data analytics software to run reports to monitor different areas they could optimize. Proposer created a table with different topics and then described ways the reports could be useful in monitoring provider recruitment efforts and also beneficiary utilization. Proposer does not detail how they will monitor providers actually accepting new patients. Proposer states they will run reports but does not go into detail on the process. Proposer generally addresses how they will increase the number of service offices accepting new patients. Proposer states they will work to reduce administrative burdens, re-brand Denti-Cal, help providers enroll in Denti-Cal and then use current providers to assist recruiting new providers. Proposer states they will reach out to providers using direct communication. Proposer describes their 20 week recruitment campaign. In the campaign Proposer will send mailings to potential providers and also call and visit providers. Proposer offers unique and progressive ideas such as a "Take 5" campaign where they will enforce to providers they can take a limited number of beneficiaries. They also propose having PCPs, RDHs, and RDHAPs administer sealants and some preventative services in non-dental office settings. Proposer meets but does not exceed expectation. Proposer addresses topics outlined in the RFP scope of work.

(Section: Q)

9	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to target increasing providers servicing children and at risk populations. The Proposer provides a method in which direct communication will be utilized which involves calls and mailing materials for recruitment of new providers. The Proposer discusses implementing non-traditional, unique and progressive ideas that will address increasing provider participation, such as rebranding the program, easing the administrative burden for providers to join and participate in the program, a recruitment campaign, financial incentives made available through the Dental Transformation Initiative to promote preventive care, provider champions, and one-to-one support via the a provider relations representative for each Regional Oral Health Centers of Excellence region (page 13 of the Provider Outreach Plan). The Proposer discusses its Preventistry Program, which focuses on increasing services provided to children, as explained on pages 39-42 of the Provider Outreach Plan. In addition to this, the Proposer explains an incentive program that establishes benchmarks for specific procedures for children (Page 42 of Provider Outreach Plan) and rewarding providers financially if benchmarks are met or exceeded. Another component of the Proposer's Provider Outreach Plan is establishing a dental home incentive for children to promote continuity of care. The Proposer also discusses the Virtual Dental Home (VDH) model that can be used to target low utilization areas, as described on pages 57-59 of the Provider Outreach Plan.

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Barely Adequate - Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer's Provider Outreach Plan offers some direct targeting of increasing Denti-Cal providers servicing children and at-risk populations, but is more focused on general provider outreach. Proposer offers limited ideas that specifically target increasing providers who provide services to children and at-risk populations. Proposer provides for a plan to increase sealants and fluoride for children under age 20 but this plan does not focus on targeting new providers, it is focusing on having existing providers increase utilization of sealants and fluoride. Proposer also mentions they will use the Early Childhood Caries (ECC) Program and the Virtual Dental Home (VDH) Program which will service children and high risk populations; these are requirements of the RFP. Proposer does suggest expanding the VDH model which would increase providers. Proposer offers plans for general provider outreach, such as their provider recruitment campaign, which will include mailings, marketing materials, phone calls and visits to providers, which also focuses on servicing children and at-risk populations. Other general strategies to increase providers include their plan to reduce administrative burdens, assist providers in the enrollment process and to create regional health centers which will have local outreach coordinators. Proposer offers solutions for monitoring provider populations with the use of data analytics software which they state has capabilities to track usage in different populations such as children and at-risk beneficiaries. Proposer offers some unique ideas to reach out in their beneficiary outreach campaigns. They state they will reach out to providers but it is unclear if these are new or existing providers and the focus of the campaigns is beneficiary utilization, not provider outreach. Proposer's Provider Outreach Plan offers indirect strategies to increase providers who serve children and at risk populations but offers few strategies that focus directly on increasing providers who provide service to children and at-risk populations.

(Section: Q)

10	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to target increasing providers servicing low utilization areas. The Proposer will use data analytic technology that creates reports that can be used to monitor utilization and provider outreach, as described on pages 67-72 of the Provider Outreach Plan. Additionally, the Proposer provides information regarding the geo-coding software that they plan on using to provide visual reports on network access and adequacy (page 38 of Provider Outreach Plan). The Proposer discusses implementing non-traditional, unique and progressive ideas that will address increasing provider participation such as rebranding the program, easing the administrative burden for providers to join and participate in the program, a recruitment campaign, financial incentives made available through the Dental Transformation Initiative to promote preventive care, provider champions, and one-to-one support. Direct communication with potential providers will be done through phone calls, mailings, and even through the one-to-one support tactic as described on pages 53-55 of the Provider Outreach Plan.

10	A	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer demonstrates an adequate plan to target increasing Denti-Cal providers servicing low utilization areas. Proposer details their Provider Outreach Plan which includes a provider recruitment campaign; they will send mass mailings, distribute marketing materials, make phone calls and visit providers, and focus specifically on servicing beneficiaries in low utilization areas. Proposer states they will designate provider outreach representatives that will be responsible for building relationships in 8 designated regions throughout the State. They will recruit and facilitate relationships with traditional and non-traditional providers, health plans, and other care delivery options. Proposer states, they "will plan, identify and track network solutions to ensure the provider pipeline is robust and ready for new beneficiaries". Proposer states they will research each area to see what areas need targeting. They will get baselines for every county in areas such as the provider-to-beneficiary ratio for general/pediatric dentists and specialists, the metrics required by the RFP, as well as average travel time/distance for beneficiaries to see a dentist in each county. The information will help them track increases in utilization rates. Proposer also offers several strategies targeting general provider outreach, such as reducing administrative burdens. Proposer outlines solutions for monitoring provider populations with the use of data analytics software and geo-mapping software, which they state has capabilities to track usage such as utilization rates in different populations. Proposer created a large table which showed some of the different reports they felt would be useful for Denti-Cal. It is unclear what Proposer feels are non-traditional, unique, or progressive ideas to increase provider participation in low utilization areas. Proposer also wishes to use financial incentives to increase providers in low utilization areas; however, they do not make it clear how they will go about getting approvals from the Department. Proposer meets but does not exceed expectations.

Section: Q

11	A	Eval1	1	TeamA
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The Proposer's response barely meets DHCS' needs/requirements or expectations to target increasing providers in skilled nursing facilities (SNFs). As part of their recruitment campaign they will target Registered Dental Hygienists in Alternative Practice since these provider types can provide services in SNFs. Through the recruitment campaign, they will communicate directly via phone calls and mailings, as detailed on page 33. The Provider Outreach Plan touches on the use of non-traditional, unique and progressive ideas for increasing the number of providers providing services in SNFs.

11	A	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer presents an adequate Provider Outreach Plan to target increasing providers in skilled nursing facilities. Proposer details their Provider Outreach Plan, which includes a provider recruitment campaign in which they will send mass mailings, distribute marketing materials, make phone calls and visits to providers and focus specifically on increasing providers who serve beneficiaries in SNFs. Proposer states they will work to eliminate requirements in California that require RDHAPs to have a dentist of record for referral, consultation, and emergency services. Proposer states they will target RDHs and RDHAPs to service SNFs to administer preventative services. Proposer gives an example of how Massachusetts has been successful in their Medicaid dental program allowing RDHs and RDHAPs to provide preventative services to beneficiaries. Proposer details a plan to expand the VDH program which would expand providers who serve skilled nursing facilities. Proposer offers general strategies to increase providers such as they plan to reduce administrative burdens and assist providers in the enrollment process, and to create regional health centers which will have local outreach coordinators. Proposer outlines solutions for monitoring provider populations with the use of data analytics software, which they state has capabilities to track usage in different populations such as SNFs. Proposer offers limited unique and progressive ideas. Proposer states the VDH program, as well as having RDHAPs administer preventative services, is unique; however, they also acknowledge these ideas are not new or unique and they are already being done. Proposer's plan focuses on expanding these service delivery methods.

12 A Eval3 3 TeamB

This Proposer more than adequately demonstrates knowledge and understanding of the process for requesting payment under this contract.

The Proposer has extensive experience administering dental programs covering 24 million patients in 28 states, including 22 million in government-sponsored programs. The proposal discusses invoicing procedure in detail, including when and to whom invoices will be sent, their contents, and required attachments. Specific schedules for Takeover, Operations and Turnover/Runout invoicing, as well as required withholds, adjustments, milestones and documentation requirements, are all addressed in detail. This proposal is more than adequate and fully meets Department of Health Care Services (DHCS) requirements. No omission or flaw is apparent.

(Proposal Sections C-1, E 31-33)

12 A Eval4 2 TeamB

Q Num	Proposal Evaluator	Score	Comments
			<p>Proposal response is adequate or meets the Department of Health Care Services (DHCS) basic needs/requirements or expectations. Section E Management Plan outlines Proposer A's plan to submit the Request for Proposal (RFP) required 12 monthly Takeover installment invoices for payment by the State.</p> <p>As stated above, Proposer A has a basic understanding of the RFP requirements however, failed to give an in-depth knowledge and understanding of the Takeover invoicing process. However, all questions were answered at the most basic level.</p> <p>Proposal Section E, Financial Requirement, E-23-E-26 and E-31-E-34 RFP References: RFP Exhibit B, Attachment 1</p> <p>Proposer A has a basic understanding of the scoring consideration for Operations invoicing. Proposer A plans to adhere to the RFP requirement of separated phases for Adjudicated Claims Service Lines (ACSLs) and Treatment Authorization Requests (TARs). Cycle Time, Telephone Service Center (TSC), and all other invoices will meet the timeframe requirements outlined in the RFP.</p> <p>Proposal Section E, Financial Requirement, E-23-E-26 and E-31-E-34 RFP References: RFP Exhibit B, Attachment 1</p> <p>Proposer A has a basic understanding of the scoring consideration for Turnover/Runout invoicing. Proposer A will adhere to the RFP requirement of Turnover invoices consisting of 9 equal installments at 55% of the Turnover bid price with the withholding of 9%.</p> <p>Proposer A is also aware that a final payment of the 45% and withholds will be made.</p> <p>Proposer A understands that the Runout invoices will be paid in 7 monthly installments for a total of 7% of the Runout bid price each and one invoice totaling 50% of the runout bid price.</p> <p>Proposal Section E, Financial Requirement, E-23-E-26 and E-31-E-34 RFP References: RFP Exhibit B, Attachment 1, Exhibit A, Attachment III</p>
13	A Eval3	2	TeamB

Q Num	Proposal	Evaluator	Score	Comments
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This Proposer adequately describes its approach and methodology for providing reporting and supporting documentation of payments. Operations invoices will be accompanied by a certification regarding completion of deliverables and performance requirements. Adjudicated Claims Service Lines (ACSL) and Treatment Authorization Requests (TARs) will be billed in phases based on completion of the required work. Telephone Service Center (TSC) invoices will be submitted monthly. TSC invoices will contain a line item reduction for cost of minutes exceeding the performance standard. All invoices will include a certification stating that all documentation is attached and performance requirements have been met, or will explain their absence. Special requirements for submission to DHCS will be accommodated. This proposal meets DHCS' basic requirements. No omission or flaw is apparent.

(Proposal Section E 31-33)

13	A	Eval4	1	TeamB
<p>Proposal response is barely adequate or barely meets DHCS' needs/requirements or expectations. Proposer A referenced ACSLs and TARs in their proposal stating that the operating invoices will be separated into 5 invoices and they would adhere to the RFP required timeframes but failed to provide any methodology or description of supporting documentation. Proposer A did not provide a knowledge or understanding of Base Volume Method of Payment (BVMP) to show a true understanding of the reporting on ASCLs and TARs.</p> <p>Proposer A stated that they will adhere to the RFP required timeframes but failed to provide a methodology for providing certification and reports for the TSC.</p> <p>Justification:</p> <p>Proposer A did not provide a knowledge or understanding of BVMP to show a true understanding the reporting on ASCLs and TARs. The proposal did not include any methodologies to support their assertion that they have the ability to meet the RFP requirement as it pertains to operational payments.</p> <p>Proposal Section E, Financial Requirements, Pages E-31-E-32 RFP References : RFP Exhibit B, Attachment 1</p>				

14 A Eval3 3 TeamB

This Proposer more than adequately describes its approach and methodology for providing reporting and supporting documentation of payments. It will use the list of attachments required in the RFP, Exhibit B as a reference of the minimum that must be provided at invoicing. In addition, it will include system-generated reports and other time-tracking reports to document billable hourly invoices, the data for which will be reviewed and verified by supervisors. Any documentation not required to be attached will be available to DHCS upon request. The Proposer specifically acknowledges that DHCS will monitor submissions, and will assess liquidated damages. This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Proposal Section E 33-34)

Q Num	Proposal	Evaluator	Score	Comments
14	A	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A understands that they must comply with the RFP payment requirements. Proposer A acknowledges and accepts the payment requirements in the liquidated damages of the RFP. Proposer A commits to monitoring compliance and submitting all reports timely, accurately, and completely.</p> <p>RFP References: Exhibit B and Exhibit E Proposal Section E, Financial Requirement, E-33-E-34</p>				
15	A	Eval1	2	TeamA
<p>The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate an understanding of the edit/audit criteria. On pages 17-22 of the Claims/Treatment Authorization Requests (TARs) Processing Plan, the Proposer explains subsystem edits it will review which include field and validity edits, provider edits, recipient edits, history cross check edits, Surveillance and Utilization Review Subsystem (S/URS) edits, and third party liability.</p>				
15	A	Eval2	2	TeamA
<p>Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.</p> <p>Proposer demonstrates an adequate understanding of the edit/audit criteria. Proposer details the Treatment Authorization Request (TAR) entry criteria, and created a flow chart to show they have an understanding of the edit/audit process. Proposer describes their understanding of provider, recipient, procedure, and surveillance and utilization review subsystem (SURS) edits. Proposer also describes their understanding of the history cross check audit process criteria as outlined in the RFP. Proposer describes their experience in the edit/audit process. One example is Proposer states they are well versed in a multitude of SURS initiatives. Proposer states they "test provider and practice billing patterns and utilization patterns using statistically valid methodology, and examine procedure codes to look for overutilization or abuse" and they detail the processes they use. Proposer also describes and lists the requirements for beneficiary, provider and recipient edits. Proposer addresses guidelines defined in the RFP scope of work. Proposer meets but does not exceed expectations.</p> <p>(Section: L)</p>				
16	A	Eval1	2	TeamA
<p>The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate and provide the services and functions required under the Claims Processing Subsystem section. On pages 9-15 of the Proposer's Claims/TARs Processing Plan, the Proposer discusses their understanding of the claims adjudication process for CD-MMIS. The Proposer also demonstrates knowledge of the verification process for providers and beneficiaries on pages 18 and 19 of the Proposer's Claims/TARs Processing Plan. The Proposer also understands the continuous maintenance of the recipient history file with the use of the history cross check-audit and the S/URS edits as discussed on pages 20 and 21 of the Claims/TARs Processing Plan. Pages 27 and 28 of the Proposer's Claims/TARs Processing Plan demonstrates the Proposer's knowledge of different dental programs (e.g., California Children's Services/Genetically Handicapped Persons Program and Healthy Families Program) and the unique scope of benefits and processing requirements for each program.</p>				
16	A	Eval2	2	TeamA

Q Num	Proposal	Evaluator	Score	Comments
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates and provides the services and functions required under the claims processing subsystem section. Proposer does not detail their understanding of or how they will maintain the recipient history file. However, Proposer discusses history cross checks and maintaining continuous beneficiary claim history. Proposer shows understanding of the claims adjudication process for CD-MMIS, and breaks down the responsibilities of the FI and Administrative Services Organization (ASO) contractors. Proposer provides a flow chart to demonstrate their familiarity of claims processing. Proposer states they have 23 years of experience processing claims as well as the ability to handle the Denti-Cal population. Proposer discusses the different steps and requirements to adjudicate a claim. Proposer accounts for areas required, such as manuals that staff must use, different levels of staff, different levels of review, and Medicaid and Denti-Cal policy. Proposer also shows knowledge of the different dental programs (e.g., California Children's Services/Genetically Handicapped Persons Program and Healthy Families Program). Proposer created a table that lists the different programs and differences in their services and processing requirements compared to standard Denti-Cal services. Proposer states they will be able to handle processing the different benefits provided under different dental programs. Proposer shows thorough understanding of the requirements of the claims processing subsystem but does not exceed expectations of the RFP scope of work.

(Section: L)

17	A	Eval1	3	TeamA
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The Proposer's response is more than adequate and fully meets DHCS' needs/requirements or expectations in understanding the document workflow process and detailing processes and procedures to ensure all requirements are met. The Proposer will have a Workflow Coordinator that will ensure they meet and exceed DHCS' process requirements, and page 16 of their Claims/TARS Processing Plan shows their understanding of the workflow process, and the following pages 17-25 explain what the Proposer's processes and procedures will be for claims processing. The Proposer demonstrates an understanding of the different responsibilities associated with each logical point in the adjudication process where a document can suspend. On page 35 of the Proposer's Claims/TARS Processing Plan, their experience with suspended claims is explained, and page 38 further details their understanding of all the points where a document can suspend, who will review and what information will be validated, including for what para-professionals and dental consultants will be responsible.

17	A	Eval2	2	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer shows a comprehensive understanding of the document workflow process and adequately details processes and procedures to display they will meet all requirements. Proposer uses several flow charts to show their broad understanding of the document workflow process but also goes into detail about processes and procedures and how they will meet specific requirements. Proposer breaks down each step of the claims process, such as how staff manually adjudicate notices of authorization (NOA) and TARs, the automatic NOA and TAR process, different edit and audit processes, resubmission turnaround document (RTD) processes, claims inquiry forms (CIF) reviews, the clinical screening process and all other items listed in the RFP scope of work. Proposer, who is the contractor on other Medicaid dental contracts, states they employ "workflow coordinators" who constantly monitor workflow and inventory levels and run reports hourly to ensure claims are processed within cycle time requirements.

Proposer clearly details their understanding of the different responsibilities associated with each logical point in the adjudication process where a document can suspend. Proposer created a table that goes over various steps and examples of a suspended document. The table has 3 columns: (1st Column) "During what process might the document suspend?" (i.e. adjudication); (2nd Column) "Who will review the document?" (i.e. para-professional); and (3rd Column) "What will they do?" (action); which shows their general understanding of the process. Proposer demonstrates a thorough understanding of the different skill levels required to adjudicate a document as required by the RFP. The Proposer uses tables, flow charts and written explanations to show they have an understanding of the different responsibilities for each level of staff.

(Section: L)

18	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate an understanding of and commitment to meeting the Cycle Time requirements. On page 47 of the Claims/TARS Processing Plan, the Proposer describes its understanding of the Cycle Time requirements and their proven track record of meeting each requirement from their experience with claims processing, TAR processing, Clinical Screening dentist review, and provider cycle time requirements.

18	A	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates an understanding of and commitment to meet cycle time requirements. Proposer states timely processing of documents is of "critical importance and they are committed to meeting or exceeding the cycle time requirements listed in the RFP". Proposer states they will ensure cycle time requirements are monitored on a daily basis using CD-MMIS reports. Proposer will use reports and workflow coordinators to monitor processing, help control volume of documents, monitor processing time of documents, and work inventory levels. Proposer created a table to show their understanding of in which TARs, Clinical Screenings dentist review and provider cycle time requirements. Proposer listed all cycle time requirements in the RFP and which requirements they have experience. Proposer also stated they would meet all requirements. Proposer shows knowledge of the difference between general cycle time requirements and non-standard requirements such as priority processing, medical review and complaints. Proposer demonstrates they understand the difference between court ordered payments, special billing waivers, and State Hearing decisions.

(Section: L)

Q Num	Proposal	Evaluator	Score	Comments
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19 A Eval1 2 TeamA

The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to detail their approach to meeting the Clinical Screening requirements, including when to refer a beneficiary, and the fact that they must design, recruit, reimburse and maintain the screening network, as described on pages 31-33 of their Claims/TARs Processing Plan. This section of the proposal explains the Proposer's intent to meet the requirements that include the need for a Clinical Screening by a para-professional when the situation arises that "the findings of the clinical screening dentist conflict with the observations and/or diagnosis of the beneficiary's treating dentist or when a judgment cannot be made from the diagnostic material submitted by the provider" (page 31). The Proposer also discusses their recruitment strategy for the screening network that includes establishing a list of dentists for targeted recruitment initiative, outreach, personal follow up, and initial and ongoing training (page 32-33).

19 A Eval2 1 TeamA

Barely Adequate - Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer barely meets expectations of detailing their approach to meeting the Clinical Screening requirements. This includes when to refer a beneficiary and the fact that they must design, recruit, reimburse and maintain the screening network. Proposer restates requirements listed in the RFP but does not elaborate on all topics. Proposer does not discuss the use of Clinical Screenings in relation to SURS; however, they do briefly acknowledge what clinical screenings are used to evaluate. Proposer makes statements such as "Proposer acknowledges that disputes with beneficiaries may arise. Proposer is prepared to resolve these disputes and to respond to beneficiaries" and "Proposer understands that payment for the Clinical Screening process is part of the Contractor's fixed price for TARs". Proposer does not expand or elaborate on these responsibilities. Proposer lists a 4-step plan to recruit a Clinical Screening network: 1st, work with organized dentistry and other stakeholders to find dentists; 2nd, reach out to dentists; 3rd, follow up with dentists and, if they agree to become a screener provide on-boarding training; and 4th, initiate an on-going training for screeners. Proposer does not greatly elaborate on any step. Proposer response is barely adequate as they do not develop their plan to meet requirements.

(Section: L)

20 A Eval1 2 TeamA

The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate an understanding of the TAR adjudication process. On pages 29 and 30 of the Claims/TARs Processing Plan, the Proposer demonstrates their understanding of the TAR process for Medi-Cal dental and all the steps that are required, which include processing any necessary edits, investigating issues, para-professional review, para-professional recommendation, dental consultant review, and adjudication and generation of notices of authorization. The Proposer also provides an explanation of the requirements they have for those that will conduct the professional and para-professional review of TARs and also the components that will be included in their Clinical Screening process. The Proposer discusses on pages 9 and 10 of this same section how they will monitor the process and identify any issues, and the Proposer states that an assigned processing manager will manage the workflow in order to meet the TAR adjudication process requirements of the Department. On page 48 of the Claims/TARs Processing Plan, the Proposer explains their proven track record for each Cycle Time requirement for TAR processing.

20 A Eval2 2 TeamA

Q Num	Proposal	Evaluator	Score	Comments
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer establishes an adequate knowledge of the TAR adjudication process. Proposer created charts which show they have an understanding of the process. Proposer created a flow chart which shows high level knowledge and also a more detailed table where Proposer lists the steps to process a TAR and gives more a detailed description of each step. Proposer outlines how they will manage workload and flow of work by using different levels of staff to ensure processes run efficiently. They will have Clinical Screening Supervisors who will manage the processing of the clinical review team and organize daily workload assignments as well as monitor daily reports. There will also be claims processing team leads and trainers who will be responsible for overseeing processing activities and managing workload of para-professionals. Proposer also discusses the different types of adjudications listed in the RFP, such as the need for priority processing. Proposer states they will meet all processing cycle time requirements and gives examples how they have done so on other similar tasks. Proposer meets but does not exceed expectations.

(Section: L)

21	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS needs/requirements or expectations in demonstrating and understanding of and commitment to improving the quality of claims processing. On page 51, the Proposer discusses the current clinical screening process and their proposal to expedite and streamline the process as an improvement for TAR processing. The Proposer discusses improvements to the method of processing claims/TARs which improves accuracy, increasing the ease of billing by provider, and decreases the number of times providers are required to correct claims/TARs which are legitimately billable and payable (Quality Management, page 56 of Claims/TARs Processing Plan). Section 2 of the Proposer's Claims TARs Processing Plan outlines all the potential improvements, which include eliminating the Clinical Screening program, implementing clinical algorithms, conducting inter-rater reliability evaluations, and having a staff de-incentives policy. The Proposer's Quality Management (QM) department will work with their claims operations in order to identify any problems with overall claims processing and accuracy, and recommend any appropriate methods to resolve the problems (page 56 of Claims/TARs Processing Plan).

21	A	Eval2	3	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer offers multiple suggestions on ways to improve the quality of claims processing. Proposer identifies different problems and offers possible solutions. Proposer states providers in California complain there are inconsistent determinations of TAR submissions. Proposer suggests solving the problem by proposing they use algorithms, based on clinical criteria outlined by the Department to assess claims and TARS which will help improve areas of inconsistency. Proposer gives an example of the algorithm which is a series of "yes" or "no" questions. Proposer currently uses this method with other Medicaid programs and states it "ensures consistent decision-making". Proposer states they will work with the FI Contractor to improve the provider experience. They suggest introducing a free, self-service provider web portal, which will allow providers to easily submit TARS. Proposer also states they will use their knowledge of other Medicaid programs to assess the current Denti-Cal processes/procedures and recommend changes that will improve claims processing and ease of billing for providers.

Proposer outlines they will employ workflow coordinators to constantly monitor processing to identify and resolve problems. They will also undertake monthly auditing of para-professionals to ensure they are correctly and efficiently reviewing claims and complying with Denti-Cal policy. Proposer plans to work with the FI contractor and the Department to resolve any processing issues. Proposer outlines they will have several levels of checks in place so management is aware of issues with processing and improvements that can be made. Checks include audits of the claims processing system, different levels of staff and various reports. Proposer also suggests modifying the Clinical Screening process, removing multiple steps to remove administrative barriers for the beneficiary and also providers. Proposer states they use the described method in other states. It reduces cost while maintaining program integrity. Proposer meets and exceeds expectations in their response.

(Section: L)

22	A	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate and provide a process of improving the integration and interaction of claims processing with functional areas to improve customer service, such a Provider services, Beneficiary Services, and the Telephone Service Center (TSC). On page 63 of the Claims/TARs Processing Plan, the Proposer talks about the interdependence of TAR processing functions with customer service staff who work with beneficiaries and providers, and also TSC staff who can also provide assistance. Customer Service Staff will be able to assist providers on how to complete claims and TARs properly, as well as help beneficiaries schedule and keep Clinical Screening appointments. TSC staff will provide assistance with claims and TARs and help with any issues beneficiaries and providers may have.

22	A	Eval2	3	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer provides compressive plans to improve the integration and interaction of claims processing with functional areas of customer service, such as Provider Services and Beneficiary Services. Proposer details ideas of how to improve integration of claims processing and Provider and Beneficiary Services. Proposer states they will work to improve the provider experience, and gives examples such as working with the FI Contractor to introduce a free, self-service provider web portal, which will allow providers to easily submit claims. Proposer also states they will work collaboratively with stakeholders, to integrate best practices that improve the overall provider experience. Proposer states their Claims Processing Unit will work with their Quality Management (QM) department to improving experiences of beneficiaries and providers by bringing awareness to stakeholders and working toward performance improvement. Proposer will have a QM assurance team who will review claims processing to ensure efficiency. Proposer also emphasizes the importance of in-person provider contact and visits which they say is currently limited. Proposer suggests changes such as a pre-payment review option and overhauling the Clinical Screening process. Proposer states the pre-payment option would allow providers to more easily provide services to beneficiaries and reduce administrative burdens. The new Clinical Screening Process would reduce multiple steps in the screening process reducing burdens to providers and beneficiaries and also cost to the Department. Proposer offers multiple suggestions to improve current processes that focus on provider and beneficiary services.

(Sections: L)

23	A	Eval5	3	TeamC
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Proposer A more than adequately described its ability to provide to the providers the services required in the Provider Services Section. The Proposer will partner with the Fiscal Intermediary (FI) to produce Department-required provider services reports pertaining to monitoring network adequacy, enrollment, and claim activity. The Proposer will offer controls through their Quality Management (QM) plan to measure the effectiveness of providing services to providers. Annual provider customer surveys, as contractually required, would be administered to measure and assess satisfaction with the program, customer service, claims adjudication process, office capacity, appeals and availability of services for Medi-Cal beneficiaries. In addition, the Proposer will send surveys to non-participating providers to understand reasons for not participating in the Medi-Cal Dental Program. Additionally, random audits will be conducted on statistical reports for accuracy on provider operations. The Proposer is also offering additional oversight of providers by analyzing in-depth provider billing and utilization patterns, the quality of care provided and whether outcomes have shown to improve oral health. Through additional monitoring of providers, the Proposer will be able to develop intervention strategies to improve their services to providers and providers' services for beneficiaries. The Proposer offers the use of Salesforce, a contract management system, to help track contract requirements and deliverables to ensure the Proposer is meeting all requirements within its time limits. The Department will be able to access this system to access all data reports for invoicing and performance tracking. The Proposer offers appropriate staffing that will specialize in specific areas such as the Provider Master File (PMF), Electronic Data Interchange (EDI), enrollment and credentialing, provider network reports and monitoring of Proposer staff, and correspondences for provider inquiries. They did not, however, provide substantial information on procedures to identify and mitigate high Treatment Authorization Requests (TARs) and billing errors. (Provider Services Plan, N-41 to N-47, N-53 to N-54; Quality Management Plan M-10 to M-50).

23	A	Eval6	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
				<p>Proposer A's response adequately states how they will demonstrate and provide the providers the services required under the Provider Services section. Proposer A firmly believes that their ongoing reporting and communication are essential efforts for a strong collaborative relationship with the Department that will help drive them to meet Request for Proposals (RFP) requirements (Exhibit A – Attachment II, Section B).</p> <p>N-41 to N-44; N-45 to N-48; and N-49 to N-51 Proposer A offers controls to measure effectiveness of the system. Proposer A recognizes that there are many barriers to care; therefore, they will use the following to monitor beneficiary and provider activities: GEO (geographic report to monitor distance) access reports, hot spot mapping of beneficiary utilization rates, care coordination reports, telephone services reports and statewide beneficiary utilization rates. Proposer A also proposes to conduct a Provider Customer Service survey to measure various aspects of the system, such as provider satisfaction, reasons for discontinuing enrollment, reasons for not enrolling in the program, and awareness of program. However, nowhere in the proposal does it state that this survey is complete yet.</p> <p>N-9 and Whole Work Plan Throughout the work plan, Proposer A offers use of tools to ensure successful performance. Proposer A's goal is to offer providers with a provider-centric program that is quick and accessible. To do so, some tools/resources include online tools, streamlined procedures, regular communication, and trainings.</p> <p>N-24 and N-27 to N-28 Proposer A demonstrates an ability to develop and implement procedures to identify prior authorization or provider billing errors and steps to take to minimize these errors. To minimize errors, Proposer A states they have various provider trainings (i.e., in-person training, webinars, face-to-face in the provider's office and live streaming webinars).</p> <p>N-52 to N-54 Proposer A offers appropriate staffing that have the knowledge and interpersonal skills to successfully interact with the provider community in all functional responsibilities. Proposer A provides an organization/staff chart along with description of roles.</p>

24 A Eval5 2 TeamC

Proposer A adequately described their approach for the provider enrollment and credentialing process. Their approach introduces an optional web-based electronic enrollment process, pre-populated provider print forms for revalidation, and in-person and webinar communication. The Proposer outlined details of the application process through the electronic enrollment system. Providers with incomplete applications will be prompted to correct their applications or will be contacted by the Proposer in a specific time frame. Complete applications with issues identified will go through a review process and to the Department for further review. Additionally, Proposer A outlined the ability to verify additional information of new providers such as the State Drug Enforcement Agency registration, malpractice claims history, Office of Inspector General listing, and general anesthesia licensure, etc. The Proposer offers the creation of the Provider Enrollment Subcommittee consisting of the Surveillance and Utilization Review Subsystem (S/URS) Director, general dentists, oral surgeon, orthodontist, and provider enrollment lead who meet on a monthly basis to investigate provider credentials, recommends to deny or approve providers, and reviews re-credentialing of providers. (Provider Services Plan, N-13 to N-15)

24 A Eval6 2 TeamC

Q Num	Proposal	Evaluator	Score	Comments
	<p>Proposer A's response adequately details their approach to ensure new providers are properly vetted and credentialed to ensure they meet the standards required by Medicaid, the California Dental board, and the Medicaid Dental program (See Exhibit A – Attachment II, Section B6 for requirements).</p>			
	<p>Proposer A provides adequate details on the credentialing and enrollment process. Proposer A states that their credentialing/re-credentialing process meets the highest quality standards in the industry. The credentialing process is broken up into 5 steps which are: Step 1: Provider completes application; Step 2: Application review and data entry/pursue missing information; Step 3: Provider approved or denied from the network; Step 4: Notification letter mailed to provider; and Step 5: Update Provider Master File.</p>			
25	A	Eval5	2	TeamC
	<p>Proposer A adequately described a training methodology and plan that satisfies the requirements of the contract. The training program will feature topics as outlined in the contract, in addition to additional introductory and specialized training/courses that are offered in-person and through webinars with advanced notice of the schedule. Proposer A also offers a geographic targeted plan by establishing regional centers that would be staffed by a least one provider relations representative that will focus on building the provider network in each region of the state. The Proposer had outlined an evaluation method through use of online surveys to assess the effectiveness of the training given at seminars. (Provider Services Plan, N-21 to N-25)</p>			
25	A	Eval6	1	TeamC

Q Num	Proposal Evaluator	Score	Comments
			<p>Proposer A barely adequately responds to how they will provide training that meets the requirements listed in the Providers Services, Provider Training section (See Exhibit A – Attachment II, Section B10 for requirements).</p> <p>N-23 to N-24 Proposer A describes their training methodology that has some of the required elements stated in the contract. Proposer A's methodology is based on an adult learning theory of andragogy—the art and science of adult learning which includes self-concept, adult learner experience, readiness to learn, orientation to learn, and motivation to learn. There are four main principles of the theory that Proposer A plans to leverage in their training plans. Principles are: adults need to be involved in the planning and evaluation of their instruction; experience provides the basis for learning activities; adults are most interested in learning subjects that have immediate relevance to their job or personal life; and adult learning is problem-centered rather than content-oriented. Proposer A hopes to execute these trainings via newsletters, website postings, and office visits.</p> <p>Curricula over-view is vague and it has not been completely established. There is no timeline included and the use of other data/reports and assessment methods are minimal.</p>
N-21 to N-25			<p>Proposer A's Training Plan meets the bare minimum of the State requirements. Proposer A proposes to meet the requirements by offering 4 different training programs. Per the contract requirement, Proposer A will host basic, advance, workshop, and orthodontic training programs and follow RFP timeframes. Proposer A also plans to use SurveyMonkey as a tool for evaluation that will include the number of participants, the types of seminars held, location details and recommendations for future seminars. However, Proposer A lacks describing how they will identify critical subject areas where providers still have questions or concerns about the program's policies and procedures, billing questions, Manual of Criteria requirements and/or questions related to Share-Of-Cost.</p>
N-21 to N-25			<p>Proposer A vaguely describes how they will provide the required provider seminars and special training sessions. Proposer A states they will meet contract requirements by reaching out to communities throughout the State with a heavily populated dental need; however, provider seminars and special training session sections lack detail on how this will happen.</p>
26	A	Eval5	1 TeamC
<p>Proposer A less than adequately provided information on a specific plan they would execute to meet each requirement for provider visits. The Proposer listed each requirement from the ASO Request For Proposal (RFP) and acknowledged that they would meet them. However, they did not specifically outline how each requirement will be carried out. The Proposer gave a brief and general overview of the provider representatives' responsibilities that was less than sufficient to determine the staffing required to meet each requirement. (Provider Services Plan, N-26 to N-28)</p>			
26	A	Eval6	2 TeamC

Q Num	Proposal	Evaluator	Score	Comments
	<p>Proposer A's response adequately describes their plan to execute and meet the requirements listed for provider visits (See Exhibit A – Attachment II, Section B11 for requirements).</p>			
N-26 to N-28	<p>Proposer A's plan specifies how they plan to accomplish the requirements associated with provider visits and the staffing required to meet the requirement. Proposer A states that they understand the importance of provider visits and developing relationships with providers. There are various states where Proposer A already successfully administers on-site provider visits and they propose to continue to do the same for the Department's needs. Proposer A also states they will follow all RFP requirements. RFP requirements have been copied onto their proposal and are stated to be met.</p>			
	<p>Although details are vague from pages N-26 to N-28 of the contract, throughout the whole contract (N), Proposer A portrays ways they will accomplish how they will meet provider visit/staffing requirements (i.e., trainings and evaluations).</p>			
N-26 to N-28	<p>Proposer A adequately meets the requirements detailed in Exhibit A, Attachment II, Provider Services. As mentioned above, Proposer A copies and lists RFP requirements and states they will meet them; however, a reader may have to read the whole contract (not just pages N-26 through N-28) to understand the details of how they meet all requirements.</p>			
27	A	Eval5	2	TeamC
	<p>Proposer A adequately demonstrates an understanding of the publication requirements and described a publication team of staff and subcontractors capable of meeting them. The Proposer has experience with web development and creating provider publications for other states. The Proposer is proposing the use of a web portal that will allow providers to access enrollment forms, claims and authorizations, receive information on providers' beneficiaries, receive customer service for billing, access and store publications, and sign up for trainings, etc. This web portal is available to both providers and beneficiaries and will include up-to-date information from the Medi-Cal Dental Program. The Proposer has also made mention of the requirement of form inventory regarding availability of proprietary forms during the phase-in of the American Dental Association (ADA) claim form and expressed their expertise in utilizing the ADA claim form in other states. Proposer A made mention of timelines for Department approval for publications. There was no mention of utilizing Print-On-Demand. (Provider Services Plan, N-29 to N-38)</p>			
27	A	Eval6	2	TeamC

Q Num	Proposal	Evaluator	Score	Comments
	Proposer A's response adequately describes how their proposed publications solution will provide a robust publication unit capable of meeting the publication requirements of the Medicaid Dental RFP as detailed in the Provider Services, Publications section (See Exhibit A – Attachment II, Section B13 for requirements).			
N-29	Proposer A understands the form inventory requirements. They understand that they will be responsible for managing the coordination of a number of materials for printing and distribution to providers, such as proprietary claim forms, new provider welcome packets, and envelopes. Proposer A states they will mail forms and envelopes to providers within 10 business days of receipt of a reorder request per timeline as stated in the RFP.			
N-33 to N-37	Proposer A demonstrates an understanding of the required effort to produce publications, utilize Print-On-Demand, and publish information. Proposer A is already familiar with the importance of publications and currently produces provider publication materials for 28 states. Proposer A is a firm believer in Agile project management, which focuses on publication development, requirements, designs, testing, constant examinations, and the time to adjust and accommodate project changes. Examples of past publication materials are located in see Section N., Publications, Figure 7. Proposer A is also familiar with mass email communication services. With approval of the Department, Proposer A plans to use this fast, convenient and cost-effective publication method to communicate with providers and other stakeholders on a regular basis.			
N-33 to N-38	Proposer A states they have experience with web publishing. Their in-house team has worked with agency partners and has worked with various Content Management System (CSM) platforms and they understand key server-side web development concepts (i.e., Interpreting visual or interaction designs in HTML, CSS and Javascript). Proposer A also states that they are prepared to design, facilitate, and write all postings of provider publications for the Denti-Cal website in compliance with the timeframes stated in the RFP. As an additional item, Proposer A also provided a new suggestion for the layout of the Manual of Criteria (MOC) that they hope to use as a tool to reduce beneficiary and provider communication barriers (See new layout suggestion on N-36). Provider A meets RFP requirements.			
28	A	Eval3	3	TeamB

Q Num	Proposal Evaluator	Score	Comments
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The Proposer demonstrates more than adequately how it will provide to the beneficiaries the services required under the Beneficiary Services section. The Proposer will generate reports that track contacts by beneficiaries, categorized by: whether the contact was by phone or written; the nature of contact (complaints or requests for information); the resolution or action taken by the Proposer; and the number of days required for resolution. These reports will be assigned to four categories: provider referrals; complaints, grievances and State Hearings information; questions about service denials and modifications; and inquiries regarding Clinical Screenings. Working with the Fiscal Intermediary (FI), the Proposer will create logs and compile source data to generate monthly reports.

Software to be used for the performance of this contract includes: Salesforces CRM, California Medicaid Management Information Systems (CD-MMIS), Beneficiary Correspondence Interface, State Hearing Database, Fiscal Intermediary Access of Medi-Cal Eligibility (FAME) file, Automated Eligibility Verification System (AVES), Microsoft Office Suite and InDesign. Equipment includes telephones and cell phones, computers, fax machines, scanners, printers and photocopiers. All tools will be compatible with DHCS' standards and configurations.

The Proposer's staff receives both initial and ongoing comprehensive training, including a month-long Customer Service Representative (CSR) training course. Each call to the TSC can be listened to or recorded for internal audit, with the goal of resolving issues on the first call. TSC employees are evaluated 8 times each month on customer-service and call-resolution. Scores less than 95% result in escalating action ranging from further training to dismissal.

The Proposer's response is of above average quality.

(Section O)

28	A	Eval4	2	TeamB
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Q Num	Proposal Evaluator	Score	Comments
			<p>The Proposal response is adequate or meets DHCS' basic needs/requirements or expectations for demonstrating that they can provide beneficiaries with services required under Exhibit A, Attachment II of the RFP. Proposer A can meet the basic requirements for beneficiary access to care, and TSC call center as it pertains to appointments and resolution of complaints/grievances. Additionally, Proposer A has all of the RFP required reporting standards and equipment to deliver services to beneficiaries.</p> <p>RFP References: Exhibit A, Attachment II</p>
			<p>The Proposer's response is adequate or meets DHCS' basic needs/requirements or expectations for the scoring consideration of controls to measure the effectiveness of the system. Proposer A effectively measures effectiveness by meeting reporting and equipment requirements. Additionally, Proposer A, measures effectiveness through the following processes: TSC, customer support, Claim/TAR/ Claim Inquiry Form (CIF) processing, assess to care, beneficiary surveys, and complaints/ grievance resolutions.</p> <p>RFP References: Exhibit A, Attachment II</p>
			<p>The Proposer's response is adequate or meets DHCS' basic needs/requirements or expectations for the scoring consideration of ensuring successful performance using tools. Proposer A has the software and equipment necessary to ensure the RFP required performance standards are met. Proposer A employs different clinical decision-making strategies to increase performance, such as Clinical Training Programs, Clinical Algorithms, Inter-rater Reliability Program, and Staff De-Incentive Policy.</p> <p>RFP References: Exhibit A, Attachment II Proposal Section O, Beneficiary Services Entire section</p>
			<p>The Proposer's response is adequate or meets DHCS' basic needs/requirements or expectations for the scoring consideration of successfully interacting with the beneficiary community. Proposer A offers the appropriate knowledgeable staff with the ability to work with beneficiaries. Proposer A's Customer Service Representatives (CSRs) I/II have the first contact with beneficiaries and are able to provide general inquiries, assistance with appointments, and general concerns. Additionally, Proposer A has a Complaint and Grievances Manager and Specialists to respond to and resolve any issues that arise from a complaint, grievance, or State Hearing.</p>

29 A Eval3 3 TeamB

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer more than adequately describes adequately how it will support and assist the beneficiary in scheduling appointments and, when necessary, assist in acquiring transportation.

In their initial calls to new beneficiaries, Customer Service Representatives (CSR) offer to help the beneficiary select a dentist, if they don't already have one, based on location, language abilities and required specialty as needed. If the beneficiary is willing, the CSR will schedule an initial appointment by establishing a three-way call with the desired provider and confirming the appointment while the beneficiary and the dentist's office are on the line. The Proposer will confirm the appointment by text message, telephone call or email, as the beneficiary prefers. Assistance with subsequent appointments is available through the Telephone Response Center (TRC).

Similarly, beneficiaries requiring assistance with non-emergency medical transportation (NEMT) can call the TRC, which will initiate a three-way call with the provider to ensure that the office is submitting the necessary documentation to the NEMT company, which in turn will submit a Treatment Authorization Request for DHCS approval. If the provider's office submits an NEMT request to the TRC, they will be instructed to submit the correct form to an approved NEMT company for follow-up.

The Proposer's response is of above average quality.

(Section O)

29	A	Eval4	2	TeamB
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Proposer A's response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A has an appointment program developed to ensure that beneficiaries have access to care with the right provider who is located in close proximity to them. Proposer A will adhere to using the RFP-required Customer Relationship Management (CRM) system to generate providers based on geo-mapping technology to aid in matching beneficiaries with appropriate providers in their area. Proposer A has developed a system called Safety Net Solutions for monitoring and mitigating beneficiary no-shows by linking with safety net clinics to reduce the no-shows. In addition to the Safety Net Solutions Program, Proposer A has an aggressive broken appointment policy contract that all beneficiaries must sign.

RFP Reference: Exhibit A, Attachment II

Proposal response is adequate or meets DHCS' basic needs/requirements or an expectation as it pertains to assisting with transportation for beneficiaries. Proposer A acknowledges that there is a barrier to transportation for beneficiaries and will adhere to providing the RFP required Non-Emergency Medical Transportation (NEMT). If a transportation request is received through the TSC, Proposer A will do a warm transfer or three-way call to ensure that the proper documentation is completed on behalf of the beneficiary.

RFP Reference: Exhibit A, Attachment II

Proposal Section O, Beneficiary Services O-19-O-20 and O-35-O-37

30	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer more than adequately provides oral and written linguistic support to beneficiaries, makes the services readily available, and has an accessibility plan to communicate this information and ensure beneficiaries are aware of the linguistic support in all applicable functional areas. At the first contact with the Proposer during the Welcome Phase, beneficiaries will be asked to state a linguistic preference, and trained staff will ascertain whether other barriers to communication exist so that the Proposer can accommodate their needs.

Beneficiaries can select a dentist who speaks their preferred language (if one is available) either through the web portal or by phone through the TSC. The Provider uses a telephone translation service to assist beneficiaries who call the TSC and whose primary language is not English. In addition, this service is available when beneficiaries and providers need assistance during a dental visit.

Written materials will be available in English, Spanish, Vietnamese, Cantonese and other threshold languages, and will be made available in alternative formats for beneficiaries with special needs. These materials will be written at or below 6th grade reading level on the Flesch-Kincaid scale, using short sentences and paragraphs. They are developed using the Federal Plain Language Guidelines, the Centers for Medicare and Medicaid Services (CMS) Toolkit for Making Written Material Clear and Effective, and other resources.

The Proposer's response is of above average quality. No omissions are apparent.

(Section O 16-19; 38-42)

30	A	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A will ensure that Spanish-speaking TSC representatives are hired, as there are a higher percentage of Spanish speaking beneficiaries within the Medi-Cal population. Proposer A will contract with a language company to ensure that all languages are available for beneficiaries.

Proposal response is adequate or meets DHCS' basic needs/requirements or expectations for the scoring consideration to provide for beneficiary educational materials in all threshold languages.

Proposal response is adequate or meets DHCS' basic needs/requirements or expectations for the scoring consideration to provide for beneficiary educational materials for those with limited reading proficiency by providing all written documentation and brochures at or below a sixth grade reading level. Proposer A uses the Flesch-Kincaid Grade readability test to ensure that all documents meet the RFP required standard mentioned above.

31	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer has a more than adequate plan to monitor beneficiaries' use of dental care services and assist them in seeking preventive dental care services when the beneficiaries' last preventive care visit was not within the program's periodicity schedule or if beneficiaries have not received any primary dental care.

The Proposer plans to analyze claims data monthly to determine which beneficiaries have not had a dental visit in the past 6 months. Those who have not will be contacted in a variety of ways, including phone calls, text messages, emails and postcards, reminding them of the importance of a dental visit and offering to help make an appointment. Calls to the TSC will also be flagged if the caller is outside the recommended schedule for dental appointments, allowing the representative to attempt to make an appointment for the beneficiary at that time.

The Proposer's response is of above average quality. No omissions are apparent.

(Section O 20-21)

31	A	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A provides a very basic explanation of how the Proposer will assist beneficiaries with preventive dental care when their last preventive care visit was not within the program's periodicity schedule. Proposer A's TSC department will automatically be notified through the CRM system when a beneficiary calls and they are not up-to-date on their periodicity-scheduled treatments. The TSC representative will attempt to schedule an appointment for the beneficiary at this time.

Proposer A has a beneficiary newsletter and handbooks that emphasize the importance of preventive care and scheduling appointments based on the periodicity schedule. Proposer A stated that they will incentivize beneficiaries to schedule preventive care appointments but did not give examples of incentives to ensure that Proposer will comply with the State's standard for beneficiary incentives.

Proposal response is adequate or meets DHCS' basic needs/requirements or expectations of the scoring consideration to track the beneficiary access to care and ensure beneficiaries receive treatment. Proposer A has an appointment assistance program that ensures that beneficiaries have access to care with an appropriately placed provider near their home. Proposer A also monitors utilization of dental care services each month for both adults and children using various methods of outreach, such as telephone, text messaging, postcards, etc. Proposer A has a strict no-show policy to encourage beneficiaries to keep appointments. Proposer A has a computer application that providers can use to track all broken appointments.

RFP Reference: Exhibit A, Attachment II
 Proposal Section O, Beneficiary Services O-19 to O-21 and O-35 to O-37

32	A	Eval3	2	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer understands adequately the requirements to maintain a statewide roster of providers, in addition to the regular panel, to perform second opinion dental screenings for treatment plans and State Hearing cases.

The Proposer suggests using the existing network of screening dentists, who would require no training. In the event that DHCS does not disclose the current network, the Proposer plans to create a statewide list of dentists across specialties by targeting recruitment; contacting these dentists to determine interest; following up by phone to answer questions and recruit; and providing initial and ongoing training. This plan will presumably result in a statewide network across specialties.

The Proposer understands and acknowledges that DHCS does not reimburse for these screenings, and agrees to be responsible for that cost.

The Proposer's response is of average quality and meets DHCS' basic needs. No omissions are apparent.

(Sections O 32-34)

32	A	Eval4	1	TeamB
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Proposal response is barely adequate or barely meets DHCS' needs/requirements or expectations. Proposer A acknowledges that a statewide roster needs to be maintained that includes providers that perform second opinion dental screenings. However, there is a heavy reliance on already established rosters provided during the Takeover Phase. Additionally, Proposer A provided a checklist that states that Clinical Screening findings will be used for State Hearing cases, but failed to give any additional information on how the process will work. This section barely meets the RFP requirements. Proposer A merely states that they will adhere to the process but provides no concrete plan to ensure that every beneficiary that requires a second opinion will be assisted once assumption of duties commence.

Proposal is adequate or meets DHCS' basic needs/requirements or expectations. During the Takeover Phase, Proposer A plans to request a roster of second opinion providers and if a list is not available, the Proposer has a plan: Proposer A will establish a list through recruitment efforts with the help of stakeholders and other dentistry organizations. A recruitment letter will be sent to providers notating the RFP requirement that all Clinical Screenings are included in the TAR and not paid separately. Proposer A will also provide initial and on-going training for all providers to apprise them of their responsibilities in the Clinical Screening program.

Proposer A does not provide any additional reimbursement for Clinical Screeners; the only payment is the fixed price that is included for all TARs. This may make it hard for Proposer A to incentivize Clinical Screening providers, especially if they do not have this established at the Takeover Phase.

Proposal response is barely adequate or barely meets DHCS' needs/requirements or expectations of the scoring consideration to provide adequate statewide coverage to perform second opinions because Proposer A does not demonstrate the ability to provide proper coverage. Proposer A acknowledges that the coverage is RFP-required but does not explain how they will meet the requirement. Proposer A appears to be heavily reliant on already established Clinical Screeners rather than a network built by them.

Overall Proposer A's response was barely adequate because they did not provide a clear example of how they would meet the RFP requirements.

RFP References: Exhibit A, Attachment II

Proposal Reference:Beneficiary Services, Pages O-30 to O-34

Q Num	Proposal	Evaluator	Score	Team	Comments
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33 A Eval3 2 TeamB

The Proposer's detailed plan to perform the required second opinions and specialist referrals is adequate to meet DHCS' basic needs. The Proposer understands the requirement to provide second opinions in cases such as requests for State Hearings, pre-operative TARs, patient complaints, appeals, quality of care issues, utilization review cases, fraud and abuse investigations, clinical post-service exams, claims reviews, and provider appeals.

The Proposer suggests using the existing network of screening dentists, who would require no training. In the event that DHCS does not disclose the current network, the Proposer plans to create a statewide list of dentists across specialties by targeting recruitment; contacting these dentists to determine interest; following up by phone to answer questions and recruit; and providing initial and ongoing training. This plan will presumably result in a statewide network across specialties.

The Proposer's response is of average quality. No omissions are apparent.

(Sections O 30-34)

33 A Eval4 1 TeamB

Proposal response is barely adequate or barely meets DHCS' needs/requirements or expectations. Proposer A has not provided a detailed plan on how they will perform the required second opinion and specialist referrals. Proposer A acknowledges that there are various reasons why a second opinion or specialist referral would be requested, and commits to facilitating the Clinical Screening appointments within the RFP required timeframe.

Proposer A understands the RFP required second opinion appointments are necessary and will adhere to the 11-day appointment timeframe.

Proposer A provided a barely adequate plan for recruiting statewide Clinical Screening providers. Proposer A has a heavy reliance on already established rosters provided by the State during the Takeover Phase and has developed a plan to recruit providers but cannot ensure that providers will be available for Clinical Screenings at the assumption of duties.

RFP References: Exhibit A, Attachment II
 Proposal Section O, Beneficiary Services, 0-30-O-42

34 A Eval3 3 TeamB

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer has a beneficiary communications and publication system, and a plan to implement and deploy this effort, which are more than adequate. The Proposer will be responsible for writing, designing and facilitating posting of publications. Once drafts have been approved by DHCS, the Proposer will prepare them for publication and distribution so that beneficiaries, government constituents, and private entities have easy access.

The plan includes retaining publications in electronic media, and posting them to the Denti-Cal website. In addition, a chronological archive of beneficiary publications will be updated monthly and made available through the website.

The Proposer will adhere to DHCS' publication timeframes, including publishing priority newsletters within 4 business days of DHCS approval, distributing routine monthly beneficiary newsletters no later than the 30th of each month with DHCS approval, and issuing other publications (such as letters, handbooks, postcards and brochures) as instructed by DHCS.

The Proposer's response is of above average quality. No omissions are apparent.

(Section O 15, 38-42)

34	A	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A will adhere to the RFP requirement to provide beneficiary publications, which includes "letters, handbooks, postcards, brochures," and all other written documents needed for beneficiary outreach. Proposer A has a Program Brand Management team that is designated for all State materials to ensure quick turnaround, which is above and beyond what is required in the RFP. Proposer A will keep an online tracking system for all publications so that the State can review and provide revisions as needed. This will aid in quick turnarounds as well. This system will include electronic reminders for bulletins and newsletters.</p> <p>Proposer A will adhere to the publication timeframes dictated by the RFP of 4 days for priority newsletters, 30 days for routine monthly newsletters, and revisions within 2 days.</p> <p>RFP References: Exhibit A, Attachment II, Beneficiary Publications Proposal Section O, Beneficiary Services, Pages O-38 to O-42</p>				

35	A	Eval5	4	TeamC
<p>Proposer A provided an outstanding and robust description of the Telephone Service Center (TSC) hiring criteria, onboarding and ongoing training program, staff functions, and performance and quality monitoring to ensure customer service representatives (CSRs) are fully equipped to respond to both beneficiaries and providers. They identified an organizational chart and staffing responsibilities of the customer service department as well as score cards for CSRs to track individual performance to review with supervisors monthly. Proposer A is offering different modes of communication for beneficiaries' convenience such as through phone, email, text and a web portal. They provided a realistic approach to operating a TSC similar to their centers in 4 different states, the process for maintaining the existing Interactive Voice Response (IVR) system, a new system of tools to manage and track call volume for workforce scheduling and forecasting, and, stated they will be utilizing a QM plan for call content. (Provider Services Plan, R-11 to R-20, R-21 to R-30)</p>				

35	A	Eval6	3	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer A more than adequately demonstrates an understanding of, and commitment to, customer service (See Exhibit A – Attachment II, Section F for requirements).

R-7 to R-51

Proposer A demonstrates an understanding of the importance of the Telephone Service Center (TSC) staff in relation to the overall efficiency and satisfaction of the Provider and Beneficiary communities throughout the entire Telephone Service Center Plan section R. Proposer A understands that the TSC plays a crucial role in achieving their mission, which is to “improve the oral health of all.” To comply with their mission and the RFP requirements, Proposer A proposes to provide quality service to all TSC callers. They also aim to increase beneficiary outreach/preventative care while working with providers to improve access to care. Proposer A understands that efficient work between both Provider and Beneficiary communities need excellent staff who are working professionals motivated by helping others and able to provide quality (timely and accurate) service through the TSC.

R-8 to R-12; R-20 to R-32; R-41 to R-45; R-47 to R-49

Proposer A demonstrates a realistic approach to the maintenance and operations of the TSC. Proposer A knows that in order to maintain and keep the TSC operations moving forward, they must focus on hiring leaders and staff who are able to provide great customer service (See R-9 for customer service staffing chart). In addition, Proposer A states that from their experience (through 10 state carve-outs), they have been able to find best practices that are effective for the TSC. Proposer A proposes to mirror the leadership and accountability framework used in the state of Texas to provide successful services for the Department. This framework includes staff supporting on-demand trainings and collaboration between all customer service teams.

36	A	Eval5	2	TeamC
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Proposer A adequately demonstrates and provides the services required under the TSC, Beneficiary Services, and Provider Services sections of the contract. They have outlined the required services for beneficiaries and a plan to provide assistance in all areas including distance traveling to see a provider, transportation and language interpretation. In addition, the Proposer's plan gave an overview of services that would be provided to providers in addition to additional support from the Provider Services team for more complex support and assistance in broken/missed appointments. The Proposer's plan provides for an organizational structure and staffing to ensure sufficiently qualified staff are employed and the use of score cards for staff to track individual performance to review with supervisors monthly. Proposer A offers different modes of communication for beneficiaries' convenience such as through phone, email, text and a web portal. (TSC Section, R-34 to R-40)

36	A	Eval6	3	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
37	A	Eval5	3	<p>Proposer A more than adequately demonstrates and provides to the beneficiaries, providers, and other callers the services required under the TSC, Beneficiary Services, and Provider Services sections (See Exhibit A – Attachment II, Section F6 & F7 for requirements).</p> <p>R-8 to R-12; R-23 to R-32; R-32 to R-39</p> <p>Proposer A's plan provides for the required services to beneficiary callers. Per the RFP requirements, Proposer A proposes to assist eligible beneficiaries with access to Medi-Cal Dental providers who are accepting new Denti-Cal patients and will assist in providing them with the necessary covered dental services. In addition to locating a provider, Proposer A states their staff will help answer questions on eligibility, claims and benefits, appeals or complaints/grievances, and provide assistance with transportation requests. Should the beneficiary have any hearing disadvantages, Proposer A has another method of communication: the use of a Telecommunications Device for the Deaf (TDD) service line is available. Proposer A states that in the event a beneficiary is having trouble obtaining dental services through the Medi-Cal program, their TSC staff will be able to assist with a three-way call between the beneficiary and the provider (per the RFP, this process is also known as a warm transfer) to assist with an appointment/referral within the required timeframe. Proposer A will be able to assist with the warm transfer process described above with their Customer Relationship Management (CRM) system that generates a list of providers closest to the beneficiary's primary home or work address. Proposer A is aware that a common issue among the Medicaid population is missed appointments. Proposer A states that they will implement their Broken Appointment Education program to allow dentists to electronically report beneficiaries who missed an appointment. Additionally, to prevent broken appointments, Proposer A will advise the TSC staff to advise beneficiaries on the importance of cancelling appointments at least 24 hours ahead of time if he or she chooses to reschedule or cancel. Proposer A also proposes to place reminder calls, texts, and emails to remind beneficiaries of their scheduled appointments. Proposer A states that these methods have been successful in other states and they will continue to follow up on reported no-show appointments as stated in the RFP to better their data reports and improve the program.</p> <p>R-8 to R-12; R-23 to R-32; and R-40</p> <p>Proposer A's plan provides for the required services to provider callers. Proposer A states that providers will have the option to contact their TSC for Medi-Cal Dental inquiries as stated in the RFP. The TSC staff will be trained how to accurately and comprehensively answer various questions that are related to billing issues, billing procedures, claims status, prior authorization issues, missing radiographs, Explanation of Benefits (EOB) codes and erroneous payment corrections, and questions related to policies, procedures, processes and regulations as stated in the RFP.</p> <p>Proposer A's plan also provides for an organizational structure and staffing to ensure that sufficiently qualified staff is capable to meet all TSC duties and responsibilities. Proposer A clearly depicts their staff and staffing responsibility through an organizational chart, and describes each staff member's roles (See chart on R-8 through R-12). Per RFP requirements, Proposer A has appointed a management team that will be able to supervise telephone operations, perform direct liaison activities with the Department, participate in management control activities, attend meetings, and monitor staff to meet the TSC needs. Various trainings will also occur for new and current staff to make sure all staff are equipped with knowledge of how to respond to provider and beneficiary related inquiries. Trainings include, but are not limited to, the following: Compliance training, Surveillance and Utilization Review (S/URS) training, "Preventistry" Program training, Record Retention training, Cultural Competency training, Non-discrimination training, Social media training, and California Dental Medicaid Management Information Systems (CD-MMIS) training.</p>
37	A	Eval5	3	TeamC

Q Num	Proposal	Evaluator	Score	Comments
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Proposer A more than adequately describes in detail technology that would be used to execute tasks. They offer a multi-vendor technology system to streamline TSC processes. They offer to use an advanced telephony service platform that has the ability to integrate the existing IVR system and a proposed Customer Relationship Management (CRM) system. The CRM enables the CSRs to store and access beneficiary and provider information, such as the referral list and geo-mapping of travel distance for the beneficiary. Additionally, the platform offers built-in reporting tools. They offer an automated call-vectoring system to support routing inquiries to the correct CSR. (TSC Plan, R-21 to R-25)

37	A	Eval6	3	TeamC
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Proposer A's response more than adequately describes in detail both the new and existing technology [considering Interactive Voice Response (IVR) and CRM] to be used in executing the tasks described in the TSC section and meets RFP requirements (See Exhibit A – Attachment II, Section L for requirements).

R-21 to R-30; R-41 to R-46

Proposer A provides the design of the telephone system and associated equipment. Proposer A believes that their agents need an appropriate set of tools (all of which are on the same platform) to provide the best service. Proposer A's customer service designed approach is called an "Omni-Channel," and a "Single Service System," which can be found on page R-21 of their plan. These approaches consist of multiple means of communication such as phone, portal, email, and mobile communication in conjunction with CRMs, Telephony, Analytics, and knowledge base systems. Proposer A also describes the design of their incoming calls. Incoming calls use a combination of their IVR system and other Cisco tools to manage the volume of calls received in the TSC. First, calls are routed to the 24/7 IVR system (see flow chart on R-24), which provides an automated greeting and subsequently lists options for either provider or beneficiary specific information. Proposer A is confident that they will have staff to answer live calls; however, if a call cannot be answered within 15 seconds, they also have a recorded message reassuring the caller to stay on the line for the next TSC representative.

R-22 to R-24

Proposer A offers an automated call-vectoring system. For more details about the IVR system, see response in above paragraph. Per the RFP, the IVR system must provide quick access for both providers and beneficiaries, must manage large numbers of incoming calls, and must contribute excellent customer service. Proposer A proposes to comply with the RFP and states that their automated call-vectoring system shall not exceed the monthly average wait or hold time of 60 seconds. Based on their 2015 data, Proposer A's hold time was roughly 20 seconds for beneficiary calls and 35 seconds for provider calls. Proposer A proposes to meet time requirements and follow all RFP requirements.

R-44 to R-45

Proposer A also offers a CRM System. The RFP states that the CRM shall be able to contact beneficiaries who missed a scheduled appointment and be able to capture the information at the time of the referral. Proposer A states they are able to comply with the RFP requirements. Their CRM system will support beneficiaries through numerous TSC features such as collecting customer information and claims history from their Cisco interface. Proposer A's CRM will have the capability to search for providers by using the many criteria available, such as mileage, provider specialty, languages, and age (see full criteria chart on page R-45 of plan).

38	A	Eval5	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
38	A	Eval6	2	TeamC
<p>Proposer A adequately provides a solution to support and assist Limited English Proficient (LEP) callers. The Proposer is contracted with an international company that offers over 230 languages. The Proposer will initiate a 3-way call conference between the caller and the contracting interpreter. Additionally, the Proposer will use the Nuance speech recognition software to recognize beneficiary responses in their native languages and the IVR is available in English, Spanish, and Chinese. (TSC Plan, R-33 to R-44)</p>				
39	A	Eval5	2	TeamC
<p>Proposer A adequately responds to how they will provide a solution to support and assist Limited English Proficient (LEP) callers (See Exhibit A – Attachment II, Section E4 for requirements).</p> <p>R-33 to R-34</p> <p>Proposer A has a solution in place to assist callers in real-time with their language support needs and they demonstrate a realistic approach to the maintenance and operations of the TSC. Per the RFP, Proposer A must offer translation services for languages if more than five percent of the beneficiaries in any county within the State of California speak the alternative language. Proposer A meets the requirements and states that through their speech recognition software and through their contractor, Certified Languages International (CLI) interpreters, beneficiaries are able to speak in their native language to help find a representative that speaks his or her language. The IVR is also available in the common English, Spanish and Chinese languages. In the past decade, Proposer A has collaborated with CLI and they are confident that CLI's services will continue to be reliable and continue to assist beneficiaries with three-way calls for 236 different languages. In addition to technology that is LEP-compliant, Proposer A also proposes to hire staff that is bilingual, especially in the most common Spanish language, as a solution to assist beneficiaries who speak limited English.</p>				
39	A	Eval6	2	TeamC
<p>The Proposer adequately demonstrates an understanding of a functional approach of the 'warm transfer' method. Proposer A will document a successful warm transfer in order to make reminder calls to reduce missed appointments. If a beneficiary declines to use the warm transfer, the CSR will provide the nearest three providers and their contact information. In the event a provider is not available in the area, the Proposer will attempt to connect with another provider and if not resolved, the matter will be escalated to a provider relations staff. (TSC Plan - R7 to R-51)</p>				
40	A	Eval5	2	TeamC
<p>Proposer A's response adequately demonstrates an understanding of and a functional approach to servicing callers using the 'warm transfer' method (See Exhibit A – Attachment II, Section F6 for requirements).</p> <p>R-35</p> <p>Proposer A demonstrates an understanding of, and a functional approach to, servicing callers using the 'warm transfer' method by explaining their appointment transfer program. Proposer A states they will offer beneficiaries assistance with scheduling dental appointments at the time of enrollment and/or when the beneficiary calls the TSC to ensure an appointment has been met. Proposer A's staff will keep dental office distance and time in mind when assisting with scheduling appointments. Proposer A's proposal is in compliance with the RFP; however, their response does not go beyond the expected quality.</p>				

Q Num	Proposal	Evaluator	Score	Comments
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Proposer A provides an adequate description of their understanding of precedent to payment requirements and proposed a solution to each requirement. The Proposer identified software and tools using an advanced telephony service platform that enables call vectoring, screen-pop, and call tracking/routing technology. Additionally, the proposer will track and forecast the volume history of calls to ensure sufficient CSRs are available and equipped ahead of time for the precedent to payment process. (TSC Plan, R-21 to R-25)

40	A	Eval6	2	TeamC
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Proposer A’s response adequately understands the precedent to payment requirements and proposes a solution to ensure these goals are met (See Exhibit B – Attachment II, Section G for requirements). Proposer A states that their hosted technologies/tools will support their operations. Proposer A proposes advance call vectoring, minimizing blocked callers, screen-pop and call tracking technology, and monitoring/reporting capabilities [For more descriptions of how Proposer A will meet standard RFP requirements, see table on R-48 through R-49]. Per the RFP, Proposer A shall submit a schedule of tasks, deliverables, and milestone dates; however, Proposer A’s submission is vague. Proposer A meets the standard requirements, but not all invoice timelines are clearly defined.

R-24 to R-25; R-32; R-47 to R-50

Proposer A identifies software and tools for utilization to meet the RFP requirements (see software illustration on R-25). Proposer A states that they plan to handle various call volumes through two different methods—predicting call volume and accurately predicting staff needs. Therefore, one type of tool Proposer A proposes to use is Aspect Workforce Management that uses a scheduling and forecasting tool. This tool allows Proposer A to accurately forecast staffing needs based on the current demand, potential demand, and staff characteristic patterns in 30-minute intervals. Proposer A’s forecasting tool has been effective in the past and has come within 4 percent of actual call volumes received. In addition to this tool, Proposer A has a call re-routing program that has the capability to transfer calls to neighboring call centers (trained call center agents in multiple markets that ensure great customer service) in the event an even larger call volume occurs. Proposer A also proposes workforce management software. Proposer A states that their quality assurance auditors are able to use their system that allows them to listen to recorded calls (100 percent of calls are recorded) to ensure all representatives are appropriately handling calls efficiently. Calls are scored and should there be any issues, Proposer A’s customer service management will either refer the representative back to training, provide targeted training, or the representative may be terminated (cases vary by severity). Proposer A’s tools utilized meet RFP requirements.

41	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer more than adequately demonstrates the ability to provide the quality and process improvements to the State, beneficiaries, providers, and other customers as detailed and required under the RFP.

The Proposer is confident they can meet the State’s stated goals of minimizing monitoring resources, reducing complaints directed to DHCS, reducing inquiries from officials and other interested parties, and enhancing program status through beneficiary and provider satisfaction.

The State will benefit from identification of dentists with patterns of under- or over-utilization so activities can be corrected and appropriate, cost-effective care can be delivered. Beneficiaries will benefit from the resulting improvement of care. Providers will benefit from prompt and accurate claims processing, fewer missed appointments, and periodic opportunities for training.

This proposal is more than adequate and fully meets DHCS’ requirements. No omission or flaw is apparent.

(Section M 13, 17-38)

41	A	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS’ basic needs/requirements or expectations. Proposer A’s Quality Management (QM) plan consists of the minimizing the monitoring resources through increased performance and enhanced beneficiary satisfaction. Proposer A will work to reduce beneficiary and provider issues and complaints. Proposer A will adhere to the Triple Aim quality model that helps improve care and reduce costs. However, Proposer A fails to explain how they would meet the RFP requirements; they just provide a check-marked list stating that they would meet the requirements. Proposer A has a Quality Management Dental Consultant (QMDC) that is in charge of delivering quality services. An Surveillance and Utilization Review (SURS) subcommittee has been established that will be tasked with reviewing and assessing provider performance and utilization, and ensure that the quality of services delivered to beneficiaries is satisfactory. Proposer A also has a Utilization Management subcommittee that will be tasked with the comprehensive overview and approval of new and revised policies.

Proposer A will provide additional provider oversight that will review utilization performance to ensure that dental services meet medical necessity guidelines and that preventive care received by beneficiaries actually improves oral health.

RFP References: Exhibit A, Attachment II, Quality Management Plan
 Proposal Section M, Quality Management, Pages M-13-M-58

42	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer more than adequately details a Quality Management (QM) system which includes continuous and routine measurement of contractor work and oversight of contractor performance. The Proposer's Quality Oversight and Integrity Committee (QOIC) oversees providers and reviews the quality of care delivered. The Proposer recommends a quarterly review of providers using data, peer review, and assessment procedures. Outlier provider reports revealing under-utilization will be investigated to assure beneficiaries' needs are being met. The Proposer will measure providers' risk-adjusted costs, quality and accessibility to beneficiaries. Support for providers with low quality/high cost/below-standard performance will be provided. Below-standard performance will result in escalating consequences including letters, mandatory education, and personal training, with possible non-renewal of the provider contract.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section M)

42	A	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A has a QM plan that includes the RFP required subcommittees and a Quality Improvement team that focuses on quality improvement projects that develops strategies to improve quality metrics and goal initiatives.

Proposer A conducts process compliance reviews on all facets of the QM measurement tools such as SURS, State Hearings, Claims/TARs/NOAs, access to care, TSC and provider and beneficiary correspondences to name a few.

Proposer A will measure and monitor technology as well, to ensure that performance and utilization for beneficiaries is optimum.

Proposer A's QM Testing program ensures that Acceptance Testing, User Acceptance Testing (UAT), and End-to-End (E2E) testing is conducted, which is used to test system changes to California Dental Medicaid Management Information System (CD-MMIS). This testing ensures that all changes are properly made prior to the release of any changes on the mainframe and non-mainframe systems.

RFP References: Exhibit A, Attachment II, Quality Management
 Proposal Section M, Quality Management, Pages M-9 to M-11; M-25 to M-39

43	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer provides a detailed QM plan which more than adequately addresses quality planning, quality assurance, quality control and quality improvement. The Proposer's QOIC oversees providers to review the quality of care delivered and the utilization rate of services by beneficiaries, collaborates with stakeholders, periodically evaluates overall success of the program, and develops research-based performance improvement projects to improve utilization management processes.

The Proposer's Quality Assurance Standards and Procedures Manual (QASPM) specifies detailed procedures as well as serving as a quality handbook for all operational functions. Upon approval by DHCS, the QASPM will be distributed to internal QM staff and to all subcontractors. Staff training and oversight, including opportunities to shadow experienced workers, will help establish high-quality service. Error rates of 5% or less are required of CSRs, and are typically even lower. Audits of claims processing and utilization areas also identify errors early so that processes can be amended to prevent them in the future. Providers are also afforded opportunities for training, and provided frequent feed-back and encouragement to maintain high quality standards.

Results outside of control limits are subject to corrective actions, some examples of which follow:
 Within the Proposer's organization, utilization review staff members are required to participate in quarterly evaluations. Any team member who does not pass must attend additional training with the senior clinical instructor and be re-tested. Claims are subjected to random testing, and as errors are identified and corrected the data is sent to the Quality Assurance and Control Subcommittee for analysis, trending and action as necessary. In the TSC, each call is scored. Representatives scoring below 98% are spoken to by a supervisor, given additional training or otherwise encouraged to improve performance.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section M)

43	A	Eval4	2	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
44	A	Eval3	3	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A has a QM strategy that includes QM Governance which establishes the committee and subcommittee structures to ensure proper oversight, Quality Planning that provided the State with annual plans and revisions as needed; Quality Improvement (QI) that focuses on QI projects using key interventions that will help improve services provided to beneficiaries as well as streamlining processes for providers; and Quality Assurance (QA) and Quality Control (QC) mechanisms that measures and monitors the people served, and the processes and technology used.</p> <p>Additionally, Proposer A QM plan identified QA and QC as "key quality metrics." Proposer A will implement QI plan that will improve the quality metrics with the goal of increasing utilization and performance.</p> <p>RFP References: Exhibit A, Attachment II, Quality Management Operations</p> <p>Proposer A adequately answers the scoring consideration to identify how contract requirements and quality standards need to be met in QM plan section of their proposal. Again, Proposer A has established a QM strategy that includes QM Governance, QP, QI, QA, and Quality Control. As required in the RFP, Proposer A will maintain a Quality Assurance Standards and Procedures Manual (QASPM).</p> <p>Proposer A's QM plan ensures that quality management is built into their processes. As described above, Proposer A has a 4-part approach that includes QM governance, QI, QA, QC and Quality Planning all of which are designed to increase low cost care and provide better services to beneficiaries. Proposer A will also employ acceptance, UAT, and E2E testing that is used to test systems before there introduced to the production environment.</p> <p>RFP References: Exhibit A, Attachment II, Quality Management Operations Proposal Section M, Quality Management, Pages M-5 to M-8; M-9 to M-37</p> <p>The Proposer details more than adequately an approach and willingness to work directly and cooperatively with the FI to meet the overall contract goals. The Proposer plans to communicate with both the State and the FI to ensure that personnel, processes and tools coordinate efficiently.</p> <p>The QOIC consists of five subcommittees, which will oversee specific areas. These committees will include members of the FI team as well as DHCS representatives. Committee leaders will have full knowledge of the QM plan, and will participate in program oversight and annual evaluation, as well as recommending changes. Together they will set strategies, monitor measurements and ensure quality service.</p> <p>This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.</p> <p>(Section M 7-37)</p>				
44	A	Eval4	2	TeamB

Q Num	Proposal	Evaluator	Score	Comments
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. As required by the RFP, Proposer A will communicate and coordinate with the Department and the Fiscal Intermediary (FI) to deliver services to beneficiaries. This collaboration is a part of Proposer A's QM Governance structure.

RFP References: Exhibit A, Attachment II
 Proposal Section M, Quality Management, Page M-8

45	A	Eval3	3	TeamB
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The Proposer, their QM plan, and RFP response include an approach to evaluate concurrent and retrospective reviews of the program and contractor performance and compliance with all contract requirements, including accuracy and timely performance, which is more than adequate.

The Proposer's QOIC oversees providers and reviews the quality of care delivered. The Proposer recommends a quarterly review of providers using data, peer review, and assessment procedures. Outlier provider reports revealing under-utilization will be investigated to assure beneficiaries' needs are being met. The Proposer will measure providers' risk-adjusted costs, quality and accessibility to beneficiaries. Support for providers with low quality/high cost/below-standard performance will be provided. Below-standard performance will result in escalating consequences including letters, mandatory education, and personal training with possible non-renewal of the provider contract.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section M)

45	A	Eval4	2	TeamB
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Proposer A adequately identifies how contract requirements and quality standards will be met in the QM plan section of their proposal. Proposer A stated that they would comply with RFP requirements to concurrently and retrospectively review their compliance and performance to ensure that contract requirements are met. Proposer A's Quality Planning section states that they will monitor and evaluate services using their established QM subcommittees.

RFP References : Exhibit A, Attachment II
 Proposal Section M, Quality Mangement, Pages M-5 to M-39

46	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's QM response more than adequately demonstrates process controls and oversight of the checkwrite process. Processes include manual reviews of files to detect errors and computer reports to detect potential over/under payments to ensure accuracy of payment files before delivery to the FI for payment.

The Proposer plans monthly reviews for process compliance. It will allow immediate adjudication of claims listed on the 60 day edit report, and provide for research to determine the cause of delays to implement improvements.

The Proposer will notify the FI of any errors that are identified before checks are released. The Proposer accepts liability for erroneous payments which should have been caught before the payment files were delivered to the FI.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section M 26-31)

46	A	Eval4	2	TeamB
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The Proposal response is adequate and meets DHCS' needs/requirements or expectations. Proposer A will adhere to the RFP required checkwrite process of ensuring that all payment files are accurate prior to release to the State Controller's Office (SCO) using their pre-checkwrite functions that "detect payment errors that are not detected in routine processing." Proposer A will also ensure that they will be liable for any overpayments that result from erroneous payments of any kind.

Proposer A does not clearly state that they plan to minimize delays in issuing payments. Proposer A did not clearly state if their pre-checkwrite functions that minimize errors in payment will aid in the accurate and timely payment to providers.

Provider A stated that they would adhere to the scoring consideration to provide timely correction and rescheduling of corrected provider payments but did not provide a clear explanation of how they were going to adhere to the RFP requirement. Proposer A will randomly select claims to check for accuracy and will work with the FI to release reprocessed provider payments but does not explain the process.

RFP References: Exhibit A, Attachment II
 Proposal Section M, Quality Mangement, Pages M-26 to M-31,M-13 and M-29 to M-30

47	A	Eval3	4	TeamB
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47) Question withdrawn - ALL PROPOSERS RECEIVE A SCORE OF 4 POINTS FOR THIS QUESTION.

47	A	Eval4	4	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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Question withdrawn - ALL PROPOSERS RECEIVE A SCORE OF 4 POINTS FOR THIS QUESTION.

48	A	Eval3	3	TeamB
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The Proposer demonstrates more than adequately its overall capability to identify, measure, monitor, and report on all of the contractors' performance.

While it makes extensive use of computer systems to identify outliers in utilization and billing records, the Proposer also schedules periodic manual file reviews and internal audits which allow them to catch anomalies not apparent in automated data searches.

Their staff has experience with the industry, and are familiar with Medicaid dental programs. They have created systems to monitor and report on the contractors' performance, and are enthusiastic about sharing the information they find with DHCS and the FI, and working collaboratively to monitor the dental services provided.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section M)

48	A	Eval4	2	TeamB
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The Proposal response is adequate and meets DHCS' needs/requirements or expectations. Proposer A established a QM strategy that includes QM Governance, QP, QI, QA, and QC. The QM strategies listed above will aid Proposer A in identifying, measuring, monitoring, and reporting on performance to provide better service to beneficiaries.

RFP References: Exhibit A, Attachment II
 Proposal Section M, Quality Management, Pages M-6 to M-11; M-24 to M-30

49	A	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's approach and methods for Acceptance Testing (AT) are more than adequate to ensure operational success.

Before testing starts, the Proposer will meet frequently with the FI and the State to form specific strategies for the test. Once testing begins, the Proposer will meet weekly with the FI to provide feedback so as to support and maintain the test environment. During peak AT periods it will schedule daily phone calls to refine test procedures and ensure that testing stays on schedule. The Proposer anticipates using existing processes, as well as solving problems as they arise.

Before creating AT flows and AT cases, the Proposer plans to have staff spend two weeks shadowing the current incumbent's staff to gain detailed understanding of the CD-MMIS. The Proposer plans to model test cases against the required business processes to ensure that all scenarios and possible outcomes are considered, documented and tested. Both expected and unexpected results will be analyzed. Response and escalation processes will be prepared so that unexpected results can be resolved with the FI before the contract effective date.

The Proposer will conduct User Acceptance Testing (UAT) by developing detailed test scenarios, test cases and test scripts to ensure that every aspect of Operations is tested. The only difference between the UAT and running the actual process will be the need to protect sensitive data. Upon completion of testing by the Proposer and the FI, stakeholders will be invited into the testing process to encourage participation and prepare for possible process changes.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section K 3-18, M 34-35)

49	A	Eval4	2	TeamB
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Q Num	Proposal Evaluator	Score	Comments	
50	A	Eval3	3	TeamB

Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer A will work with the FI contractor to develop Acceptance Testing scenarios using cases and flows. Additionally Proposer A will work with the FI contractor to ensure that the CD-MMIS system and business processes are fully functional before any function is moved out of the Acceptance Testing environment.

Proposer A adequately meets the scoring consideration to describe how they will cooperate with the FI contractor to support and maintain the Acceptance Test Environment. Proposer A will work with the FI contractor to ensure that a proper test environment is created to achieve oral health goals as well as to ensure that the CD-MMIS system is functioning properly. Proposer A and the FI contractor will develop detailed test scenarios using cases and flows.

Proposer A adequately meets the scoring consideration to describe the methods and procedures used to identify and design Acceptance Test flows and cases. Proposer A will gain a full understanding of the CD-MMIS system and business processes prior to creating Acceptance Testing flows and cases. Proposer A will also consult with the FI contractor to ensure that there is a full understanding of the E2E process.

Proposer A adequately meets the scoring consideration to describe how they will conduct UAT. UAT will be executed during the Takeover Phase to ensure that the systems are operating properly. Proposer A will work with the FI contractor to ensure that the testing environment is optimal.

RFP References: Exhibit A, Attachment II, Acceptance Testing
 Proposal Section K, Acceptance Testing, Pages K-3 to K-4; K-6 to K-8; K-14 to K-18
 K-8 to K-13 and K-11 to K-12

The Proposer's approach is more than adequate to provide for a seamless delivery of services to the providers and beneficiaries.

The Proposer plans to model test cases against the required business processes to ensure that all scenarios and possible outcomes are considered, documented and tested. The Proposer will conduct UAT by developing detailed test scenarios, test cases and test scripts to ensure that every aspect of Operations is tested. The only difference between the UAT and running the actual process will be the need to protect sensitive data. Unexpected results will be analyzed. Response and escalation processes will be prepared so that unexpected results can be resolved with the FI before the contract effective date.

Upon completion of testing by the Proposer and the FI, stakeholders will be invited into the testing process to encourage participation and prepare for possible process changes.

The Proposer, in conjunction with the FI, will conduct End-to-End (E2E) tests which will incorporate changes that passed AT to ensure that the changes work with the system as a whole, ensuring that services are delivered with minimal complications.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Section K 12-13, M 36)

Q Num	Proposal	Evaluator	Score	Team	Comments
50	A	Eval4	2	TeamB	<p>Proposer A adequately meets the scoring consideration to describe how its Acceptance Testing activities will result in a true test of operational readiness. Proposer A conducts extensive testing to measure readiness and ability to provide services to beneficiaries. Proposer A, the State, and the FI contractor will work together to measure operational efficiency expectations. Proposer A's Acceptance Testing plan will reduce the "likelihood of introducing defects into the system" and increase their readiness through the execution of E2E and Acceptance Testing parallel testing.</p> <p>Proposer A meets the scoring consideration to describe their plan for identifying and resolving Acceptance Testing defects. Proposer A will work with the FI contractor to develop System Development Notices (SDNs) and provide reports for errors found during Acceptance Testing. Proposer A will also work with the FI to develop testing projects and cases to aid in the resolution of any defects found.</p> <p>Proposer A meets the scoring consideration for describing how they plan to conduct E2E test. Proposer A plans to work with the FI contractor to develop an E2E testing strategy that verifies the impact of changes made to the system. Along with the Acceptance Testing Plan, E2E testing will measure the performance environments.</p> <p>RFP References : Exhibit A, Attachment II, End-to- End Testing Proposal Section K, Acceptance Testing, Pages K-3 to K-10; K-14 to K-18 K-14 to K-16 and K-12 to K-13</p>
51	A	Eval5	2	TeamC	<p>Proposer A adequately demonstrates the ability to successfully implement the Takeover Plan. A California Leadership team will be created and a project manager will be assigned to oversee the deliverables of the project. In the attached work plan, the Proposer demonstrated an understanding of relationships and functions of the Fiscal Intermediary (FI), Department of Health Care Services (DHCS), and the incumbent and the meetings required to ensure success of the Takeover process. Additionally, the Proposer has outlined procedures, deliverables and assigned resources, and additional tools that demonstrate their ability to meet the required milestones during the acquisition phase. (Takeover Project Plan, J-26 to J-42)</p>
51	A	Eval6	2	TeamC	

Q Num	Proposal Evaluator	Score	Comments	
			<p>Proposer A's response adequately demonstrates in their Takeover Plan the ability to successfully implement the contract as detailed in the RFP (See Exhibit A – Attachment I, Section A for requirements; Exhibit E, Additional Provisions, Project Management Plan).</p> <p>Work Breakdown Structure and G-4 to G-9 Proposer A shows an understanding of the interrelationships and functional dependencies between all required tasks and activities to ensure successful completion of Takeover. Proposer A understands that successful Takeover should be non-disruptive, yet it requires communication among dependencies. Proposer A proposes a Takeover Project Plan that includes a detailed Work Breakdown Structure of how they plan to meet RFP requirements and potential dates. The plan depicts work steps, tasks (major activities), major subtasks (logical grouping of subtasks), and subtasks (groups of work packages required to complete a task/milestones). Proposer A's work package also provides a description of Takeover work, identifiable results, a list of resources, and estimated hours needed from resources/staff.</p> <p>Proposer A provides a list of how they will meet RFP requirements. They state they will develop a detailed Takeover Project Plan, hire well-qualified staff, build a strong infrastructure, and execute a detailed Takeover Project Plan. To do so, they will leverage their leadership team to assign resources, create projects, and enhance trainings. Proposer A understands that all tasks may be contingent upon other dependencies, such as some of the requirements found in Exhibit B, Budget Detail and Payment Provisions and Exhibit B, Attachment I, Special Payment Provisions. To meet requirements, Proposer A states they will communicate with the Department and the Fiscal Intermediary (FI) to ensure all reports and metrics are met and/or monitored. Although Proposer A adequately responds that they will meet the basic requirements through communication and proposed methodology, the "how" is unanswered and unclear.</p>	
52	A	Eval5	3	TeamC

Proposer A offers a more than adequate description of meeting the requirements under the Organizational Structure and Personnel Acquisition Plans. The Proposer described recruitment efforts through rebranding and different avenues of social media, school campus recruiting and job fairs, top job boards and engaging current leadership team and staff. Additionally, the Proposer provided a Gantt chart of all leadership roles and number of staffing under each department for the Pre-Takeover, Takeover, and Assumption of Operations period. Additionally, all job descriptions were provided in detail and attached to the Project Personnel Plan. The Proposer projects there will be approximately 470 staff employed in the following departments by July 1, 2017: Takeover, Provider and Beneficiary Outreach, Customer Service, Operations, Surveillance and Utilization Review (S/URS), Quality, Finance and Contracts, Privacy, Information Security, Legal and Public Affairs, Human Resources, Infrastructure, and Facilities. (Takeover Project Plan, G-13 to G-16 and Project Personnel Plan, H-3 to H-40, Job Descriptions)

Q Num	Proposal	Evaluator	Score	Comments
52	A	Eval6	2	TeamC

Proposer A adequately responds to how they will meet the requirements outlined for the Organizational Structure and Personnel Acquisition Plans (See Exhibit A – Attachment I, Section 12 for requirements).

G-13 to G-15

Proposer A offers methods and techniques to recruit and select staff. Their recruitment and hiring process for management and non-management employees consist of the following methods: conducting marketing analysis, branding, embracing social media channels, campus recruiting, internal searches, and incumbent searches. Proposer A states that in the past, their marketing team created advertisement and recruitment materials that were effective and supportive of their acquisition efforts. Materials included graphics for social media, jobs boards, internet posting, billboard-type advertisement (for local communities, universities and dental associations), and paid/targeted advertising (see examples on G-14 of plan). Proposer A proposes to continue these efforts during Takeover; however, specific job descriptions/job titles for classifications such as Provider Services, Beneficiary Services, TSC and other staffed positions are vague. Additionally, Proposer A mentions advertisement methods through innovative social media channels such as Facebook, Twitter, and LinkedIn. Although these are great methods found to be effective, this proposal reads as a commercial side effort.

G-10 to G-11 and See all Project Personnel Plan

Proposer A identifies proposed staffing for each organizational unit in the appropriate position levels or classifications to support Takeover and begin full CD-MMIS operations. As required by the RFP, Proposer A provides staffing classifications in a narrative description form and in an organizational chart. Key staff pictures are provided and main responsibilities and qualifications are listed. Proposer A is confident that staff will be able to comply with Takeover requirements and staff will be able to begin full CD-MMIS operations. Their Project Personnel Plan breaks down forecasted hours and tasks that need to be completed to stay in compliance with the RFP.

53	A	Eval5	2	TeamC
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Proposer A adequately shows the ability to execute all necessary tasks for providing facilities and equipment to ensure California Dental Medicaid Management Information System (CD-MMIS) is fully operational prior to the startup of TARs processing in their Takeover schedule. The Proposer also shows an understanding of hardware and equipment and software requirements to support Takeover requirements. The Proposer provides a detailed Facilities and Takeover plan that includes a floor map of the prospective physical office location in Roseville, processes for deliveries and visitors, policies and procedures for protecting confidential information, a list of preliminary hardware equipment and software requirements, and a description of infrastructure/IT staff roles to support Takeover and Turnover. (Takeover Project G-18 to G-37, throughout Facilities Plan)

53	A	Eval6	2	TeamC
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Q Num	Proposal Evaluator	Score	Comments
			<p>Proposer A's response adequately demonstrates an understanding of, and the capabilities, to implement the responsibilities associated with the Facilities and Resource requirements (See Exhibit A – Attachment I, Section A15 for requirements).</p>
G-18 to G-23	See all Facility Plan (I)		<p>Proposer A shows the ability to execute all necessary tasks for providing facilities and equipment to ensure CD-MMIS is fully operational prior to the startup of Treatment Authorization Request (TAR) processing. Pages G-18 through G-23 displays that Proposer A proposes a facility located in Roseville, California, proposes a team that will comply with facility operations, proposes TSC compliance, and proposes proper hardware and software functionalities. If the contract is won, Proposer A proposes to set up equipment and a team; however, Proposer A does not address timeliness of the building lease, it's staff training and testing, and contingency planning should there schedule slip. There are many interdependent relationships and communication methods needed to make this work and Proposer A's responses are considered average.</p>
G-21 to G-30	See all Acceptance Testing Plan (K)		<p>More details and a timeline on how Proposer A plans to meet RFP requirements are found in the Facility Plan (I.3); however, their response is still considered adequate. In the Facility Plan, Proposer A states that they will execute all necessary tasks for providing facilities and equipment to ensure CD-MMIS is operational prior to the startup of TAR processing through the following ways: leasing building/facilities with appropriate rooms/equipment/outlets in appropriate areas, approved systems/installations, and secure access to CD-MMIS (I-51). Proposer A adequately responds to RFP requirements; however, details on TAR reporting are considered average.</p>
G-21 to G-37	See all Acceptance Testing Plan (K)		<p>Proposer A shows an understanding of on/off site hardware/equipment and the installation of the hardware equipment to support the CD-MMIS, including all non-mainframe systems. Proposer A states that they have the experience and testing methodology expertise to reduce the program's likelihood of introducing defects into production systems and plans on executing this expertise if the contract is won (see Acceptance Testing Plan (K), for test strategies and methodologies). Proposer A states that they understand the importance of technology and understand the importance of documenting policies and procedures for accurate training. See G-40 through G-50 for details on on/off site hardware equipment and installation of hardware equipment (including non-mainframe systems. Proposer A states that throughout Takeover, they will provide a Hardware/Equipment/Software Inventory List within 30 calendar days of implementation (I-49) and will comply with RFP requirements of implementing change instruments, such as, System Development Notification (SDNs), Delta Operating Instruction Letters (DOILs), Change Orders, Contractor-initiated changes, Provider Statements (PSs) and work requests.</p>
G-21 to G-37	See all Acceptance Testing Plan (K)		<p>Proposer A shows an understanding of software requirements to support Takeover and assume CD-MMIS Operations (G-21 through G-37 and see table on I-46). Proposer A provides responses of how their software will potentially support Takeover and CD-MMIS Operations. Proposer A proposes to provide a more detailed hardware and software installation plan that will provide an updated inventory of all types of equipment required, purchase orders, installation dates, and contingencies should there be problems or delays in delivery or installation. Proposer A also states that they are aware of the interdependencies with respect to hardware and software when developing their installation plans; therefore, they understand that it is mandatory that they undergo approval processes from stakeholders, beneficiaries, providers, leadership teams, and the Department prior to implementing anything. All parties must work with each other to ensure timelines are supported and attainable. Proposer A's response is adequate and meets basic RFP requirements.</p>
54	A Eval5	2	TeamC

Q Num	Proposal	Evaluator	Score	Comments
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Proposer A adequately demonstrates a comprehensive and technically sound approach for coordination and conducting System Testing in Takeover. The Proposer shows an understanding of the collaboration between the Proposer, FI contractor, and DHCS for testing. In their Takeover Plan schedule, the Proposer demonstrates an understanding of activities and tasks required for both Systems and Acceptance Testing. The Proposer offers to work with the FI to identify all mainframe and non-mainframe systems inventory for test case scenarios and test scripts to ensure all aspects of Operations are accounted for, and understands their role in reviewing the FI's System Test Plan. The Proposer also provides an Acceptance Test environment for testing system changes by mirroring operational mainframe and non-mainframe systems to ensure testing does not interrupt Operations. (Takeover Project Plan K-8 to K-16; Quality Management Plan M-31 to M-36)

54	A	Eval6	2	TeamC
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Proposer A's response adequately demonstrates comprehensive and technically sound approaches and/or methods for coordinating and conducting System Testing in Takeover (See Exhibit A – Attachment I, Section A34 and Exhibit A – Attachment I, Section A35 for requirements).

G-21 to G-37

Proposer A demonstrates an understanding of activities and tasks required to validate the readiness of the CD-MMIS for Acceptance Testing. Proposer A states that the core strategies to prepare their readiness include, but are not limited, to the following approaches: establishing proper governance and communication channels, testing people, processes and technology equally, demonstrating trust (but verifying), establishing means of tracing/documentation, and understanding that there is no finish line. Proposer A understands that before they are able to create an acceptance test, their Acceptance Testing Unit will need to get up to speed, and will need to gain a full understanding of CD-MMIS/the Department's current business processes. Proposer A proposes the task of their Acceptance Testing Unit to spend 2 weeks shadowing the current incumbent's operations/review all functions. In addition, Proposer A proposes that current materials and manuals are made available for their team to review. Proposer A also plans to take time to meet/communicate with the FI to ensure all parties involved are familiar with the end-to-end (E2E) processes and expectations of business users. Other activities that are needed through Acceptance Testing include analysts completing thorough documents and highlighting expected/unexpected results, and using past experiences as a baseline methodology to continue future success. Proposer A states some strategies and activities proven to work successfully include the following:

1. Mature alignment between IT and business functions with a culture of business and IT collaboration
2. Requirements are clearly defined and documented
3. Testing is conducted early and often
4. Processes and procedures are well documented and highly repeatable
5. Roles and responsibilities, as well as workload priorities, are clearly defined
6. Entry, exit and success criteria are clearly defined well in advance of tests
7. Status checkpoints follow a routine cadence
8. Issue resolution processes are clearly defined and followed
9. Exception management processes are mature and have leadership support
10. Reporting of standard success metrics, as well as, ad-hoc capabilities exist
11. Mature traceability (Requirements through post-production stabilization – all steps are documented and tied to each other in a searchable manner to follow a change through the entire lifecycle.)

Undergoing these tasks will prepare Proposer A to comply with Acceptance Testing requirements stated in the RFP. Proposer A has also provided preliminary schedules; however, they understand that they must collaborate with the Department and the FI to fine-tune Acceptance Testing activities and tasks. Proposer A's response meets standard requirements and Proposer A states they will fulfill RFP requirements effective CED.

G-21 to G-37

Proposer A demonstrates an ability to develop and implement procedures, processes, methods and tools that will be used to ensure the effectiveness and accuracy of System Testing; however, throughout the document System Testing and Acceptance Testing is used interchangeable and makes it unclear whether or not Proposer A clearly understands the differences. Proposer A states that they will develop and implement effective System Testing through their tracking tools Microsoft® Team Foundational Server (TFS) and ServiceNow® and through User Acceptance Testing (UAT).

G-21 to G-37

Proposer A does not provide a system-tested version of the operational mainframe and non-mainframe systems; however, Proposer A states that during the Takeover they will work with the FI and the Department to compile inventory of all mainframe and non-mainframe systems, interfaces, and supporting business processes. Per the RFP requirement, they will also use inventory of systems and processes to develop detailed test scenarios, use cases and test scripts to ensure that every aspect of the operation is accounted for and will be tested.

55	A	Eval5	2	TeamC
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Proposer A adequately demonstrated comprehensive and technically sound approaches and methods for coordinating and conducting Acceptance Testing in Takeover. The Proposer outlined activities and tasks required to take over and stabilize the CD-MMIS, and will have a team of business analysts, productions staff, a project manager, and an Operations liaison to coordinate efforts between the Proposer, FI contractor and the Department. The Proposer offers a step-by-step process of their Acceptance Testing methodology. They will use an Integrated Test Facility to test validity and effectiveness of the system using a test environment that mirrors the Electronic Data Interchange (EDI), non-mainframe systems, and other ancillary systems. The Proposer also provides details on their User Acceptance Test (UAT) to validate that the tests are compatible and support business processes followed by an End-to-End (E2E) test to measure the impact that testing has on the Proposer's quality benchmarks and meeting service level agreements and operational efficiency. The Proposer provides a description and schedule of testing plans and documentation to be reviewed by the Department before actual production begins. (Takeover Project Plan K-3 to K-18; Quality Management Plan, M-31 to M-36)

55	A	Eval6	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer A's response adequately demonstrates comprehensive and technically sound approaches and/or methods for coordinating and conducting Acceptance Testing in Takeover (See Exhibit A – Attachment I, Section A34 and Exhibit A – Attachment I, Section A35 for requirements). Proposer A uses the words Acceptance Testing and System Testing interchangeably; therefore, their response is considered adequate. Although Proposer A's response meets standard RFP requirements, definitions for both types of testing could be explained more clearly.

G-4 to G-9 And See Work Breakdown Structure
 Proposer A demonstrates an understanding of activities and tasks required to takeover and stabilize the CD-MMIS. Proposer A breaks down the Takeover activities in their Work Breakdown Structure and throughout the following plans: their Project Personnel Plan, Facilities Plan, Security and Confidentiality Plan, Acceptance Testing Plan, and TSC Plan. Proposer A understands the need for their leadership team and staff to work diligently through closing and transferring of projects/Operations. For example, once a project has been executed and Acceptance Testing has been confirmed, the following phases will occur: Proposer A will communicate the changes to the Department, FI, internal teams or other impacted parties; Proposer A will train impacted staff; Proposer A will revise procedure manuals or other documents; and Proposer A will secure sign-off from the California Leadership Team.

G-4 to G-9 And See Work Breakdown Structure
 Proposer A demonstrates an ability to develop and implement procedures, processes, methods and tools that will be used to ensure readiness for Assumption of CD-MMIS Operations. Proposed timeline for Assumption of CD-MMIS Operations is charted in the Work Breakdown Structure. Proposer A also states that their development and implementation of procedures and processes will involve leadership communication for the following: Scope of Work/requirements, key metrics that will measure the success of the project, staff (including all cross-functional resources including: Quality, Acceptance Testing, IT, Facilities, Human Resources (HR), Finance, and Operations team members), and budgets. For smooth implementation, the RFP requires the name of key staff responsible for each test and Proposer A complies (G-8 through G-11). Successful tools and methodologies are described as Proposer A using metrics to examine and monitor project progress and mechanisms; however, more details are found in the Quality Narrative (M. Quality Management Plan). Proposer A's response complies with the RFP.

G-4 to G-9
 Proposer A provides an approach used to support the Department's role in monitoring, conducting and approving Acceptance Testing (Work Breakdown Structure indicates this in their timeline) activities and deliverables. Proposer A states that they will take lead for coordinating test plans; however, they understand that action is contingent upon the Department's approval. In addition, activities and deliverables will be constantly monitored. Should there need to be a change, Proposer A states they will submit written approval to the Department through change instruments such as SDNs, MCDs, Change Orders, DOILS, and PSs. Proposer A believes their collaboration will result in improvement in quality and customer service for the Medi-Cal Dental Program. Proposer A uses the word "believes," and does not phrase factual statements. Proposer A's response lacks actual test scenarios and situations as required in the RFP.

56	A	Eval5	2	TeamC
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Proposer A adequately demonstrates knowledge and understanding of the Contract requirements to protect confidentiality. Proposer A's plan provides a sufficient list of physical and systems security standards for electronic information systems, building security, and confidential data. As mentioned in their Facilities Plan, the Proposer will enforce strict access controls and monthly review of employees who have restricted access that contain protected health information (PHI) and additional confidential information, and will ensure grants for access are up-to-date. Federal and State officials will have access to read-only systems and files. (Security and Confidentiality Plan, J-6 to J-22, Facilities Plan, I-48 to I-52)

56	A	Eval6	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer A's response adequately demonstrates knowledge and understanding of the contract requirements to protect the confidentiality, integrity and availability of confidential, sensitive and personal information (See Exhibit A – Attachment II, Section J for requirements).

J-6; J-7 to J-25; J-30 to J-31;J-44

Proposer A's plan provides adequate physical and system security for the CD-MMIS and non-mainframe subsystems. As required by the RFP, Proposer A submitted a Security and Confidentiality Plan that describes how they plan to accomplish the given task. Proposer A states that their security program has physical security controls (combined with technical and procedural controls). These controls will ensure protection from potential vulnerabilities associated with beneficiaries/people, technology, or processes from being exploited. Proposer A's Security and Confidentiality Plan includes a disaster prevention plan to effectively recover information (while working with the Department and FI), should the unpreventable happen. Proposer A also took into consideration weather/natural disasters when choosing the proposed physical location. Once the building is leased, Proposer A states that they plan to have "Standard physical security, building security, visitor security, and a list of access control and validation processes" as security measurements to fulfil RFP requirements (J13-14).

J-6; J-9 to J-20

Proposer A's plan provides adequate security for the Proposer's facilities. Proposer A will adhere to all RFP facility requirements by having well-lit parking lots, security guards, and Two-Factor Authentication controls to access sensitive areas. Security will protect against all unauthorized people and/or network breaches. Additionally, Proposer A plans to provide all staff (personnel and contractors) with security, confidentiality and Health Insurance Portability and Accountability Act (HIPAA) trainings as a safety measure. Awareness is key to preventing breaches; therefore, new hires will not have any full access to process equipment and/or exposure to confidential data until training is complete. Proposer A also proposes a contingency operation plan that provides site management control access to their facility in the case of a disaster.

J-9 to J-15; J-21 to J-22

Proposer A's plan provides for the development of adequate procedures for the handling, packaging, and transportation of sensitive/confidential data or resources. Proposer A states that they are fully staffed and will have a dedicated team whose priority is the State of California's dental operations. In addition, staff will be made aware of all well-defined and documented policies and procedures. Procedures include pre-contemplated scenarios and should a situation happen, staff would be prepared to mobilize quickly because they are already familiar with the situation (see comprehensive list J-12 through J-13). Procedures and training include how to handle/process sensitive information in work areas that are physically secured, protected against unauthorized access, interference, and/or damages.

57	A	Eval5	2	TeamC
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The Proposer adequately demonstrates an understanding of the Health Insurance Portability and Accountability Act (HIPAA) requirements, ensures there are processes in place to meet federal and State HIPAA mandates and ensures employees are properly trained. They are offering an Identity and Access Management system where sets of data and systems are organized by priority and each will have a specialized security control based on the assigned priority. The Proposer's plan also ensures employees will be trained and outlined 6 different trainings to be taken annually: General Security Awareness; New Hire / Contractor; Confidentiality Training; HIPAA & Compliance Training; Targeted Training to Combat Phishing / Social Engineering Scams; and System / HIPAA / HITECH / NIST / etc., training for security team. (Security and Confidentiality Plan, J-6 to J-25)

57	A	Eval6	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer A adequately demonstrates an understanding of the HIPAA requirements. Proposer A has adequate processes in place to ensure federal and State HIPAA mandates are met or exceeded, and that employees are properly trained (See Exhibit A – Attachment II, Section G for requirements). Additional RFP requirements are under Exhibit A – Attachment I, Section A24-25; Exhibit A – Attachment II, Section R4; and Exhibit A – Attachment II, Section T4.

J-6 to J-22

Proposer A’s plan provides for the prevention of the unauthorized disclosure of confidential data through layers of strategized security approaches, which will essentially ensure ongoing business, minimize risks, and maximize investment returns. Proposer A proposes that their security program will abide by all RFP regulations and laws (i.e., HIPAA requirements). Proposer A’s plan describes Identity and Access Management (I&AM) which assists in protecting paper-based or electronic Protected Health Information (PHI). Proposer A recognizes that there are many forms of confidential data and disclosures (accidental and malicious intent); therefore, they are aware of how to apply both internal and external resources. Other avenues for prevention of unauthorized disclosure of confidential data include endpoint security, incident response, and threat intelligence. Proposer A states that endpoint security consists of managing risks by securing the endpoint when moving equipment, such as laptops, tablets, and personal devices. Incident response and threat intelligence consists of Proposer A providing a centralized security response program that supports clients/customers/consumers, and provides the opportunity to receive threat feeds from many sources to stay ahead of the curve to gain insight to the latest threats and attack methods (see diagram chart on J-19).

J-23 to J-25

Proposer A’s plan states that they will provide for the training as identified in the RFP. Their training program will include topics such as general security awareness, new hire/contractor confidentiality training, HIPAA and compliance training, targeted training to combat phishing/social engineering scams, and system and security training (J-24). Per the RFP, submission of documents to the Department to demonstrate compliance with security and confidentiality requirements need to be submitted in writing. Although Proposer A briefly mentions the requirement, their response could include more timeline details and how they will meet or exceed this standard.

J-23 to J-25

Proposer A’s plan ensures access to Information Security Training annually for all employees. Training will expand awareness and situations beyond IT, will ensure all staff understand potential threats and that they are responsible for protecting data, and will ensure all staff understand the basis of threats and how to be aware of breaches. Proposer A’s response meets basic RFP requirements.

58	A	Eval5	2	TeamC
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Proposer A adequately demonstrates their capability to meet the back-up and recovery time frames as specified in their Business Continuity Plan. The Proposer identified a back-up location in San Ramon, about 105 miles away from Sacramento. The Proposer provides an extensive list of protocols based on system issue/disaster scenarios for back-up and recovery solutions in their plan. The Proposer's plan identifies all resources that would require back-up and demonstrated their capability to ensure that operations continue. (Security and Confidentiality Plan, J-26 to J-42)

58	A	Eval6	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer A's response adequately demonstrates their capability to meet the back-up and recovery time frames as specified in their Business Continuity Plan (See Exhibit A – Attachment II, Section J and Exhibit A – Attachment II, Q10 for requirements).

J-26 to J-29; J-33; J-34 to J-42

Proposer A's plan provides for the identification of all resources (manual, automated, mainframe and non-mainframe systems) that require backup. Proposer A states that they will have backup that will reduce the likelihood that Operations will be interrupted, as found in the Business Continuity and Disaster Recovery plans. For example, their data centers will be equipped with temperature, smoke and fire alarms, and backup power and fire suppression systems. Additionally, staff will undergo training for cyber security that includes training on phishing (a predominant method for an attacker to gain data information). Proposer A plans to conduct ongoing risk assessments and risk profiles. In collaboration with the FI and the Department, Proposer A will also produce a Business Impact Analysis (BIA) report, and plan for inventory of all systems, processes, and procedures that require back-up capabilities and/or redundancy.

J-34 to J-42

Proposer A's plan provides for a back-up facility where Operations can be continued. As required by the RFP, the chosen back-up facility is more than 50 miles away and is capable of successfully meeting the Department's needs. The back-up facility will have appropriate connectivity, physical security, power management, and environmental controls. Proposer A states that their restoration procedures and facilities will support all operations such as the TSC, Denti-Cal Website, CRM, and beneficiary/provider portals. In addition to their facility, Proposer A will have an underground disaster recovery data center on the east coast that serves as a long term storage, back-up, and restoration facility.

J-34 to J-42

Proposer A's plan provides a response for meeting the recovery timeframes as required in the RFP. As required, Proposer A will comply with annual testing. They do not specifically state the date of "no later than June thirtieth of each State fiscal year (RFP verbiage)," but they propose to follow the Contract Effective Date (CED). Proposer A proposes to test processes and procedures during recovery timeframes and proposes to work out any issues prior to assuming Administrative Services Organization (ASO) operations.

59	A	Eval1	3	TeamA
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The Proposer's response is more than adequate in demonstrating a knowledge and understanding of the services to be provided as described in the Turnover/Runout Plan. In the Proposer's Work Plan section on pages 66-75, details of the Turnover and Runout processes are described, including Turnover services for the transfer of the Proposer's Operation and includes the appropriate Runout activities to complete its contractual obligations and fulfill its Contractual liabilities. The Proposer will provide the following: "Assembling of a Turnover team that will be responsible for Turnover project and quality management activities; approved detailed methodology that will be utilized to ensure the complete review, certification and acceptance of the Turnover; a detailed Turnover project plan; a detailed Turnover training plan; and a detailed description of the procedures and processes for Turnover operations" (page 66 of Work Plan). On page 67, the Proposer states that they will meet all the requirements of section 1-4 of Exhibit A, Attachment III of the RFP. The Proposer has provided a detailed Takeover Project Plan that includes specific steps related to Turnover/Runout and all the necessary milestones to achieve that includes information on the task, who will be responsible, duration for each task, start/finish dates, and an identifiable product, if necessary.

59	A	Eval2	2	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates knowledge and understanding of the services to be provided as described in the Turnover/Runout Plan. Proposer emphasizes the importance of flexibility and effective communication for an efficient Turnover/Runout Plan with positive results. Proposer states they have successfully completed other Turnover/Runout Plans with other large contacts. Proposer created a table with all the Turnover/Runout Plan requirements, and a column in which they stated they would meet all requirements. Proposer's plan provides for required Turnover services for transfer of Proposer's Operation. Proposer lists, Turnover/Runout tasks and explains what each task entails. Proposer's plan provides for required Runout activities. Proposer restates what is written in the RFP requirements for the Turnover/Runout Plan scope of work and says they will complete each task. Proposer meets but does not exceed expectations.

Section: F

1	B	Eval1	3	TeamA
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The Proposer's response is more than adequate in meeting Department of Health Care Services' (DHCS) needs/requirements or expectations to demonstrate an understanding of the issues facing the beneficiaries. The Proposer also addresses the barriers that beneficiaries face when trying to access care, which includes the lack of oral health education, as explained in Section 14.3.3. In Section 14.3.2, the Proposer provides the example of the public's awareness of the program by mentioning a stakeholder group that provided testimony to The Little Hoover Commission. Throughout their Beneficiary Outreach Plan, the Proposer acknowledges the need for stakeholder input into any changes that will be made to the program. In the Beneficiary Outreach Plan section, the Proposer offers various solutions they will implement in order to address the issues, which includes development of the Denti-Cal brand, various media mechanisms, outreach campaigns, addressing access to care issues, mobile dental clinics, outreach to border communities, expansion of Teledentistry, prevention of early childhood caries, utilizing regional representatives, providing assistance finding providers and scheduling appointments, development of a beneficiary no-show process, transportation assistance, interpreter services, providing beneficiary materials, and offering Early Periodic Screening, Diagnostic and Treatment program services.

1	B	Eval2	3	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
				<p>More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets the Department of Health Care Services (DHCS) needs/requirements or expectations.</p> <p>Proposer demonstrates an understanding of access issues facing beneficiaries; they list examples such as lack of providers, lack of transportation, language and cultural barriers, and unawareness of services provided by Denti-Cal. Proposer addresses the complexity of the scope of work and size of the Denti-Cal population, as well as the vast and diverse geographic area and populations. Proposer speaks to the limited number of providers in rural areas of the state. Proposer provides examples of different access issues facing beneficiaries.</p> <p>Proposer provides examples and solutions to address the complexity of education and Denti-Cal awareness. Due to large scope and diverse population Proposer suggests the need for varied education and outreach, such as targeting different populations in unique ways. Proposer emphasizes providing materials and resources that are easy to read and culturally and age appropriate. Examples of education and awareness materials are: developing a Denti-Cal brand, creating a catchy graphic design, creating a website for beneficiaries, using social media (Facebook, YouTube and Twitter), brochures, factsheets and handouts for beneficiaries. Proposer also provides a plan to work in conjunction with providers, community based organizations (CBOs) and geographic ambassadors. Proposer provides a multifaceted approach to educate and expand public awareness of Denti-Cal.</p> <p>(Book 4, Sections: 14.0, 14.3.3, 14.3.7, 14.3.8.2, 14.9.3, 14.10.3, 14.3.12.1,)</p>

2 B Eval1 2 TeamA

The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to identify, monitor, address, and resolve barriers to timely access to dental care statewide, in border communities, and in those areas and subpopulations that are below targeted utilization levels identified by the Department. In Section 14.3.3, the Proposer discusses barriers they have identified that prevent beneficiaries from being able to access care, such as lack of providers, language, fear or anxiety of dental care, and lack of education on oral health. In the Beneficiary Outreach Plan (Sections 14.3.7-14.4), the Proposer offers various solutions they will implement in order to address the issues, which include development of the Denti-Cal brand, various media mechanisms, outreach campaigns, addressing access to care issues, mobile dental clinics, outreach to border communities, expansion of Teledentistry, prevention of early childhood caries, utilizing regional representatives, providing assistance finding providers and scheduling appointments, development of a beneficiary no-show process, transportation assistance, interpreter services, providing beneficiary materials, and offering Early and Periodic, Screening, Diagnostic, and Treatment program services. Border communities and populations that are underserved will be included in the target campaigns, which will involve outreach mailing and advertisements that will provide information on oral health education (Sections 14.3.9 and 14.3.10.2). The Portable Dental Clinic Grant Program that the Proposer discusses in Section 14.3.10.3 will focus on providing services to beneficiaries in areas with low utilization or that have limited access to care. Section 14.3.1 explains how the Proposer will monitor the progress of their outreach plan by having utilization goals specific to annual dental visits, preventive dental services for ages 1-20, and sealants on permanent molars for children ages 6-9.

2 B Eval2 2 TeamA

Q Num	Proposal	Evaluator	Score	Comments
				Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.
				Proposer outlines an adequate plan to identify, monitor, address, and resolve beneficiary access issues. Proposer plans to integrate their Beneficiary and Provider Outreach plans to improve access to services. Proposer identifies barriers to access such as lack of providers in close proximity to beneficiaries, providers not accepting new referrals, and beneficiaries not knowing how to access services. Proposer plans to make the referral process easier, as well as increase the number of providers by recruiting providers from other plans in their network. Proposer states they will also improve services to assist providers when enrolling as a Denti-Cal provider, reduce administrative burdens to providers, and reach out to dental organizations to inform them about becoming a Denti-Cal provider. Proposer also plans to educate beneficiaries on how to receive access to Denti-Cal resources through education campaigns, distributing materials and directing beneficiaries to online resources.
				Proposer's outline to identify and monitor access to providers meets but does not exceed requirements guided by the Request For Proposal (RFP) and this question. Proposer states they will provide required reports to monitor access. Proposer will use mapping software which will map and overlay providers with beneficiaries, to see access needs and will then monitor as outreach efforts commence. Proposer provides the following solutions to improving access to "target areas with low utilization": mobile and portable clinics, teledentistry, and focused outreach campaigns. Solutions given meet requirements and show a basic understanding of issues. Proposer is the incumbent and states they are aware of access issues and it is one of their "highest priorities". Proposer gives limited examples of how they have improved access using the methods they describe and state they will continue to use.
				(Book 4, Sections: 14.3.10, 15.3.1- 15.3.1.2.4, 15.3.4, 15.3.5, 15.3.7 – 15.3.7.3)

3 B Eval1 3 TeamA

The Proposer's response is more than adequate and fully meets DHCS' needs/requirements or expectations to provide an approach for addressing increasing utilization for Annual Dental visits, preventive dental services for children ages 1-20, and sealants on permanent molars for children ages 6-9. In Section 14.3.1, the Proposer explains their methodology of creating sample baselines that will be used as their goals by using existing available utilization data in order to identify the exact number of services that need to be increased each year. The Proposer explains that these goals helped them develop the Beneficiary Outreach Plan in Section 14.3. In the Beneficiary Outreach Plan, the Provider offers various solutions they will implement in order to address the issues, which includes development of the Denti-Cal brand, various media mechanisms, outreach campaigns, addressing access to care issues, mobile dental clinics, outreach to border communities, expansion of Teledentistry, prevention of early childhood caries, utilizing regional representatives, providing assistance finding providers and scheduling appointments, development of a beneficiary no-show process, transportation assistance, interpreter services, providing beneficiary materials, and offering EPSDT program services. All the steps for implementing each solution are explained in detail in each respective section of the Beneficiary Outreach Plan. Specific to increasing utilization for annual dental visits and preventive services, the Proposer discusses in Section 14.3.11 solutions for contacting beneficiaries to remind them about the importance of oral health, preventive care visits and, for children, annual EPSDT dental screenings.

3 B Eval2 2 TeamA

Q Num	Proposal	Evaluator	Score	Comments
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Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer provides a general overview of how they will increase utilization of annual visits, preventive dental services for children and sealants on permanent molars. Proposer states they will increase utilization goals through messages that will be appropriate for the target audiences and emphasize the importance of oral health education through distributed materials, media campaigns, provider trainings and community presentations. Proposer plans to first study the problem of under-utilization to establish "baselines" to monitor progress as well as understand why there is an under-utilization of services. Proposer will employ various techniques to get data, such as focus groups, phone surveys, and written surveys. Proposer will work with beneficiaries, influencers, providers and CBOs to assist in increasing utilization. Proposer discusses techniques of education, outreach and access to promote awareness of the importance of dental health including the use of annual visits, preventive services and sealants. Proposer is aware of the 10% over 3 year required increase in annual visits, preventative services for children and sealants for children on permanent molars but does not detail plans for success of these specific tasks. Proposer answers the question generally but does not go into great detail on how success will be achieved on specific tasks.

(Book 4, Sections: 14.3, 14.3.1 -14.3.6, 14.3.8)

4	B	Eval1	3	TeamA
<p>The Proposer's response is more than adequate and meets DHCS' needs/requirements or expectations for developing comprehensive health promotion and prevention education strategy. In the Beneficiary Outreach Plan, Section 14.0, the Proposer discusses implementing various solutions that would promote oral health education and prevention. Specifically, the Proposer discusses a statewide Dental Health Promotion Campaign that would focus on encouraging positive oral health behaviors and would use different sources of media and materials to provide outreach to beneficiaries. The Proposer also discusses conducting targeted campaigns in Section 14.3.9, such as a prenatal campaign, child campaign, adult campaign and Denti-Cal Ambassador Grant Program. These specific campaigns would work with the community and programs that interact with Medi-Cal beneficiaries and any organization, programs or campaigns that share the same objectives of increasing oral health. Another solution the Proposer discusses using is a program to prevent early childhood caries for children ages 0-6 that includes a caries risk assessment, providing prophylaxis treatments and applying fluoride varnish, counseling for parents/caregivers, provider toolkits, and partnering with stakeholders to provide education , as explained in Section 14.3.10.5.</p>				
4	B	Eval2	3	TeamA

Q Num	Proposal	Evaluator	Score	Comments
5	B	Eval1	3	TeamA
<p>More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.</p> <p>Proposer provides a comprehensive and wide range of health promotion and preventative education strategies. Proposer emphasizes the importance of focusing on "primary targets" such as beneficiaries, parents or caregivers and "secondary targets", such as teachers, social workers, medical professionals, etc. Proposer also details that information and materials distributed must be tailored for an audience based on attributes such as, age, geographic location, cultural differences, pregnancy, and other categories which will affect how a group will identify or connect with the information. Proposer goes beyond the requirements stated in the RFP and details how health promotion and prevention education strategy concepts will be met. Examples of how Proposer will go beyond what is required in the RFP are: creating a Denti-Cal "brand" and identifiable image, creating a micro website with educational tools separate from the DHCS Denti-Cal site, creating a beneficiary enrollment welcome packet with educational resources, and using social media. Proposer uses a wide range of methods to get the Denti-Cal name and message out to the public such as, free advertising, promoting changes using news outlets, paid media such as, billboards and targeted campaigns that focus on different demographics. Proposer acknowledges diverse demographics of the Denti-Cal populations and uses different strategies for different populations.</p> <p>(Book 4, Sections: 12.5.5.2, 13.11.1.1, 13.11.2, 14.3, 14.3.4, 14.3.5, 14.3.7, 14.3.8 -14.3.8.4, 14.3.12 - 14.3.12.3, 15.3.6)</p>				
5	B	Eval2	2	TeamA
<p>The Proposer's response is more than adequate and meets DHCS' needs/requirements or expectations to demonstrate knowledge and understanding of EPSDT. The Proposer demonstrates a knowledge of section 1905(4)(5) of the Social Security Act and explains their understanding and acknowledgement of the requirements in Section 14.4. In the same section, the Proposer details all EPSDT services that are required to be available for beneficiaries under age 21 and throughout their Beneficiary Outreach Plan their ability to provide the EPSDT services. The Proposer also explains, "We recognize that all beneficiaries under age 21 are EPSDT-eligible and, therefore, are receiving EPSDT services every time they see a Denti-Cal dentist. Denti-Cal's scope of benefits exceeds the minimum EPSDT-required dental services and, in addition, the program recognizes the guidelines in the American Academy of Pediatric Dentistry dental periodicity schedule," and subsequently, all the proposed outreach, materials and monitoring that is discussed in the Beneficiary Outreach Plan will be applicable in regards to EPSDT services.</p>				
6	B	Eval1	3	TeamA
<p>Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.</p> <p>Proposer demonstrates general knowledge and understanding of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services as detailed in section 1905(4)(5) of the Social Security Act (the Act). Proposer defines EPSDT and cites section 1905(4)(5) of the Act. Proposer also cites a recent report from Centers for Medicare and Medicaid Services (CMS), where CMS emphasizes the importance of EPSDT services. Proposer then refers back to other portions of the proposal to establish their ability to implement the requirement of EPSDT services. Proposer shows understanding of the required services, and addresses implementation in a general manner throughout sections 13 and 14. Proposer states they will monitor usage of EPSDT services as required by CMS. Proposer meets the requirements of the question but does not go "above and beyond".</p> <p>(Book 4, Sections: 13, 14, 14.4, 14.6)</p>				

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The Proposer’s response is more than adequate and meets DHCS’ needs/requirements to provide a viable solution to contact the families of children who are due for an EPSDT annual dental screening and prevention visit. Section 14.3.11 outlines the Proposer’s solutions to contact beneficiaries who are due for an EPSDT annual dental screening and prevention visit. The solutions the Proposer offers in regards to this are providing assistance with finding a provider and scheduling an appointment (Subsection 14.3.11.1), developing a beneficiary no-show process (Subsection 14.3.11.2), providing assistance with transportation (Subsection 14.3.11.3), and offering oral interpretater services (Subsection 14.3.11.4). Specifically with assisting in scheduling appointments, the Proposer discusses in Subsection 14.3.11.1 the process in which their Telephone Service Center (TSC) will provide assistance to beneficiaries over the phone with finding a provider and scheduling appointments. Subsection 14.3.11.2 provides information on the beneficiary no-show process that the Proposer will use in assisting beneficiaries who missed their appointments. It includes directly contacting a beneficiary by phone to reschedule the appointment. The Proposer will also offer oral interpretater services for beneficiaries who have limited English proficiency, as described in Subsection 14.3.11.4. TSC staff will include those who speak both English and Spanish, and for any other language, the Proposer will use Language Line Services, Inc.

6	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS’ basic needs/requirements or expectations.

Proposer addresses the issues of contacting families of children who are due for an EPSDT services visit indirectly with mass education and promotion of Denti-Cal and directly through communicating to beneficiaries. Proposer's strategy of health promotion and education aims to give beneficiaries an awareness of the Denti-Cal program and inform them of the importance of dental health. A successful promotion of information will be valuable in the direct contact of beneficiaries as they will be aware of the importance of EPSDT services.

Proposer will initiate contact with beneficiaries through mail correspondence and the Telephone Service Center (TSC). With the help of the Department and the fiscal intermediary (FI), proposer states they will send out mailing to inform EPSDT eligible and non-EPSDT eligible beneficiaries they are due for visits. Proposer then relies on beneficiaries calling in to schedule visits. When a beneficiary calls Proposer will then assist in scheduling appointments. Proposer meets scheduling guidelines required by the RFP but does not go above. Proposer will the provide the beneficiary who calls three (or more) provider options that meet beneficiary needs and are within the allotted distance, provide the caller with contact information for the providers and offer them a “warm transfer” (a 3-way call with provider, TSC and beneficiary), so the beneficiary can schedule an appointment.

Proposer meets RFP guidelines for the missed appointments process. Proposer suggests implementing a “missed appointment form” to more quickly know when a beneficiary has missed an appointment. The provider is to fill out the form and submit it to Proposer. Once Proposer receives notice of a missed appointment though the new form, or other methods, they will call the beneficiaries and attempt to reschedule an appointment. If the call is missed, Proposer will follow up two more times with the beneficiary and then send a letter. Proposer meets but does not exceed the translation services as stated in the RFP.

Proposer satisfactorily meets guidelines of the RFP and presents sufficient solutions to the questions.

(Book 4, Sections: 14.3.11 - 14.3.11.4, 16.2.3.3)

7	B	Eval1	3	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's response is more than adequate and meets DHCS' needs/requirements to provide a comprehensive plan to increase provider participation. The Proposer has knowledge of the current provider network and understands the performance measures/goals required of them in regards to increasing the number of providers who have provided at least one service in the calendar year, and increasing the number of service offices accepting new patients and referrals. Therefore, their efforts to try to increase the number of providers are based on this. Section 15.3 discusses the Proposer's Outreach Plan that includes increasing provider participation, specifically in Subsection 15.3.1. The solutions the Proposer offers include recruiting providers from The Proposer's commercial networks (Subsection 15.3.1.2.1), conducting outreach and easing the enrollment process for potential providers (Subsection 15.3.1.2.2), strengthening relationships with dental schools and dental organizations (Subsection 15.3.1.2.3), and implementing initiatives to reduce administrative burdens on providers (Subsection 15.3.1.2.4). In order to increase the number of service offices accepting new patients and referrals, the Proposer will improve the beneficiary referral process with an outlined plan in Subsection 15.3.5. The improvements include doing an annual provider referral list campaign of all currently enrolled providers to verify their information is up to date. The Proposer will also work to improve communication with providers on specific information regarding the referral list with the anticipation that providers requesting to be removed from the referral list will decrease.

7	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer demonstrates a sufficient comprehensive plan to increase provider participation. Proposer's plan to increase participation is to: (1) reach out to providers in the Proposer's Commercial Networks, (2) reach out to providers by directly contacting them to enroll via phone and email, (3) recruit providers by working with dental schools and organizations, and (4) reduce administrative burdens on providers, making enrollment and serving as a Denti-Cal provider easier. Proposer will also use its Regional Representatives as tools to educate and recruit providers. Proposer states they will educate providers on the Denti-Cal program to inform them on the process and importance of dental health. Proposer states they believe this will increase the number of providers who will be willing to accept Denti-Cal beneficiaries.

(Book 4, Sections: 15.3.1.2 -15.3.1.2.4, 15.3.3, 15.3.5)

8	B	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements and expectations to provide a comprehensive plan to monitor, increase accuracy and expand the provider referral network. The Proposer will ensure accuracy of the provider referral network and also address the issue of low provider referral participation by improving the Beneficiary Referral Process. The process involves conducting an annual provider referral list campaign of all currently enrolled providers to verify their information is up-to-date. The Proposer will work with the Fiscal Intermediary (FI) to identify providers who need to submit an updated referral form (Subsection 15.3.5). The Proposer will also send regular reminder notices about updating the referral form in reimbursement checks issued and with provider bulletins that are distributed. For providers who call the TSC that are not already on the referral list, they will be asked if they are interested in accepting new patients. The Proposer aims to decrease administrative burdens and provide outreach materials that will encourage more providers to accept new patients (Subsection 15.3.5).

8	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer's plan to monitor, increase accuracy and expand the provider referral network meets guidelines defined in the RFP. Proposer states they will monitor provider outreach methods through required reports, and communication with outreach staff to see what techniques are working. Proposer, who is the incumbent, states "the Provider Enrollment staff keep scrupulous on-line records of enrollment". This should assist in the monitoring of changes in the provider referral network. Proposer outlines they will reach out to potential providers via mass email blasts, mass mailings, and presentations to dental providers, as well as phone calls and visits to providers to increase the referral network and offices accepting new patient referrals. Proposer plans to use direct communication to increase the provider network but does not offer any unique or progressive ideas to address low provider participation. Proposer writes they will "improve communications with providers regarding what it means to be on the (provider) referral list" using training and direct communication and calls it a "unique strategy".

(Book 4, Sections: 15.3.1, 15.3.4 -15.3.7, 15.4.4)

9	B	Eval1	3	TeamA
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The Proposer's response is more than adequate and meets DHCS' needs/requirements or expectations to target increasing providers servicing children and at risk populations. The Proposer has knowledge of the current provider network and understands the performance measures/goals required of them in regards to increasing the number of providers who have provided at least one service in the calendar year, and increasing the number of service offices accepting new patients and referrals. Therefore, their efforts to increase the number of providers are based on this. The Proposer discusses outreach efforts they will utilize in Subsection 15.3.1.2 in order to increase providers. The efforts include recruiting providers from the Proposer's commercial networks, provider enrollment outreach efforts, building relationships with dental schools and dental organizations, and providing incentives to reduce administrative burdens on providers. The Proposer also explains their processes for monitoring beneficiary access to care, which will be done on a monthly basis and will help the Proposer to know where to focus outreach efforts, especially for those whose utilization is low and where the number of providers enrolled is low. In regards to children and high risk populations, the Proposer discusses statewide outreach initiatives in Subsection 15.3.2, which includes mobile dental clinics, portable dental clinics, safety net clinics, outreach to stakeholder agencies and organizations, and stakeholder educational materials. Subsection 15.3.3.1 discusses how the Proposer will conduct outreach that includes direct communication, such as phone calls and marketing materials, in border communities and where utilization is low. The Proposer will call and visit providers who are not enrolled, and marketing materials will be distributed to providers who are not enrolled and those who are.

9	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates a Provider Outreach Plan that targets increasing providers which serve children and at-risk populations. Proposer gives examples of how they will perform general provider outreach, and also how they will specifically target providers who serve children and at-risk populations. Examples include email blasts and mailings to reach out to providers, trainings to educate and inform providers, phone calls and visits directly targeting providers, and media campaigns increasing awareness of Denti-Cal. Proposer also plans to work with providers that offer mobile or portable clinics. Proposer suggests early intervention strategies for children and offering financial incentives to providers that would be in line with Medicaid billing standards. Proposer meets monitoring guidelines defined in the RFP which include tracking provider type, age of beneficiaries and special healthcare needs. Proposer does not offer non-traditional, unique or progressive ideas to increase providers serving children and at-risk populations.

(Book 4, Sections: 15.3.1, 15.3.2, 15.3.3 – 15.3.3.2, 15.4.2, 15.4.3, 15.3.7.1)

10	B	Eval1	2	TeamA
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The Proposer's response is adequate and meet's DHCS' needs/requirements or expectations to target increasing providers servicing low utilization areas. Subsection 15.3.3.1 discusses the Proposer's plan to conduct outreach to areas where utilization is low. The plan includes contacting providers who are not enrolled to encourage them to participate, contacting enrolled providers to encourage them to participate in the referral list that will identify them as providers who are accepting beneficiaries, distributing materials to both enrolled and non-enrolled providers, presenting webinar trainings to providers in order to educate them on how to decrease fears and concerns that beneficiaries have about going to the dentist, making presentations to the public regarding the program, and providing technical assistance to help providers. The Proposer also discusses conducting statewide outreach initiatives in Subsection 15.3.2, which include the use of mobile dental clinics, portable dental clinics, safety net clinics, providing outreach to stakeholder agencies and organizations, and distributing provider educational materials to stakeholders for areas that have low utilization.

10	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately establishes a Provider Outreach Plan that targets increasing providers serving low utilization areas. Proposer gives examples of how they will perform general provider outreach, and also how they will specifically target providers who serve low utilization areas. Examples include email blasts and mailings to reach out to providers, trainings to educate and inform providers, phone calls and visits directly targeting providers, and media campaigns to increase awareness of Denti-Cal. Proposer meets monitoring guidelines defined in the RFP, including tracking location and providers accepting new patients. Proposer states they will work with the Department and the FI to establish baselines, then use technology to identify and monitor low utilization areas. They will use geo-mapping software to overlay and map providers with the beneficiary population and then identify and monitor utilization. Proposer also talks about expanding use of services with Reachout Healthcare America, a current Denti-Cal provider, to reach more low utilization areas. Proposer does not offer non-traditional, unique or progressive ideas to increase providers serving low utilization areas.

(Book 4, Sections: 15.3.1, 15.3.2, 15.3.3 – 15.3.3.2, 15.4.2, 15.4.3, 15.3.7.1)

11	B	Eval1	2	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to target increasing providers in skilled nursing facilities (SNFs). The Proposer, addresses in Subsection 15.3.3.2, the outreach process that they will use to increase the number of providers who treat beneficiaries in SNFs. They will run reports using claim and treatment authorization request (TAR) data in order to identify beneficiaries in SNFs and the rendering providers who treated them. From their analysis they will determine if access to care is an issue for beneficiaries in SNFs, and will survey those providers who are currently participating in the program to determine if they would want to treat beneficiaries in SNFs. The Proposer will also monitor utilization data for services provider in SNFs on a quarterly basis, and also use GeoNetwork to determine beneficiary populations and provider locations.

11	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer adequately demonstrates a Provider Outreach Plan that targets increasing providers in SNFs. Proposer gives examples of how they will perform general provider outreach, also how they will specifically target providers who serve SNFs. Examples include email blasts and mailings to providers, trainings to educate and inform providers, phone calls and visits directly targeting providers, and media campaigns increasing awareness of Denti-Cal. Proposer suggests training workers at SNFs to assist clients with administering oral hygiene services. Proposer meets monitoring guidelines defined in the RFP. Proposer plans to research other states' SNFs services to identify effective methods to increase utilization. Proposer will also work with SNFs to identify if facilities have providers who serve the SNF and, if so, if beneficiaries in SNFs are receiving the required access to care. Proposer does not offer non-traditional, unique or progressive ideas to increase providers serving in skilled nursing facilities. Proposer will use technology in their monitoring process when they run reports and send emails to target provider.

(Book 4, Sections: 15.3.1, 15.3.2, 15.3.3 – 15.3.3.2, 15.4.2, 15.4.3, 15.3.7.1)

12	B	Eval3	3	TeamB
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This Proposer more than adequately demonstrates knowledge and understanding of the process for requesting payment under this contract. The Proposer has extensive experience administering dental programs covering 33 million people nationwide, including government-sponsored programs. The proposal details all aspects of the billing process, including the contents of each invoice, the billing documentation, required signatures, and manner of submission for both paper and electronic copies. Operations and Turnover/Runout invoicing are separately addressed, including payment requirements and liquidated damages, scheduling of invoices, and payment calculation methodologies. This proposal is more than adequate and fully meets Department of Health Care Services (DHCS) requirements. No omission or flaw is apparent.

(Proposal Sections 1.0, 3.2, 4.3.21, 4.5.3.8)

12	B	Eval4	2	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
13	B	Eval3	3	TeamB

Proposal response is adequate or meets the Department of Health Care Services (DHCS) basic needs/requirements or expectations of the process for requesting payment for Operations outlined in the Department's Request for Proposal (RFP) in Exhibit B, Attachment 1. Section 2 of the RFP clearly outlines the Department's expectation in regards to Takeover function and Proposer B demonstrates their understanding of the Takeover process in section 3.2.3.1-Takeover in their narrative proposal. Proposer B commits to accepting 80% of fixed cost for the Takeover phase of the contract, payable in 12 invoices, and the remaining 20% will be used for required Takeover deliverables and reaching milestone goals, payable in separate invoicing.

Proposer B uses QuickBooks for invoicing and accounts receivables. Proposer B anticipates that the QuickBooks software will adhere to Generally Accepted Accounting Principles (GAAP) and will capture all the payment requirements outlined in RFP Exhibit B, Payment Provisions, Section C, Invoices, and RFP Exhibit E, Additional Provisions, Accounting Requirements. This information is delineated in Proposer B's proposal Section 3.2.3 Invoice Requirements, 3.2.5-Substantiating Documentation, and 3.2.1 Approach to Cost Accounting. However, in section 3.2.5 Proposer B states that further review of their processes needs to be conducted to determine what revisions need to be made to comply with RFP Exhibit A, Attachment II, Operations Scope of Work, and RFP Exhibit B, Attachment I, Special Payment Provisions. This demonstrates that their processes have not been fully developed to comply with the RFP requirements as it relates to financial requirements.

Proposer B agrees to adhere to RFP Exhibit B, Attachment 1, Turnover and Runout Processing, outlined in section 3.2.3.5 Turnover and Runout, 4.5.3 Approach to Turnover and Runout Activities Communication of their proposal. Additionally, Proposer B clearly outlined their invoicing procedures regarding the triplicate submission of invoices that include itemized cost for billing and performance periods. Section 3.2.5 Substantiating Documentation of Proposer B's proposal covers the Exhibit E, Attachment 2 adherence to Title 48, Contracts Costs Principles. Proposer B has an understanding and knowledge of RFP, Exhibit B, Attachment 1, Operations Base Volume Method of Payment (BVMP), referenced in section 3.2.3.2 Operations: Base Volume Method of Payment that explains Proposer B's invoicing processes for the required Adjudicated Claim Service Lines (ACSLs), Telephone Service Center (TSC), and Treatment Authorization Requests (TARs).

This Proposer more than adequately describes its approach and methodology for providing reporting and supporting documentation of payments. A comprehensive listing of all reports generated for Operations is included in the proposal, and the Proposer offers to make them available as requested. Adjudicated Claims Service Lines (ACSL) and Treatment Authorization Request (TAR) reports and certifications are listed and promised to be delivered to DHCS, including General, Monthly and Annual Reconciliation Reports and the accompanying certifications. Similarly, certifications and reports for the Telephone Service Center (TSC), including Billable Minute reports, vendor invoices and lists demonstrating compliance with all requirements will also be provided.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Proposal Sections 3.2 et Seq, 4.3.19.3, 4.4.5 and 16.4)

13	B	Eval4	3	TeamB
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Q Num	Proposal Evaluator	Score	Comments
			<p>Proposal response is more than adequate and fully meets DHCS' needs/requirements or expectations. Proposer B outlines their reporting and documentations of Operations payments in section 3.2.2.3 Accounting Records and Reports Supplied to the State. Proposer B will supply the Department with the reports as outlined in the Exhibit E, 3-B of their proposal:</p> <ul style="list-style-type: none"> • Weekly Checkwrite amount • Department of Managed Health Care (DMHC)–MN-O-201 • DMHC–MN-O-301 • Financial Statements • Department of Health Care Services (DHCS)-Funded Equipment Inventory–DHCS 1204 • State Budget Estimate • Conlan Recoveries Outstanding Invoice Log Report • In-House Invoice Status Report <p>Proposer B's 3.0 Entire Plan-Management Plan and Exhibit 3.2 A outlines the management and/or staff responsible for the above-mentioned reports for submission to the State.</p> <p>Proposer B highlighted Centers for Medicaid and Medicare (CMS) concerns over two California Dental Medicaid Management Information System (CD-MMIS) , hence the separation of the Administrative Services Organization (ASO) and Fiscal Intermediary (FI) contracts. Proposer B understands that clear and consistent reporting is the goal and requirement from CMS and the State.</p> <p>Section 3.2.3.2 Operations: Base Volume Method of Payment- ACSLs and TARs Operations Invoices demonstrates their above adequate knowledge and understanding of providing reporting and supporting documentation of Operations payments. Section 3.2.5 Substantiating Documentation outlines the reports that will be provided to the State as they relate to the billable/non-billable, reconciliation of ACSL and TARs which respond to RFP Exhibit B, Attachment 1, Special Payment Provisions.</p> <p>In accordance with RFP Exhibit B, Attachment 1, Special Payment Provisions, Proposer B has an above adequate knowledge and understanding of providing certification and reports for the TSC. Proposer B has TSC billable reports in place, referenced in RFP Exhibit A, Attachment II, which include invoices for both beneficiary and provider calls submitted to the State monthly. Section 16.0 TSC Plan also provides information regarding the staff and qualifications necessary to manage the TSC.</p>

14 B Eval3 3 TeamB

This Proposer more than adequately demonstrates understanding of payment requirements under the Request For Proposal (RFP) by explaining in detail its compliance plan, including collaboration with DHCS, monitoring of subcontractors, fiscal accounting processes, fiscal reporting and monitoring, invoice requirements and substantiating documentation. Specifically, the Proposer acknowledges and accepts the payment requirements and liquidated damages sections and shows a detailed plan for meeting the requirements to avoid incurring these penalties.

This proposal is more than adequate and fully meets DHCS' requirements.

(Proposal Sections 3.2 et Seq, 4.4.8.6, 11.8, 16.2.2)

Q Num	Proposal	Evaluator	Score	Comments
14	B	Eval4	3	TeamB
<p>Proposal response is more than adequate and fully meets DHCS' needs/requirements or expectations. Proposer B has an above adequate knowledge and understanding of the payment requirements and liquidated damages outlined in RFP Exhibit B, Attachment 1, Special Payments Provisions and Exhibit E, Additional Provisions as they pertain to the reports and documentation needed to bill the State for Operations cost such as ACSLs, TARs, TSC, and Turnover/Runout cost. The above mentioned information can be found in Proposer B's proposal sections 3.2 Fiscal Accounting Processes and Budgetary Controls, 3.2.3 through 3.2.3.5.</p>				
15	B	Eval1	2	TeamA
<p>The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to demonstrate an understanding of the edit/audit criteria. Section 10.5 explains the Proposer's knowledge of the edit criteria and the processes involved. In this section, the Proposer also affirms that they have "an unparalleled understanding of the complex system of edits in place, the reasons why each edit exists, and the implications of each edit relative to the adjudication process." The Proposer provides a sample of edits with their respective definitions and the required action for each edit in Exhibit 10.5-A. The examples of edits and audits according to the Proposer, are the data entry edits that will be used for claims/TAR processing. Subsections 10.5.1-10.5.3 detail the various edits (recipient edits, provider edits, and procedure edits/history cross-check edits) and their criteria which are used to process claims.</p>				
15	B	Eval2	2	TeamA
<p>Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.</p> <p>Proposer is the incumbent and has familiarity of the edit/audit criteria. Proposer explains their understanding of the claim and Treatment Authorization Request (TAR) edit process and outlines different examples in a table in Exhibit 10.5-A. Proposer displays knowledge of provider, recipient, procedure and Surveillance and Utilization Review Subsystem (SURS) edit criteria and mirrors the guidelines as defined in the RFP. Proposer gives examples of the edit criteria for each category, such as detailing the process of verifying a recipient's eligibility using the Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) file (a database provided by the Department), Automated Eligibility Verification System (AEVS), the beneficiaries Point of Service (POS) network, and the beneficiary's recipient history. Proposer also explains the History Cross Check Audit process and lists the type of errors it is to catch, such as duplicate services, too frequent of services, or service limits. Proposer meets the guidelines in the RFP.</p> <p>(Book 3, Sections: 10 entire plan, 17.0, 17.6.3)</p>				
16	B	Eval1	3	TeamA

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's response is more than adequate and meets DHCS' needs/requirements and expectations to demonstrate and provide the services and functions required under the Claims Processing Subsystem section. In Subsection 10.1.7, the Proposer addresses their commitment with processing responsibilities that includes adjudicating claims consistent with Department policy and contract requirements, participating in the Dental Policy Advisory Group, and assisting with claims processing. In regards to CD-MMIS, the Proposer discusses in Subsection 10.1.1 their understanding of the system and their responsibility of using the system to ensure that they will do the functions required of them as an ASO, which includes file maintenance (processing of edits discussed in Section 10.5) and adjudication of claims/TARs. Subsection 10.1.6.1.2 discusses the Proposer's process they will use to verify providers are enrolled and are in good standing by doing a check against data in the Provider Master File, as well as verifying beneficiary eligibility by checking the Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) file. The Proposer will also maintain recipient history using the Recipient Subsystem that "ensured continuity of recipient eligibility by cross-referencing recipient identification numbers, which are often subject to change" (Subsection 10.5.1). Subsection 10.1.2 addresses the Proposer's understanding of different dental programs such as Child Health and Disability Prevention Gateway, California Children's Services Program, Genetically Handicapped Persons Program, and Regional Center Consumers, and the scope of benefits and requirements for processing Claims/TARs specific to those programs.

16	B	Eval2	2	TeamA
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Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer demonstrates an understanding of the requirements of services and functions of the Claims Processing Subsystem, and meets guidelines defined in the RFP. Proposer addresses all parts of the question and complies with the standards outlined in the RFP. Proposer demonstrates knowledge of the adjudication process and CD-MMIS. As the incumbent, Proposer has previous experience with the process and recognizes that processes are fluid and can change. Proposer has a comprehensive understanding of the knowledge required to verify providers and beneficiaries, including non-standard circumstances. Proposer discusses the necessity of meeting Denti-Cal and federal guidelines for verifying and timely processing of TARs, claims and other information. Proposer also details their process to quickly verify information, which includes working with the Department and FI contractor as well as using the Provider Master File (PMF) and FAME (a version of the Medi-Cal eligibility database). Proposer discusses the different procedures needed to process claim information for different dental programs (California Children's Services, Genetically Handicapped Persons Program and Healthy Families Program) that use the CD-MMIS system. Proposer acknowledges the importance of the maintenance of the recipient history file; however they do not go into detail on the importance. Proposer only states "accurate recipient history data is fundamental to the effective function of the CD-MMIS system of edits and audits".

(Book 3, Sections: 10 entire plan)

17	B	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements or expectations to understand the document workflow process and details processes and procedures to ensure all requirements will be met. Section 10.4 explains the Proposer's approach for pre-payment/pre-authorization edits and audits, adjudication of special claim categories, suspense processing, manual review, professional and para-professional review, out-of-state provider claims, border providers, processing Notice of Actions (NOAs), edit/audit surveys, and overrides. The Proposer also demonstrates an understanding of the different responsibilities associated with each logical point in the adjudication process where a document can suspend. Section 10.5 demonstrates the Proposer's understanding of the edits/audits that will need to be reviewed as part of the adjudication process, and who will conduct the review, such as edit clerks, dental auditors, and dental consultants. Subsection 10.1.8.3 discusses the Proposer's plan for providing training to staff that will process claims/TARs, including para-professionals and dental consultants.

Q Num	Proposal	Evaluator	Score	Comments
17	B	Eval2	3	TeamA
<p>More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.</p> <p>As the incumbent, Proposer has extensive knowledge of the document workflow process. Proposer adequately discusses how they will meet requirements and thoroughly explains all processes and procedures. Proposer address all topics in the RFP's scope of work. Proposer explains all areas of claims processing and states they will meet all required timelines. Proposer describes the workflow processes and procedures including: automated and manual process, what occurs when there are errors in processes, how manual evaluations are completed, Clinical Screenings, resubmissions, turn-around documents, and exceptional processing instructions. Proposer demonstrates a comprehensive understanding of the different responsibilities associated with each logical point in the adjudication process where a document can suspend. Proposer shows they understand the different levels of skill required to adjudicate a document. They describe the adjudication process, the different staff and requirements for each level, as well as different documents. Proposer discusses the policy requirements that must be met in the adjudication process, such as Department, state and federal standards.</p> <p>(Book 3, Sections: 10 entire plan)</p>				
18	B	Eval1	2	TeamA
<p>The Proposer's response is adequate and meets DHCS' needs/requirements and expectations to demonstrate an understanding of and commitment to meeting Cycle Time requirements. In Section 10.17, the Proposer expresses their commitment to meeting Cycle Time requirements as outlined in the RFP and includes information on past experience meeting Cycle Time requirements. Subsections 10.17.2-10.17.5 discusses how the Proposer uses tools to monitor and provide reports to track claims processing, TAR, Clinical Screening dentist review, and to provide Cycle Times. Each section details their proven ability to meet each specific Cycle Time requirement, as well as supporting evidence that shows that they have experience and have met or exceeded the standards for Cycle Times.</p>				
18	B	Eval2	2	TeamA
<p>Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.</p> <p>Proposer demonstrates an understanding of and commitment to meet cycle time requirements. Proposer, who is the incumbent, states they have met all cycle time requirements for the last 4 years. Proposer displays a table which breaks down the requirements for each category. Proposer discusses claims processing, TAR, Clinical Screening dentist review and provider cycle time requirements, and meets guidelines outlined in the RFP. Proposer shows good knowledge of the process but does not exceed expectations.</p> <p>(Book 3, Sections: 10 entire plan, 11.7)</p>				
19	B	Eval1	2	TeamA

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's response is adequate and meets DHCS' needs/requirements and expectations to detail their approach to meeting the Clinical Screening requirements. This includes when to refer a beneficiary and the fact that they must design, recruit, reimburse and maintain the screening network. The Proposer explains in Subsection 10.9.1 the circumstances in which a beneficiary would require a Clinical Screening, which include unusual conditions on a TAR, requesting non-immediate removable prosthetics, services for residents of State-licensed facilities, when second opinions are requested, for post-service after treatment has been performed, and orthodontic services. The Proposer will seek candidates for Clinical Screening positions from regional dental societies, the California Dental Association or from fellow Clinical Screening dentists, as explained in Subsection 10.9.2. The payment for Clinical Screenings is based on a per-examination basis and any mileage incurred for dentists who have to travel to beneficiaries who reside in facilities.

19	B	Eval2	1	TeamA
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Barely Adequate - Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer describes the circumstances when a Clinical Screening is to be used, such as when to refer a beneficiary to for a Clinical Screening. Proposer covers Clinical Screening areas listed in the RFP. Proposer also explains how they recruit candidates for clinical screening positions such as using other dentists, the California Dental Association and regional dental societies. Proposer details the requirements to be met in order to be considered as a Clinical Screening dentist and the training required for the dentists once selected, such as the dentist must have 10 years of experience and no negative actions against them with the Dental Board. Proposer does not go into detail on how they will maintain the screening network. Proposer also states they monitor the screening network. Proposer is the incumbent and provides no details on how effective they have been in maintaining screeners and meeting service demands. Proposer acknowledges they are responsible for reimbursement of screeners.

(Book 3, Sections: 10 entire plan, 13.8, 11.7.4, 17.5.1, 17.6.2)

20	B	Eval1	3	TeamA
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The Proposer's response is more than adequate and meets DHCS' needs/requirements or expectations to demonstrate an understanding of the TAR adjudication process. The Proposer explains in Subsection 10.1.8.1 the organizational structure related to TAR processing and introduces the specific staff and managers that will oversee the process, manage the workload and the flow to ensure that the process is in compliance with the ASO contract. Subsection 10.2.2 discusses how the Proposer will utilize (QM) staff to assist with ensuring the process for TAR adjudication meets contractual requirements, identifies errors, and verifies performance standards for processing TARs. Specific to processing TARs, the Proposer explains in Section 10.6 how they commit to meeting all the specialized TAR processing requirements, which include: quality of care review for selected providers; out-of-state services; TARs that fail system edits; professional/para-professional TAR review; TAR re-evaluations; and situations where prior authorization is waived. The Proposer explains in Subsection 10.17.1 how they will use reports and tools to measure their Cycle Time performance in order to assure they are meeting contract requirements. Exhibit 10.17-A outlines the Cycle Time requirements and their respective standards and the Proposer's commitment to meeting the standards. The Proposer provides evidence (Exhibit 10.17-C) of their experience meeting and exceeding the Cycle Time requirements for TAR processing.

20	B	Eval2	3	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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More than Adequate - Proposal response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations.

Proposer provides a detailed response on their understanding of the TAR adjudication process. Proposer states they have been the Department's only dental program contractor for over 40 years, and they alone have "the insights, reliable processes, institutional memory and clinical expertise needed to mitigate this risk." They "fully understand the methodology that must be used to calculate cycle times, and our process ensures that standards are consistently met". Proposer also states they have the expertise to understand the FI processes that go along with the Administrative Support Operation contractor's required adjudication processes. Proposer has an understanding of the programs required to complete adjudication processes including, the FAME file, the provider master file (PMF), Exceptional Processing Instructions (EPIs), and SURS. Proposer, who is the incumbent, states they have met all cycle time requirements the last 4 years and are confident if selected they will continue to meet requirements. Proposer outlines their staffing and plan to manage workload to ensure processing requirements are met. They give examples of techniques to manage workload, such as using internal reports to monitor inventory of work, staff productivity and accuracy of processing. Making sure staff has clearly defined workload responsibilities will help to ensure efficiency and ease of monitoring work. Proposer demonstrates detailed knowledge of all different types of TAR adjudication listed in the RFP.

(Book 3 - Sections: 10 entire plan, 11.7)

21	B	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements to demonstrate an understanding of and commitment to improving the quality of claims processing. Subsection 10.1.5 discusses the Proposer's claims processing improvements that they have made in their current operations and proposed changes to the Denti-Cal claims processing system. The improvements are as follows: bar code readers; navigation tabs; on-line manuals; digitized radiographs; widescreen monitors; screen scraping; multiple monitors; and a form for providers' concerns for customer service. The Proposer also explains in this section their past experience with developing and implementing improvements to claims processing and their commitment to continue doing so. The Proposer explains their participation in the Dental Policy Advisory Group (DPAG) in order to provide insight and recommendations to improve adjudication of claims/TARs, including decreasing administrative burdens on providers. DPAG participants will then notify management regarding performance related to claims/TARs processing on the part of the FI and the providers. In Subsection 10.2.4, the Proposer discusses other communication methods they will use: the exchange of reports between the Department, FI contractor, and ASO contractor; conduct meetings; and submission of formal correspondence and informal communication. In order to identify and resolve problems, the Proposer discusses using QM staff to help identify errors or issues with claims processing and then develop appropriate solutions, as discussed in Subsection 10.2.2.

21	B	Eval2	1	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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Barely Adequate - Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer states they are dedicated to improving the quality of claims processing but do not go into detail on how they will improve specific areas. They only make general statements, such as they are constantly looking for ways to improve processes. Proposer, who is the incumbent, gives examples of improvements they have made in the past, such as eliminating paper work for providers, streamlining processes to reduce human error, and using SharePoint. Proposer does not detail new improvements they will make; they only talk about their overall commitment to improve processes. One detailed example Proposer provides is purchasing bigger computer monitors and providing staff dual monitors. Proposer offers methods on how they will (and currently do as the incumbent) monitor performance of the FI and providers. Proposer states they will utilize daily reports to see where inefficiencies lie and then address those issues to resolve problems, but does not state specific ideas on areas of improvement. Proposer emphasizes the importance of a collaborative relationship with the FI contractor and providers so claims processing can be done efficiently but does not go into detail about how the task will be performed. Proposer also states their International Organization for Standardization (ISO) certification is evidence of their ability to improve processes and address and resolve problems.

(Book 3, 4, Sections: 10 entire plan, 11.1, 11.7, 11.4.2, 11.6 12.6, 13, 16.5)

22	B	Eval1	2	TeamA
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The Proposer's response is adequate and meets DHCS' needs/requirements and expectations to provide a process of improving the integration and interaction of claims processing with functional areas to improve customer services, such as Provider Services, Beneficiary Services and the Telephone Service Center (TSC). The Proposer's organizational structure is shown in Exhibit 10.1-C and explained in detail in Subsection 10.1.8.1. The Customer Service Director "is the principal office with responsibility for ensuring that [The Proposer] adheres to the ASO contract's operations, provider, beneficiary and TSC provisions." As shown in the organizational structure, the Operations Director "who is responsible for all ASO claims operations" reports to the Customer Service Director (Subsection 10.1.8.1). The Customer Service Director is also responsible for "developing methods to improve efficiency, including quality and quantity of production and coordinating implementation of new tools/methods within customer services areas." Additionally, in Subsection 10.2.4, the Proposer discusses the use of an internal Change Tracking Meeting that claims/TAR processing management and staff attend to discuss changes with claims/TAR processing that will affect Provider Services, Beneficiary Services or the TSC.

22	B	Eval2	1	TeamA
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Q Num	Proposal	Evaluator	Score	Comments
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Barely Adequate - Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations.

Proposer discusses the importance of integration and displays awareness of the interdependent relationships between the ASO contractor and the Department, the FI contractor, providers, and beneficiaries, and also the relationship between different sections of the contract but offers few suggestions on improving integration. One example the Proposer gives on how they are working to improve integration is they state they will encourage and guide providers to use the electronic data interchange (EDI). Proposer states EDI can be challenging for providers, but provides quick claims processing once enrolled. Proposer also states they will survey beneficiary to see their satisfaction with customer service topics related to claims processing. Proposer indirectly addresses how they will work to improve processes stating they are ISO accredited and one of the principles of the ISO is continual improvement. Proposer does not offer detailed suggestions on how they will improve the integration and interaction of claims processing and customer service.

(Book 3, 4, Sections: 10 entire plan, 11.1.5, 11.3, 12.2, 13, 16.5)

23	B	Eval5	3	TeamC
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Proposer B more than adequately demonstrates and provides to the providers the services required under the Provider Services section. The Proposer will measure the effectiveness of their operation by actively assessing contractually-required provider enrollment reports for accuracy and ensuring they are readily available to the Department within the frequency submission requirements. Additionally, Proposer B will administer annual provider customer service surveys to assess the effectiveness of service provided by the provider service staff. Evaluation surveys will also be administered at every seminar as a tool to measure effectiveness. Proposer B also demonstrates the ability to develop and implement procedures to identify prior authorization or billing errors and listed steps to minimize these errors. Their plan to identify billing errors includes weekly assessments of the Provider Billing Error Report. Proposer B offers several mitigation strategies to decrease billing errors, such as contacting providers to offer one-on-one assistance, modifying seminar content and writing provider newsletter articles to address common errors, and deploying provider relations staff to provide on-site assistance. The Proposer offers appropriate staffing that will specialize in specific areas, such as enrollment and credentialing, Electronic Data Interchange (EDI), provider outreach, correspondence with providers, and support. (Provider Services Plan, Section 12.0)

23	B	Eval6	2	TeamC
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Q Num	Proposal Evaluator	Score	Comments
12.0: Providers Services Plan			Proposer B provided adequate responses based on their demonstration to provide the services required under the Provider Services Section, Scope of Work (SOW). During evaluation the following were taken into consideration: control measures, tools to ensure successful performances, demonstration on ability to develop/implement procedures to identify billing errors, and appropriate staffing.
12.3.1-12.3.5 & 11.7.1			Proposer B offers effective control measures and tools to ensure successful performance. Some measures include the use of Medicaid Management Information System (MMIS) and Provider Master Files (PMF). In addition, the Proposer demonstrates an ability to develop and implement procedures to identify prior authorization or provider billing errors by having its customer support clerks obliged to perform daily control reviews/double check errors the system was unable to catch. Quality Management (QM) Standards and methods are included.
10.2.4			Communication between Medi-Cal Dental providers, dental provider staff, billing intermediaries and contractors will occur through regular reports, meetings, and formal and informal correspondences.
12.4.2.1			Prior to on-site visits, telephone communication is first attempted. At the least, staff reviews Monthly Provider Error Reports quarterly to assess high denial rate volumes as an attempt to decrease billing errors.
12.4-12.5			Data is another avenue of communication for on-site visits with follow-up communication via documentation(s), emails, forms and other print materials to ensure there are minimal billing errors.
12.6.2			Proposer B will use the most common Treatment Authorization Resquest (TAR) errors from the previous year (August 2015) to help minimize billing errors.
17.6.3			Proposer B proposes to work with the Department and the Fiscal Intermediary (FI) to train both staff and contractors on Surveillance and Utilization Review (S/URS) operations and tools. With this knowledge, there will be a decrease in billing errors.
12.1.4.1-12.1.4.3.			Proposer B offers staff members that are available during all State workdays, offers backups, and proposes to fill empty positions within 30 days.
24	B	Eval5	3
TeamC			

Q Num	Proposal	Evaluator	Score	Comments
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Proposer B more than adequately describes in detail an approach to ensure new providers are properly vetted and credentialed to ensure they meet the standards required by Medicaid, the California Dental Board, and the Medicaid Dental program. The process consists of steps in the following order: initial live review of the application for completeness, extensive credentialing assessments against statewide and federal exclusion lists, notifying providers of active status, and running tests to ensure newly enrolled providers are able to receive payment. Proposer B also proposes to simplify and shorten the current Medi-Cal dental provider enrollment application to mirror their commercial process while ensuring all requirements meet Medicaid regulations. Additionally, the Proposer offers processing applications within 50 days, which exceeds the contract requirements for processing within 180 days. They also propose an option for providers to submit their application package online. The Proposer demonstrates a strong understanding of the program's enrollment and credentialing requirements and time frames. (Provider Services Plan, Section 12.0)

24	B	Eval6	2	TeamC
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12.0, 12.3.2-12.3.5.1: Entire Provider Enrollment Plan
 Proposer B adequately details their approach on how they will ensure that new providers are properly vetted and credentialed. New providers will first undergo Provisional Status for their first 12 months of enrollment and, at 6 months, an integrity review profile is generated. During this provisional period the Proposer will monitor questionable billing activity and will ensure all Medicaid, Dental Board and Dental program standards are met. In addition, Proposer B proposes to deactivate enrolled providers whose unrestricted license(s) are unable to be verified. Electronic Data Interchange (EDI) also ensures that new providers are properly vetted and credentialed. All new providers receive an EDI packet to complete during the enrollment process to ensure providers are complying with laws/regulations described in the Request for Proposal (RFP).

12.3.2
 Proposer B describes the credentialing and enrollment process by breaking up the steps, database systems and timelines their analysts use. The enrollment process timeline states the Proposer will perform the contractual requirement of credentialing and enrolling providers in 50 days versus 180 days because of staff experience/expertise. Proposer B proposes a shorter application form, the need for fewer supporting documents, and the option to submit them online, but does not go into detail about how they can accomplish this (i.e., how long will it take to transition to the commercial side processes, how long will it take to review compliance with the law, etc.).

25	B	Eval5	3	TeamC
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The Proposer more than adequately provides training that meets the requirements listed in the Providing Training section. In their Provider Training Plan, the Proposer describes in detail what the background and qualifications of each of the provider seminar trainers are, the required curriculum to be taught and the evaluation/assessment process for each seminar. Additionally, Proposer B proposes to exceed contract requirements by offering specialized training for Registered Dental Hygienist in Alternative Practice (RDHAPs) in response to the increased number of RDHAPs servicing Medi-Cal beneficiaries. Additionally, the Proposer will offer special one-on-one trainings by request. Proposer B offers to provide training, both in-person and webinar trainings. The Proposer outlines the training methodology by explaining the goals of each core provider training seminar, targeted audiences, number of Continuing Education credits, and the annual frequency of them. The format of these seminars will be lecture-style, with large class discussions through PowerPoint presentations and hands-on exercises. The in-person trainings will be available for larger cities with a high concentration of providers who show interest in trainings, and webinars will be made available for hard-to-reach providers. The Proposer will notify providers 3 months in advance and will also remind providers within a 50-mile radius of the in-person training at least 30 days in advance. (Provider Services Plan, Provider Training Plan, Section 12.4.1.1)

25	B	Eval6	2	TeamC
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12.0: Entire Providers Services Plan

Proposer B provided an adequate response.

4.1.3.2

Proposer B realizes the need/goal of increasing utilization and understands the need of action from both beneficiaries and providers. Providers need to have training on how to understand a beneficiary's need, but must also be willing to provide services. Proposer B plans to meet these requirements by presenting a beneficiary and provider outreach plan.

4.2.1.5

To meet Provider Services requirements, online training/cloud based training will be used as a tool to educate staff and subcontractors, and the Department on Learning Management System (LMS)—a web-based interface software application that will interface with security sign-on at workstations. LMS will be accessible and available 24/7 and will train administrators and managers on access courses and content. Staff training will centralize learning, will report progress, enhance performance and increase job/department efficiency. Staff will be made aware of training materials, manuals, and documents (such as course registration, course administration, and skills-gap analysis) as it will be housed in a central location.

4.2.1.6

Proposer B currently has a series of online training courses offered to staff. Online training, created by Subject Matter Experts (SMEs), supports the community by increasing overall knowledge of program procedures and policies. It also enhances new technology innovations while increasing expertise. Courses range from security training to email/language training.

12.4.1

Proposer B states that provider training focuses on giving providers the information they need to successfully bill for services. Trainings include, but are not limited to, the following: seminars to target Registered Dental Hygienist in Alternative Practice (RDHAPS), contract seminars, website trainings, and provider trainings. Training methodology includes outlines of training lesson plans, goals/objectives, provider feedback and assessments.

Proposer B states that they will meet all of the State's Training Plan requirements. By December 31st of every calendar year, Proposal B shall provide a training plan for the upcoming calendar year for the Department's review and approval.

4.2.1.5-4.2.1.6

In addition to current online trainings, Proposer B will provide required provider seminars and training sessions by utilizing a cloud-based training area. This type of training will allow trainees to access training with a provided link on several devices, such as all personal computers (PCs), laptops and mobile devices without being in the office.

12.4.1 -12.4.1.5

There are various ways Proposer B describes how they will provide required seminars/special training sessions. Proposer B proposes the following (in addition to cloud-based online trainings): dental consultant availability, staff & customer support, proposed outreach subcontractor partnership, and four contingency plans (back up plans for the rare instances that staff is unable to fulfill contract requirements).

Attachment 12.0-1

Proposer B's methodology meets RFP requirements; however, attachment is still in draft form and not yet fully completed. Methodology provides descriptions of training leaders/SMEs and identifies proposed dates, cities, times and locations of trainings. Trainings fulfill requirements of offering multiple types of trainings that range from basic, advanced, workshop, and orthodontia seminars.

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The Proposer adequately describes a plan to execute and meet each of the requirements listed for on-site provider visits. Proposer B will ensure that on-site visits will be conducted by their regional provider relations representatives under the Department's discretion. Proposer B offers to conduct on-site visits for issues that cannot be resolved over the phone, follow-up with newly enrolled providers within 30 days and monitor billing activity for 60 days to assess if providers are experiencing issues, and will assess the Monthly Provider Billing Error report to determine if visits are needed to address high claims and TARs submission error rates. Additionally, the Proposer offers to provide a detailed report for each on-site visit that was conducted, and maintain documentation and make available to the Department in the required time-frame. (Provider Services Plan, On-site Provider Visits, Section 12.4.2)

26 B Eval6 2 TeamC

12.0-Entire; 12.4.2

Proposer B provided adequate responses based on requirements listed for provider visits. Proposer B plans to execute requirements, with the approval of the Department, by providing on-site visits (at the provider's office/address) to address program laws/concerns if unable to communicate otherwise (i.e., telephone, email, and other documents).

If the provider is flagged, monitored by annual statistics that illustrate the volume of on-site visit needs (i.e., billing errors), then Proposer B proposes to assist in person. Proposer B also plans to visit newly enrolled sites and/or sites requesting a visit during the required timeframe. Proposer B will notify the Department, in a timely manner, if they are unable to fulfill the requirement.

12.1.4; 12.1.4.3.3; 12.4.2

To accomplish requirements associated with provider visits, Proposer B plans to hire an additional 10 staff members and add 4 new positions, which include changing some position titles/job descriptions. Proposer B also details how to accomplish staffing requirements by providing an organizational chart and a timeline of 30 days to fill all vacancies. However, Proposer B states that updates to the contract have not yet been prepared (but is in the process) to incorporate ongoing training and California Dental Medicaid Management Information System (CD-MMIS) functions that affect Customer Support operations.

12.0-Entire

Proposer B adequately meets the SOW- Operation requirements detailed in Exhibit A, Attachment II, Provider Services. Proposer B addresses details in the following areas: general responsibilities, provider enrollment, billing intermediaries, data systems, provider training (on-and off-site visits), communication/communication styles, support services, reports and staffing. Although Proposer B adheres to the SOW requirements, 12.1.4, 12.1.4.3.3, and 12.4.2 demonstrate that Proposer B is preparing and working on changes to take effect, but has not yet completed these mentioned changes.

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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer more than adequately provided a robust publication unit capable of meeting the publication requirements of the Medicaid Dental RFP. The Proposer provided a publications team that will work on drafting, sending, and reviewing change instruments, instructional letters, provider bulletins and newsletters, and maintaining the website. The Proposer demonstrated an understanding of the efforts required to produce publications and publish information and indicated a record of managing over 200 dental group webpages across the county. The Proposer offered to work with the Department to host a new user-friendly website for the Medi-Cal Dental Program. They propose an inclusion of multiple language accessibility options and new sections on the website to include log-in features for providers to view claims and payment history and submission of TARs. Proposer B identified all of the software and hardware tools that are needed to host the website and ensures all contract requirements are within request timeframes. The Proposer plans to monitor and report on website activity through the use of an analytics tool through Google. Additionally, Proposer B offers to provide beyond the required welcome materials for newly enrolled providers by including claim and other document reorder forms and ensured the volume of forms being ordered are adequately tracked and monitored. Proposer B proposed an online form for providers to submit electronically to increase efficiency and turnaround time for providers to receive forms, and acknowledges meeting the requirements of phasing in the American Dental Association (ADA) claim form. (Provider Services, Provider Training Plan, Section 12.4.1.1)

27	B	Eval6	2	TeamC
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Q Num	Proposal Evaluator	Score	Comments	
12.0 - Entire Plan			Proposer B provided adequate responses based on meeting the publication requirements of the Medicaid Dental RFP as detailed in the Provider Services, Publications section (Exhibit A, Attachment II, Publications a-f).	
12.5			Publications adhere to the RFP and Proposer B proposes to provide the public with current information, policies and procedures related to the program upon the Department's approval (Exhibit A, Attachment II, Publications a-e). Proposer B proposes to develop and draft provider publications as directed. Publications included the provider handbook, provider bulletins and electronic/website publications. It also includes items such as welcome packets, oral requests from providers, claim forms and PMF reports.	
12.5.1-12.5.2			Proposer B demonstrates in 12.5.1 and 12.5.2 that they understand the form inventory requirements and understands the effort required to produce publications, utilize Print-on-Demand, and published information as described in Exhibit A, Attachment II, Publications e-h of the RFP.	
4.2.1.5			Proposer B's experience with web publishing and their knowledge of tools and techniques are adequate. Based on 4.2.1.5, features for web publishing are outlined, but the use of web publishing through the Proposer's Knowledge Portal has not been completely utilized yet. Proposer B's training administration team has access to trainings through a dental portal and tools for web publishing to be successful; however, this is still a concept that needs training/execution.	
12.5.5-12.5.5.6; 13.11.2			Although the Proposer does not frequently use Knowledge Portal, Proposer B obliges to frequent website communication (to public) as listed in the RFP requirements. Proposer B has a fully functional website that historically is known to offer effective communication. The website is also currently undergoing changes to improve design, accessibility, content, and maintenance protocols while keeping security and Health Insurance Portability and Accountability Act (HIPPA) requirements in mind.	
14.3.8-14.3.8.4;14.3.14			Proposer B proposes new website innovations and techniques (owned media, shared media, earned media and paid media) to increase provider communication and increase statewide dental health. While these efforts would improve provider communication, they are still concepts.	
28	B	Eval3	3	TeamB

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer demonstrates a plan to provide to beneficiaries the services required under the Beneficiary Services section to fulfill the responsibilities under the contract, which is more than adequate.

The Proposer’s staffing organization focuses on the following control activities: coordinating its relationship with the Fiscal Intermediary contractor and DHCS; assuring beneficiary access (including interpreter services); processing beneficiary inquiries, TARs, grievances, complaints, State hearings and beneficiary reimbursement claims; and monitoring Clinical Screening provisions, second opinions and specialist referrals. Staff members will evaluate accuracy and timely completion of Beneficiary Service activities, reviewing both system and manual records not only for compliance, but also for opportunities to improve service. The staff qualifications of relevant education and interpersonal skills, as well as the training required for both new and existing staff, appear to be appropriate to ensure successful interaction with beneficiaries.

Tools to be used include reports, reviews, testing, audits and surveys to implement the Continuous Quality Improvement model. Of particular interest to the Denti-Cal program are evaluations of quality of care, tracking of beneficiary utilization, and data on the prevalence of caries in small children.

The proposal lays out a schedule for delivery of the various reports and deliverables. The Proposer will conduct ongoing International Organization for Standardization 9001:2008 internal audits, and it has created its own Quality Management (QM) review templates to document reviews. Readability of texts will be assured by application of the Federal Plain Language Guidelines and use of either the Flesch or the Flesch-Kincaid test.

This proposal offers enhanced Quality Management (QM) oversight and tracking that fully meets DHCS' needs. No omission or flaw is apparent.

(Sections 4.1.3.2; 11.7; 13.0)

28	B	Eval4	2	TeamB
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Q Num	Proposal Evaluator	Score	Comments		
29	B	Eval3	3	TeamB	<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer B has knowledge and understanding of the Department's challenge to increase utilization in California and the need to have knowledgeable and diligent staff for the ASO contract to ensure that this goal is achieved; this point is highlighted in Proposer B's proposal section 4.1.3.2 Increase Utilization. Proposer B has included new State- implemented programs and services such as Virtual Dental Home (VDH), teledentistry, mobile clinics, and an expansion of services available from Registered Dental Hygienists in Alternative Practice (RDHAP). Additionally, Proposer B has included the State required annual beneficiary and provider surveys.</p> <p>Proposer B proposed controls to measure the effectiveness of the beneficiary services system such as Adobe, CMS-certified Surveillance and Utilization Review Subsystem (SURS), claims tracking, and web-based application software. However, these applications are not functioning at this time so a testing period would have to commence if the State awards an ASO contract to Proposer B, which would delay implementation of said controls.</p> <p>Proposer B outlined their understanding of Quality Management (QM) and how it relates to effectively delivering services to beneficiaries through the use of business management system International Organization for Standardization (ISO) 9001:2008 which will monitor compliance of QM functions outlined in section 13.2.2 Quality Management. In the same section, Proposer B's QM of beneficiary services highlights their compliance with the RFP QM standards for compliance audits with 95% accuracy level, give or take 3%.</p> <p>In addition to the RFP required above-mentioned Beneficiary Customer Service Satisfaction survey, Proposer B has maintained a Denti-Cal internet website referenced in section 13.11.2 of their proposal. The website section has the required design, content, maintenance, accessibility, security, and technical support language components necessary to comply with RFP requirements.</p> <p>The RFP requires the ASO contractor to offer warm transfers in the event that a beneficiary has issues with obtaining services. Proposer B offers every beneficiary warm transfers, which is above-and-beyond the RFP requirement. In addition to warm transfers, Proposer B offers appointment reminders and new implemented State Non-Emergency Medical Transportation (NEMT) requirement(s).</p> <p>Proposer B has the necessary equipment required in RFP Exhibit A, Attachment II to support beneficiary services, such as CD-MMIS, Medi-Cal Eligibility Data System (MEDS), e-mail, internet, standard software programs, State Hearing systems, as well as the proposal for new software program that offers streamlined standardized templates for reporting and correspondence.</p> <p>As referenced in section 13.1.4 Organization and Staffing for Beneficiary Services Activities, Proposer B provided revised job descriptions and proposed a customer support organization to fulfill RFP requirements as they relate to beneficiary services, outreach, and care coordination.</p>

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's description of its plan to support and assist beneficiaries in scheduling appointments and, if necessary, assisting in acquiring transportation, is more than adequate. The call center is able to set up three-way calls to speak with the dentist's office and the beneficiary at the same time, facilitating appointment scheduling. Protocols are in place for appointment reminders for those due or overdue for check-ups; reporting of missed appointments; following up with beneficiaries who fail to attend appointments; and referrals for specialty care. The Proposer anticipates that most beneficiaries requiring assistance with nonemergency medical transportation will request it through the TSC, which will have scripts prepared to help staff determine the most appropriate mode of transportation and explain to the beneficiary how to use it.

This proposal is more than adequate and fully meets Department of Health Care Service requirements. No omission or flaw is apparent.

(Sections 4.1.3.2; 13.0)

29	B	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. In an effort to increase utilization, Proposer B has implemented upgraded beneficiary services such as appointment scheduling, preventive care notices, monthly newsletters, translation services, and website updates. The above-mentioned services can be found in Proposer B's proposal, section 4.1.3.2 Increased Utilization, which is outlined in RFP Exhibit A, Attachment II, Beneficiary Services.

The RFP requires the ASO proposer offer warm transfers in the event that a beneficiary has issues with obtaining services. Proposer B offers every beneficiary warm transfers; which is above and beyond the RFP requirement. In addition to warm transfers, Proposer B offers appointment reminders and new State implemented NEMT, which complies with Title XIX - Assurance of Transportation.

Sections 13.8.3.1 Rescheduled and Missed Clinical Screenings and 13.10 Beneficiary No-Show Process outlines what Proposer B will do if screenings and appointments are missed and need to be rescheduled or cancelled; however, Proposer B has not provided a clear process for reducing the amount of missed appointments as required in RFP Exhibit A, Attachment II.

Section 14.3.11 Solutions for Contacting Beneficiaries about Annual Dental Screenings and Preventive Care Visits and 13.3.1 Appointment Scheduling highlights the RFP Exhibit A, Attachment II, Beneficiary Services requirement of providing appointment scheduling assistance, beneficiary no-show processes, transportation services, and interpretation assistance.

30	B	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's description of its plan to provide oral and written linguistic support to beneficiaries, make the services readily available, and have an accessibility plan to communicate this information and ensure beneficiaries are aware of the linguistic support, is more than adequate. Access begins at the TSC, which has staff who are bilingual in Spanish and English. Three-way calls with interpreters in almost all other languages can be set up quickly. The Proposer suggests that face-to-face interpreting services at provider's offices could be made available in American Sign Language (80% of requests for interpreters) as well as Spanish and Chinese (the two most prevalently requested spoken languages). Availability of this service, as well as telephone interpreters for other languages, would be posted on the Denti-Cal website and explained in beneficiary and provider informational materials. The Proposer also translates all vital documents, including beneficiary educational materials, into Spanish, and will provide them in other languages spoken by more than 5% of beneficiaries in a county. In addition, all materials will meet Federal Plain Language Guidelines and sixth-grade reading level (required by contract); Braille, large print, and audio versions of these materials, as well as the Telecommunications Relay Service, will also be available.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Sections 4.1.3.11.4; 13.0)

30	B	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 13.3.3 Linguistic Access and 14.3.11.4 Oral Interpretation Services, comply with RFP Exhibit A, Attachment II, Beneficiary Services, General Responsibilities and Linguistic Access by providing assistance with American Sign Language (ASL), and Limited English Proficient (LEP) accessibility. Proposer B also offers access to language assistance services for beneficiaries as well as other outside entities. Section 13.11.2.2 Website Content includes information online for Frequently Asked Questions regarding interpretation and translation services provided.</p> <p>In addition to oral interpretation/translation services, Proposer B offers written translation services outlined in section 13.3.3.2 Written Translation Services. Proposer B offers educational materials in English, Spanish, and any threshold language that represents more than 5 percent of the California population by county, which complies with RFP requirements. Section 13.11.1.2 Beneficiary Education Materials complies with RFP requirements to provide proper reading levels, translation of materials into alternative languages as well as alternative formats such as Braille and large text to comply with the Americans with Disabilities Act (ADA) requirements.</p>				

31	B	Eval3	2	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's description of its plan to monitor beneficiaries' use of dental services and assist them in seeking preventive care when the beneficiaries' last preventive care visit was not within the program's periodicity schedule, or if beneficiaries have not received any primary dental care, is adequate and meets DHCS' basic needs.

To identify beneficiaries who are overdue for, or have not received, preventive care, the Proposer will track utilization by cross-referencing Medi-Cal Eligibility Data System (MEDS) data with Denti-Cal claims data. Mailings will be sent that explain the need for annual screenings and the importance of preventive care visits, using one template for patients outside the periodicity schedule and another for those with no record of having had a screening. The mailings will list the TSC phone number and the website URL for assistance with finding a provider and scheduling an appointment. While the Proposer offers to increase TSC staffing as needed in response to the mailings, it does not state a plan to follow up by telephone or email in cases where this contact information is available.

This proposal is of average quality. The omission is acceptable.

(Sections 13.0; 14.3.11; 14.5)

31	B	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. In accordance with RFP Exhibit A, Attachment II, Beneficiary Services, Care Coordination and Case Management, Proposer B has a structure in place to assist beneficiaries that require extensive dental care either because of lack of consistent dental visits or displacement issues. This process is outlined in section 14.5 Special Studies: Care Coordination and Case Management of Proposer B's proposal.</p> <p>Section 13.3.1 Appointment Scheduling Assistance and 14.3.11 Solutions for Contacting Beneficiaries about Annual Dental Screenings and Preventive Care Visits outlines Proposer B's intent to provide timely appointments based on the State's established periodicity schedules with a focus on preventive screenings, and Early and Periodic Screening Diagnosis and Treatment (EPSDT).</p>				

32	B	Eval3	3	TeamB
<p>The Proposer has more than adequately demonstrated an understanding of the requirement to maintain a statewide roster of providers, in addition to the regular panel, to perform second opinion dental screenings for treatment plans and State Hearing cases.</p> <p>The Proposer has a plan to recruit, train and deploy a statewide panel of providers to perform screenings (second opinions) of patients for pre- (TAR) and post-operative services. It plans to recruit dentists from its various commercial lines of business using email blasts, mailings, telephone calls and visits from professional relations representatives, and will recruit from dental schools, dental organizations and through mailings to newly licensed dentists. It will encourage participation by streamlining credentialing and enrollment procedures. Using GeoReferral software it will identify and focus recruiting in under-served areas. The Proposer will host in-person and webinar trainings as needed. This Proposer pays screeners for services not reimbursable by the State. The plan appears to provide adequate statewide coverage to perform the required second opinions.</p> <p>This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.</p> <p>(Sections 10.9.4; 12.4.1; 13.0; 15.3)</p>				

Q Num	Proposal	Evaluator	Score	Comments
32	B	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 13.8 Beneficiary Clinical Screening Provisions and 13.9 Second Opinions, Specialist Referrals, and the Referral Process outline Proposer B's intent to provide rosters of Clinical Screening dentists that perform second opinions as well as informing beneficiaries of their right to request second opinions. Proposer B has knowledge and understanding of cycle time standards as they pertain to the tracking of Clinical Screenings, which is outlined in section 10.17.4 Clinical Screening Dentist Review Cycle Time Standards. Additionally, Proposer B handles all quality of care complaints related to Clinical Screenings for second opinions by researching beneficiary history and files as well as provides position statements as required by the State for use in State Hearing cases.</p> <p>Section 13.8.1 Statewide Panel of Clinical Screening Dentists states that Proposer B plans to recruit Clinical Screening dentists by e-mails, letters, dental societies, and different entities. Section 11.7.4 Individual Professional Performance Review will give Proposer B the opportunity to evaluate their dentists on accuracy in "adjudication of claims/TARS" as well as compliance with policies and procedures, which complies with RFP Exhibit A, Attachment II, Clinical Screening of TARs quality of care review requirements. RFP Exhibit A, Attachment I also requires that Proposer B have an effective adjudication of claims and TARs process in place to serve the providers and beneficiaries which is noted in section 4.3 Takeover Phase and 4.4 Operations phase.</p> <p>Proposer B's sections 10.9.4 Clinical Payment Provisions and 13.8.5 Clinical Screening Payments states their knowledge and understanding of RFP Exhibit A, Attachment II, Clinical Screening of TARs. Proposer B allows for the payment of screenings, radiographs, and mileage if the dentist is required to travel. Additionally, Proposer B acknowledges that Clinical Screenings should be a part of the "fixed price for TARs."</p> <p>Proposer B adheres to the RFP Exhibit A, Attachment II requirements of providing adequate statewide coverages for second opinions with "120 clinical dentists with 26 practicing in institutional settings."</p> <p>RFP Exhibit A, Attachment II states that Proposers must offer reasonable accessibility. However, Proposer B does not clarify if the 120 active dentists are actively accepting beneficiaries. The Proposer needs to differentiate between an active Medi-Cal dentist and active Medi-Cal dentist that is actually accepting beneficiaries, given the access-to-care issues that the State is actively trying to decrease. Section 13.8.1 Statewide Panel of Clinical Screening Dentists adheres to this standard with the use of "geo-mapping" software that allows Proposer B to meet the urban area 15-mile, suburban area 20-mile 30-minutes, and rural area 30 mile,90 minutes maximum requirement.</p>				
33	B	Eval3	3	TeamB

Q Num	Proposal	Evaluator	Score	Comments
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The Proposer has more than adequately described a detailed plan to perform the required second opinions and specialist referrals. The Proposer understands the requirements to provide second opinions (clinical screenings), as demonstrated in the plan to hire and train staff as customer support clerks who function as clinical screening schedulers; its plan for a statewide panel of dentists available for clinical screening; its requirement and monitoring of screening reports; and its agreement to pay the dentists for the screenings. The Proposer has a plan to recruit, train and deploy a statewide panel of providers to perform screenings (second opinions) of patients for pre-TAR and post-operative services. It plans to recruit dentists from its various commercial lines of business using email blasts, mailings, telephone calls and visits from professional relations representatives, and will recruit from dental schools, dental organizations and through mailings to newly licensed dentists. It will encourage participation by streamlining credentialing and enrollment procedures. Using GeoReferral software it will identify and focus recruiting in under-served areas. The Proposer will host in-person and webinar trainings as needed. The plan appears to provide sufficient statewide coverage to perform the required second opinions. This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent. (Sections 10.9.4; 13.8; 13.9)

33	B	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 13.9 Second Opinions, Specialist Referrals, and the Referral Process summarizes Proposer B's plan to provide second opinions by the required minimum of three specialists with a referral response time of same day or no longer that five business days as required in RFP Exhibit A, Attachment II, Beneficiary Services, Second Opinions. Proposer B also ensures that coverage is provided in under-served areas.

Proposer B has a process in place to use Clinical Screenings for second opinions when necessary based on complaints and State Hearings when TARs are denied.

Proposer B has desired qualifications for Clinical Screening dentists and offers trainings to ensure that all dentists are properly trained on screening criteria. However, Proposer B does not offer a robust recruitment plan to get the necessary dentists to service under-represented areas.

34	B	Eval3	3	TeamB
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The Proposer's response shows a more than adequate system of Beneficiary communications and publications, as well as a plan to implement and deploy this effort. Projects include a beneficiary handbook, an enrollment/welcome packet, educational materials, flyers and brochures. All publications will meet reading level requirements (both federal and contractual) and will be made available in alternative formats (such as Braille, audio or large print) and in languages spoken by more than 5% of beneficiaries in a given county. The plan includes developing, drafting, and posting publications not only for Medi-Cal beneficiaries, but for government constituents and private entities as well.

The Proposer's plan ensures that all publications will be maintained in electronic media and posted to the Denti-Cal website. In addition, for ease of access, it proposes creating a "microsite" linked to the Denti-Cal website for documents of interest and use to beneficiaries. A schedule for meeting the required publication timeframes is set out in the proposal.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent. (Sections 13.11, 14.3.8.1)

34	B	Eval4	2	TeamB
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Q Num	Proposal	Evaluator	Score		Comments
35	B	Eval5	2	TeamC	<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 14.3.12 Educational and Informational Outreach Materials and 14.3.13 Outreach to Medical Providers, Agencies and Organizations provide information regarding Proposer B's effort to communicate with outside entities based on their preference. Additionally, Proposer B has various ways to communicate with beneficiaries such as e-mail, Denti-Cal website/microsite, phone calls, and reminder postcards/letters.</p> <p>Section 13.11.2 Denti-Cal Website aligns with RFP requirements as they pertain to the maintenance of electronic media posted on the Denti-Cal website. Proposer B will provide website content that is accessible to beneficiaries and offers maintenance, security, and technical support.</p> <p>Proposer B will offer a new Denti-Cal "Microsite" that provides beneficiaries with benefits and general oral health education information that is streamlined to connect to other beneficiary resources.</p> <p>Section 13.11.1.3 Beneficiary Publications Time Frames and Reports provide timeframes for all beneficiary publications and newsletters that meet RFP requirements.</p>
35	B	Eval6	2	TeamC	<p>Proposer B adequately demonstrates an understanding of, and commitment to, customer service. The Proposer provides a detailed description of the TSC staffing plan, recruitment, and training. The Proposer offers the use of a customer relationship management (CRM) system and the workforce management system to measure TSC performance, such as TSC staff workload and wait and talk time, to ensure the accuracy of phone calls, and provide quick access to beneficiary and provider information and reporting to the Department. In addition to ensuring the accuracy of responses provided to beneficiaries and providers, on a monthly basis the TSC supervisors will randomly assess 5 calls per TSC staff and score the calls based on predetermined criteria. The TSC supervisors and management team will meet regularly to discuss quality improvement efforts based on assessments. (Telephone Service Center Plan, Section 16.0 through 16.5.1)</p>

Q Num	Proposal	Evaluator	Score	Comments
16.0	Entire Plan;	4.1.3.2		Proposer B provides an adequate response to the understanding of and commitment to customer service (Section 16.1.5.1. describes customer service and accuracy monitoring). Proposer B understands that one approach to great customer service stems from the Telephone Service Center (TSC). The TSC is inclusive of warm transfer calls when needed, a response to all beneficiary and provider inquiries, and accessibility to language/hearing/sight/sign language services and translations as described in Exhibit A, Attachment II, F., Telephone Service Center of the RFP.
16.0	Entire Plan;	16.1-16.3		Section 16.0-16.3 demonstrates that Proposer B understands the importance of the TSC in relationship to overall efficiency and satisfaction of the provider and beneficiary communities. In addition, the Proposer demonstrates a realistic approach to the maintenance and operations of the TSC; however, many of these approaches still need to undergo a trial period first to prove whether it is realistic, efficient, and effective (i.e., new trainings and systems). Being that the TSC is typically the first line of contact, the TSC typically addresses provider and beneficiary communities by training staff to address provider correspondence inquiry codes, provider action codes and descriptions, call tracking, and provider enrollment questions. The TSC is also able to address beneficiary calls, beneficiary correspondences, beneficiary category codes, beneficiary action codes, call tracking, forms, beneficiary document types, beneficiary referrals, beneficiary dental capitation and warm transfers. Per the RFP, the Proposer must ensure staff is qualified, trained, and fully equipped to address the beneficiary population, the provider community, the stakeholder community, and the public; however, Exhibit 16.1.A presents that a TSC manager is still to be determined once a contract is awarded. It is unclear if someone is already trained to take this position at any time and/or if once the contract is awarded, this position will open for hire/training.
4.3;	4.3.7.3;	4.3.8.3		Per the RFP, Exhibit A, Attachment II, Assumptions and Constraints, Proposer must oblige to section a-i. Proposer B plans to follow RFP regulations by maintaining TSC operations. They will use the software (described in Exhibit 4.3-M, Telecommunications Software) to potentially upgrade the software to the software mentioned in Section 4.3.8.2. Software Installation Plan states Proposer B will meet contractual requirements and describes the timeline and plan more in depth.
36	B	Eval5	2	TeamC Proposer B adequately demonstrates and provides to beneficiaries, providers, and other callers the services required under the TSC, Beneficiary Services, and Provider Services sections. The Proposer's plan describes specific responsibilities of the Proposer for beneficiaries and providers. The Proposer provided mitigation strategies for beneficiaries having difficulty accessing care and addressing missed appointments for providers. Additionally, Proposer B offers two separate toll free phone lines for beneficiary and provider callers respectively, and outlined the training topics on which each TSC representative will be cross-trained. Proposer B ensures qualified staff will be hired for the TSC as well as managed by experienced leadership. Additionally, Proposer B offers to provide ongoing in-person and online training for TSC staff and any interested Department staff. (Telephone Service Center Plan, Section 16.0 through 16.3)
36	B	Eval6	3	TeamC

Q Num	Proposal	Evaluator	Score	Comments
12.0	Entire Plan;	Entire Plan;	16.0	<p>12.0 - Entire Plan; 13.0 - Entire Plan; 16.0 - Entire Plan; 16.2;</p> <p>Proposer B more than adequately demonstrates how they will provide beneficiaries, providers and other callers the services required under the TSC, Beneficiary Services, and Provider Services sections in their response. Proposer B understands the contract requirements in Exhibit A, Attachment II, Telephone Service Center F.1-7</p> <p>Proposer B understands that the TSC must oblige to the many tasks to assist with the beneficiary and provider communities. Some tasks include, but are not limited to, the following: answering incoming calls, returning voice mail messages within 1 business day, returning after-hours voice mail messages within 1 business day, escalating calls to supervisors as appropriate, forwarding referrals regarding requests for on-site visits to provider outreach staff and providing callers with other pertinent telephone numbers (i.e., county offices or other departments).</p>
4.1.3.2;	16.1-16.2.3		3	<p>Proposer B plans to provide the required services (Exhibit A, Attachment II, Telephone Service Center 6. a-f) to beneficiary callers: assistance with provider referrals, assistance with second opinions, scheduling Clinical Screening appointments, providing education, notifications, responding to correspondences, sending out complaint packets, filing grievances, assistance with payment reimbursements, and all other inquiries.</p>
4.1.3.2;	16.1-16.2.4		3	<p>Proposer B plans to provide the required services (Exhibit A, Attachment II, Telephone Service Center 7. a-f) to provider callers: information about provider enrollment/maintenance/disenrollment, assistance with recredentialing, on-site visits, new provider support, billing error analysis/support, referrals, electronic billing/payment enrollment and support; initial and ongoing training, material management and fulfillment, assistance with correspondences, appeals, notifications, educational materials/communications, and all other inquiries.</p>
16.1			3	<p>Proposer B proposes to ensure that staff is sufficiently qualified to meet all TSC duties and responsibilities as stated in the RFP, Exhibit A, Attachment II, Telephone Service Center, 8. Section 16.1 breaks down management positions, staff positions and expected roles.</p>
37	B	Eval5	3	TeamC

Q Num	Proposal Evaluator	Score	Comments
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Proposer B more than adequately describes in detail the technology to be used in executing the tasks outlined in the TSC section. The Proposer offers the use of a 96-line telephone system with toll-free phone numbers. The following is a list of associated equipment to support to TSC: Maccess CRM, Interactive Voice Response (IVR) system, California Dental Medicaid Management Information System (CD-MMIS) tracking systems, Call Monitoring, Workforce Management System, and Automated Call Distribution system. The Proposer offers the use of a new CRM system, Maccess EXP, to replace their existing CRM system. The new CRM system offers the capability to integrate different systems that can support TSC agents with gathering the most current activity between beneficiaries and providers with the program. TSC staff will be able to access all stored information on beneficiary and provider callers as well as document calls into an electronic record that can be accessed in the future. The TSC staff also tracks wait and talk time and can generate statistical reports based on stored call information, and recordings may be reviewed for quality improvement efforts by TSC supervisors.

Proposer B offers an automated call-vectoring system designed to address needs of beneficiaries and providers. The automated call-vectoring system allows callers to access specific information, such as provider seminar schedules, billing criteria, the provider enrollment process, explanation of benefits, managing Clinical Screening appointments and much more. Additionally, callers have the option of routing to a TSC staff that is well versed in the subject matter based on the selection of menu options through the IVR. The Proposer exceeds the contract requirement to route callers to a TSC staff within 4 vectoring prompts. (Telephone Service Center Resources, Tools and Technology, Section 16.3)

37	B	Eval6	2	TeamC
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Q Num	Proposal Evaluator	Score	Comments	
4.3.7-4.3.8; 15.1.5, 16.0-Entire Plan; 16.3			Proposer B adequately demonstrates new/existing technology used to execute tasks in the TSC section.	
			Based on RFP requirements stated in Exhibit A, Attachment II, Interactive Voice Response (IVR) System, L.1-2 and Exhibit A, Attachment II, Telephone Service Center, 4h Proposer B meets the minimum requirements.	
			a.Interactive Voice Response (IVR) - exists. b.Customer Relationship Management (CRM) - exists, but proposing a new system that will still follow RFP requirements.	
4.3.7.1-4.3.8.1; 16.3			Proposer B provides the design of the telephone system and associated equipment (Exhibit 4.3-H, Non-Mainframe Hardware and Equipment; Exhibit 4.3-L, Application Software; Exhibit 4.3-M, Telecommunications Software and Exhibit 4.3-N, Personal Computer/Workstation Software). Proposer B understands that the TSC needs a variety of tools such as IVR/CRM to enhance customer service, streamline operations and manage efficiency through useful gathered data and to help control cost.	
16.3.3.2			Proposer B currently has an automated call-vectoring system, Automated Call Distribution (ACD). Proposer B's ACD is programmed to answer all calls within 3 rings. If an agent is not available within 15 seconds, the ACD plays a recorded message encouraging the caller to remain on the line assuring the caller that a qualified staff person will answer the call shortly.	
			Proposer B offers a CRM system; mentioned in 4.3.8.1, 4.3.8.3, 15.1.5, and 16.3.2.	
13.5.1			Although a CRM system currently exists, Proposer B is proposing a new CRM system, Macess. Macess is a proposed option because of proven capability to connect disparate systems and its ability to process stakeholders into an efficient, cohesive network. Macess is designed to capture information as it enters the workplace and electronically distribute it through user-defined workflows. Although Macess is used for Proposer B's commercial side and has been successful, Proposer B has not yet used Macess with CD-MMIS data to generate reports and correspondences.	
38	B	Eval5	2	TeamC
				The Proposer offers an adequate solution to support and assist Limited English Proficient (LEP) callers through bilingual staff and a third-party language interpretation service company. The contracted company offers assistance in over 200 languages and is available to assist callers in real-time. If a caller is in need of language interpretation services, the TSC representative will initiate a three-way call to connect the caller to the company. (Beneficiary Access to Care, Linguistic Access, Section 13.3.3 and Telephone Service Center Plan, Section 16.2.3.1)
38	B	Eval6	2	TeamC

Q Num	Proposal	Evaluator	Score	Comments
13.3.3; 14.3.11.4; 16.0-Entire Plan; 16.2.3.1				Proposer B adequately provided a solution to support and assist Limited English Proficient (LEP) callers per RFP requirements (Exhibit A, Attachment II, General Responsibilities b-c).
4.1.3.2				Proposer B understands the importance of language barriers. To support LEP callers, Proposer B employs workers with secondary languages (bilingual English/Spanish); hearing and sight interpretative services are available; American Sign Language services are available and over 200 language translators/translations (subcontractor) are available.
14.3.11.4				Throughout the proposal, Proposal B supports the need to assist LEP callers in real-time with bilingual employees and subcontracted translators; however, face-to-face interpreters are not yet available in person and/or for dental appointments. Data shows that this would improve communication, yet Proposer B would need approval. Proposer B is unsure of how this effort can happen, how frequent this service would be needed or what the outcome would be if the proposal were to be approved.

39 B Eval5 4 TeamC

The Proposer does an outstanding job demonstrating an understanding of and a functional approach to servicing callers using the “warm transfer” method. The Proposer describes the provider referrals and warm transfer process for beneficiaries calling the TSC. The warm transfer process consists of offering assistance to beneficiaries, and, if a beneficiary decides they would like to be transferred, the TSC representative will call available providers on the referral list. The TSC representative will first utilize the beneficiary referral database to identify three providers closest to the beneficiary (defined as driving distance of no more than 25 miles, no more than 30 minutes in urban areas, and no more than 90 minutes in rural areas. Provider office information will be provided to the beneficiary and if the beneficiary requests a warm transfer, the TSC representative will initiate a 3-way call with the beneficiary and the provider to schedule an appointment and will send a written confirmation to the beneficiary the next business day. Additionally, Proposer B offers solutions to beneficiaries in rural or remote areas that do not have easy access to a provider within the geographic access standards. The TSC representative will use the GeoNetwork software to locate a provider in the nearest zip code, and in the case that the warm transfer is unsuccessful, the issue will be addressed by a TSC supervisor who will work with locating a provider to accept the beneficiary. The Proposer offers to outreach to safety-net clinics that are not traditionally in the Denti-Cal network but accept Medi-Cal patients to determine if they will see the beneficiary. All information is documented in the CRM system and will be shared with the Proposer’s provider enrollment and network outreach department to regularly update provider referral lists and encourage providers to accept new patients. (Beneficiary Access to Denti-Cal Providers, Section 12.7; Beneficiary Access to Care, Section 13.3 and Provider Referrals and Warm Transfers, Section 16.2.3.4)

39 B Eval6 3 TeamC

Q Num	Proposal Evaluator	Score	Comments	
11.1.3; 12.6.6; 12.7.2; 13.3.1; 13.5.2; 13.10; 14.3.11.1-14.3.11.2; 16.2.3			<p>Proposer B more than adequately demonstrates an understanding of a functional approach to servicing callers using the “warm transfer,” method. As described in the RFP (Exhibit A, Attachment II, Telephone Service Center, 6), the warm transfer process occurs as a three-way call when the beneficiary/provider need assistance to help communicate a need among all parties.</p>	
11.1.3; 12.6.6; 12.7.2; 13.3.1; 13.5.2; 13.10; 14.3.11.1-14.3.11.2; 16.2.3			<p>Proposer B plans to provide TSC staff, on the beneficiary’s behalf, to contact a provider to confirm that the provider is accepting patients. Based on past data, TSC errors detected were mainly warm transfer errors; therefore, Proposer B proposes to continually monitor and implement corrective actions. Proposer B plans to set up a three-way (warm transfer) call with the provider’s office while the beneficiary is on the line to schedule an appointment. Not only are warm transfers used to help schedule an appointment, but also they occur when communicating a missed appointment. Proposer B also demonstrates that, in addition to warm transfers, a Provider Referral List must be accessible and up to date to help assist accurate warm transfers. Warm transfers are clearly defined by Proposer B and are portrayed to best assist beneficiaries and providers of most threshold languages and visual/hearing impairments.</p>	
40	B Eval5	2	TeamC	
			<p>The Proposer adequately understands the precedent to payment requirements. The Proposer will use the Macess CRM tool to support the quality of information provided to beneficiaries and providers, and to generate informational reports of calls that are precedent to payment. The CRM offers the capability to trigger "screen pop" functions that will ensure TSC staff are able to access quick information stored in the databases of beneficiaries and providers calling for assistance. Additionally, the Proposer will use a workforce management software to track and monitor TSC staff activity. The workforce management system enables the Proposer to monitor, review, and forecast staff schedules, workload, and call volumes/times. The advanced call routing software will also be used to track whether TSC staff are responding to beneficiary and provider callers within the required time frames and ensure specific questions are directed to the correct staff. (Telephone Service Center Resources, Tools and Technology, Section 16.3)</p>	
40	B Eval6	2	TeamC	

Q Num	Proposal	Evaluator	Score	Comments
16.0 - Entire Plan				Proposer B adequately understands the precedent to payment requirements and identifies software needs/tools to utilize to meet the requirements (based on RFP; Exhibit B, Attachment I, Special Payment Provisions).
3.2.3.2				Monthly operation invoices are submitted in the following Based Volume Method Payment (BVMP) categories: Adjudicated Claim Service Lines (ACSLs), TARs and the TSC. Proposer B understands that prices for each of these categories are fixed and will be defined by contract year/phase in the Price Bid Sheets, along with the base volume range.
16.2.2; 16.3				Proposer B understands the RFP requirements and proposes to continue to monitor the monthly "P-factor," monthly abandonment calls, monthly wait times and voice mails. Proposer B will provide invoices and supporting documentation that identifies how both TSC (beneficiary/provider) operations stay in compliance. Proposer B also understands that there is a timeline to respond to complaints and grievances. Currently, Proposer B has listed steps on how to solve a grievance; however, Proposer B also is proposing to use a new CRM system, Macess.
4.3.8.1; 4.3.8.3				Proposer B lists current software that meet the requirements in the RFP (See Exhibit 4.3-L, Application Software And Exhibit 4.3-M, Telecommunications Software).

41 B Eval3 3 TeamB

The Proposer demonstrates more than adequately the ability to provide quality and process improvements to the State, beneficiaries, providers, and other customers as detailed and required under the RFP. Providers will benefit from utilization review to improve practices and expedited decisions on TAR reviews, as well as updated payment practices. Beneficiaries will benefit from the proposed Utilization Management (UM) program, which the Proposer explains in detail, including prior authorizations, medical necessity reviews and notifications to beneficiaries of the results of those reviews. Also proposed is a program of sealing children's teeth to reduce early childhood caries, benefiting the youngest beneficiaries. The Proposer meets State RFP guidelines for acceptance testing of computer hardware, vendor software, CD-MMIS test and production files and libraries, and computer operations, to be accomplished at Takeover as well as during the Operation phase, and will cover online and manual processing as well as batch processing. This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent. (Sections 11.0, 17.5)

41 B Eval4 3 TeamB

Q Num	Proposal	Evaluator	Score	Comments
42	B	Eval3	3	<p>TeamB</p> <p>Proposal response is more than adequate and fully meets DHCS' needs/requirements or expectations. Sections 11.0 Quality Management Plan, 11.1 Overview of Quality Management Activities outlines their QM principals, standards, and tools, such as ISO 9001:2008 that assists with efficient document controls and reviews, as well as customer service-oriented decision making tools, which include Continuous Quality Improvement (CQI) tools.</p> <p>Section 11.6 Quality Assurance Standards and Procedures Manual (QASPM) adheres to RFP Exhibit A, Attachment II, Quality Management, it states that Proposer B will conduct sample testing of claims, which include TARs, Notice of Authorizations (NOAs), Claim Inquiry Forms (CIFs), as well as other eligibility verification documentation as well as TSC.</p> <p>As requested in RFP Exhibit A, Attachment II, Quality Management Reviews, Proposer B will supply the State with monthly and annual report QM reports which are outlined in section 11.7 QM Reviews of Proposer B's proposal.</p> <p>Section 17.5.1 Quality of Care Review Plan further explains Proposer B's responsibility to provide the State with a quality of care review with coordination with the FI contractor that meets CD-MMIS data and QM standards.</p> <p>Proposer B is undergoing improvements that will allow for quality of care reviews of radiographs included with claims and TARs. Proposer B anticipates that this effort will aid in the monitoring of complex dental services routinely abused by providers.</p>

42	B	Eval4	2	<p>TeamB</p> <p>The Proposer more than adequately details a Quality Management (QM) system of continuous and routine measurement of contractor work, and oversight of contractor performance. Utilization Management Committee oversight seeks to ensure "medically necessary and appropriate treatment, rendered in an appropriate setting, in a timely manner, and in the most cost-effective and least restrictive manner possible" through prior authorizations, concurrent reviews and retrospective reviews. Monthly performance testing is reported through 60 and 90-Day Edit Reports and Individual Professional Performance Review Reports, as well as other system-generated reports.</p> <p>This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent. (Section 11.10)</p>
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Q Num	Proposal	Evaluator	Score		Comments
					<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer B's Section 11.7.1.5 QM Review Integrity adequately explains their process of reviewing their system for program integrity on a continuous basis. QM performance reviews are conducted daily; department monitoring and calibration is checked on an ongoing basis; State and federal reviews are done periodically; internal audits on payments are checked monthly; and audits on ISO 9001:2008 are done annually.</p> <p>Proposer B's Quality Assurance (QA) plan complies with RFP Exhibit A, Attachment I and is designed to oversee the Acceptance Testing system and tools, as well as Healthcare Effectiveness Data and Information Set (HEDIS) testing. Proposer B is proposing new content for their QA plan that would require coordination with the FI contractor to ensure efficient completion of QM tasks which are outline in section 11.9.1 Proposed Content of QA Plan.</p> <p>Proposer B's QM sections 12.2.2, 13.2.2, 14.2.2, and 15.2.2 comply with RFP Exhibit A, Attachment II, Department Responsibilities by establishing a cooperative relationship with the State that will aid the proposer in efficiently managing QM and QA processes.</p> <p>Section 16.1.5 focuses on Proposer B's performance management that will meet goals of achieving quality customer service and accessibility.</p>
43	B	Eval3	3	TeamB	<p>The Proposer provides a detailed Quality Management plan which more than adequately addresses quality planning, quality assurance, quality control and quality improvement. The Proposer's plan identifies how contract requirements and quality standards need to be met through its clinical practice guidelines and its Quality Assurance Standards and Procedures Manual (QASPM).</p> <p>The Proposer's plan describes the methods whereby quality will be built into the system and business processes as opposed to being tested or inspected after the fact. These methods include the Treatment Authorization Review process and concurrent review during course of treatment. A proposed initiative to reduce early childhood caries, and another to find providers willing to travel to skilled nursing facilities (SNFs) to deliver on-site care to beneficiaries, would improve quality of oral health in the Denti-Cal population. The Proposer contends that ongoing measurement of compliance will aid in identifying and correcting problems going forward.</p> <p>The Proposer also describes how quality will be measured and improved when processes are unstable or outside of control limits. Performance measures will be loaded onto a SharePoint site. The QASPM requires sample tests of claims, Treatment Authorization Requests (TARs), eligibility verifications and Telephone Service Center calls, system reviews for accuracy and compliance, and reviews of document processing. These are reviewed by the Quality Management team.</p> <p>The Proposer's TAR review system requires that paraprofessional adjudicators receive both initial and ongoing training to ensure proper adjudications. Professional adjudicators are trained, and are encouraged to attend continuing education classes and workshops. Adjudicators are held accountable for the error rate of their adjudication, with escalating performance management steps resulting from failure to achieve minimum standards. A Corrective Action Plan (CAP) is prepared for any dental consultant or clinical screening dentist whose performance fails to meet contract requirements or QM standards.</p> <p>This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.</p> <p>(Section 10.1; 10.2; 11.0; 13.8)</p>

Q Num	Proposal	Evaluator	Score	Comments
43	B	Eval4	2	TeamB

Q Num	Proposal Evaluator	Score	Comments
			<p>Proposal response is adequate or meets the DHCS' basic needs/requirements or expectations of the quality planning, QA, QC, and QI requirements, and meets DHCS' basic needs as efficiently providing quality review and audits as well as ISO 9001:2008 compliance.</p> <p>Proposer B has a clear and adequate knowledge and understanding of QM procedures such as testing of claims, TARs, NOAs, CIFs, and provider/beneficiary TSC calls for accuracy.</p> <p>Proposer B has a comprehensive plan for concurrently tracking ISO audits and performance reviews. Additionally, Proposer B outlined several QM review methods used to efficiently and effectively aid in their review process, referenced in Exhibit 11.7-B QM Review Methods.</p> <p>All of the above-mentioned items are addressed in Proposer B's sections 11.5-11.0.</p> <p>RFP References: Exhibit A, Attachment II, J.11.d.1)–11), Exhibit A, Attachment I, 26.d and Attachment II, J.7, Exhibit A, Attachment II, J.12, Exhibit A, Attachment II, J.6, Exhibit A, Attachment I, A.26.b and Exhibit A, Attachment II, J.21, Exhibit A, Attachment II, J.5, RFP Main, P.4.m, Exhibit A, Attachment II, J</p> <p>Proposer B adequately meets the scoring consideration to identify how contract requirements and quality standards need to be met with the utilization of SharePoint software designed to provide comprehensive contract management processes, such as document creation monitoring, and task tools. Proposer B will work collaboratively with DHCS, and FI contractor with contract assessments.</p> <p>Proposer B also demonstrated their clear knowledge and understanding of DHCS' precedent-to payment requirement for compliance and Proposer B outline how SharePoint will help them reach that goal such as adhering to the software licenses requirement of allocation of 10 concurrent software licenses and data access to desktop software applications (excel, dashboard, access etc.)</p> <p>RFP References: Exhibit A, Attachment II, J.26, Exhibit A, Attachment II, J.5, Exhibit A, Attachment II, J.12</p> <p>Proposer B adequately meets the scoring consideration that requires Proposer to describe the methods that quality will be built-in to the system and business processes rather than being tested/inspected after-the-fact with their built in dual QM review process that conducts internal ISO audits while checking performance reviews.</p> <p>Proposer B also has preventive measures built into their QM compliance software that acts to implement remedies. However, there is not a clear process outlined to deal with QM issues on the front end.</p> <p>RFP References: Exhibit A, Attachment II, U, Exhibit A, Attachment II, J.</p> <p>Proposer B adequately meets DHCS' expectations for improving processes that are unstable or outside of control limits by implementing corrective actions when system problems are discovered and to evaluate staff performance to ensure that QM audits and performance reviews are conducted.</p> <p>Overall, Proposer B has provided an adequate response to the above-mentioned questions.</p>

Q Num	Proposal	Evaluator	Score	Comments
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44	B	Eval3	3	TeamB
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44) The Proposer more than adequately details an approach and willingness to work directly and cooperatively with the FI to meet the overall contract goals. The Proposer asserts that it “will work collaboratively with [the] FI”, and acknowledges that it could not fulfill its obligations under the ASO contract without doing so. The Proposer anticipates daily interactions with the FI and, if awarded the contract, will rely on the CD-MMIS running efficiently. The Proposer plans to have an FI representative on its Utilization Management and Quality Management Improvement Committees. The Proposer states that it is “committed to building collegial and cooperative relations with the...FI contractor.”

This proposal is more than adequate and fully meets DHCS’ requirements. No omission or flaw is apparent.

(Sections 4.1.3.4; 9.0; 11.3.2; 11.5.4; 11.15)

44	B	Eval4	3	TeamB
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Proposal response is more than adequate and fully meets DHCS’ needs/requirements or expectations and has demonstrated a willingness to work directly and cooperatively with the FI to meet contract goals by working collaboratively to resolve issues within CD-MMIS to implement corrective actions if any issues arise. Proposer B will also work with the FI on E2E testing for CD-MMIS.

Proposer B acknowledges that modifications to some QM functions will be necessary to comply with manual processing requirements, Proposer B will work with the FI contractor to deal with the Project Portfolio Management (PPM) and document tools.

Additionally, Proposer B is committed to working with the FI contractor with QM and ISO processes when Corrective Action Plans (CAPs) and improvements are necessary

The above-mentioned language can be found in sections 11.5-11.15 of their proposal.

RFP References:

Exhibit A, Attachment II, J.2.e, RFP Main, P.4.I.4, RFP Main, P.4.I.3) and Exhibit A, Attachment II, J. 27, RFP Main, P.4.I.6)

45	B	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer, its QM plan and RFP response include an approach to evaluate concurrent and retrospective reviews of the program and contractor performance and compliance with all contract requirements, including accuracy and timely performance which more than adequately meets DHCS' requirements.

The TAR review and concurrent review processes are designed to improve beneficiary care while treatment is occurring. Retrospective review processes include provider audits. The Proposer's QASPM requires sample tests of claims, TARs, eligibility verifications and TSC calls, system reviews for accuracy and compliance, and reviews of document processing. These are reviewed by the QM team. A CAP is prepared for any dental consultant or Clinical Screening dentist whose performance fails to meet contract requirements or QM standards.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Sections 11.0; 12.2; 16.1.5; 17.0)

45	B	Eval4	3	TeamB
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Proposal response is more than adequate and fully meets DHCS' needs/requirements or expectations. Proposer B has a comprehensive plan for concurrently tracking ISO audits and performance reviews. Additionally, Proposer B outlined several QM review methods used to efficiently and effectively aid in their review process, referenced in Exhibit 11.7-B QM Review Methods.

Section 11.7.2 commits to retrospectively reviewing and reporting on performance using methods such as sample testing of claims, TARs, NOAs, and CIFs.

Proposer B will also adhere to the 60/90 days requirements for TARs and claims as well as analyze compliance with quantitative and qualitative requirements monthly.

Individual professional performance reviews assist Proposer B with claims reviewed by dental consultants, State Hearings, and SURS. Proposer B has exceeded the RFP required 98% adjudication accuracy rate. Additionally, Proposer B's claims payment accuracy rate slightly exceeds the RFP requirement.

Lastly, QM is assessed to improve the accuracy and effectiveness of TSC Operations.

RFP References:

Exhibit A, Attachment II, J.8, Exhibit A, Attachment II, J.4.c.1, Exhibit A, Attachment II, J.2.b, Exhibit A, Attachment II, J.9, Exhibit A, Attachment II, J.14 and J.25, Exhibit A, Attachment II, J.12

46	B	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The QM response more than adequately demonstrates process controls and oversight of the checkwrite process. The Proposer commits to imposing strict controls and security measures on all activities associated with the checkwrite process based on its QM program. The Proposer's plan minimizes delays in issuing payments to providers by using continuous quality improvement measures, weekly reporting, and frequent audits to identify and head off potential problems with the billing and payment processes. A system of quality review to confirm payment files prior to release of checks or electronic fund transfers (EFTs) reduces errors; but when mistakes occur, erroneous payments will trigger a review to determine causation. Weekly checkwrite reviews which result in adjustments will be rescheduled, and both the provider and the DHCS Contract Officer will be notified.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Sections 10.16; 11.8)

46	B	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 3.2.2.1 Internal Financial Controls states that Proposer B will provide internal reporting and monitoring of contract expenses as they pertain to the incurred expenses within planned budgets. QM and audit processes are certified by ISO 9001:2008.

Proposer B will work collaboratively with the FI contractor to coordinate claim payments through the checkwrite process. Proposer B understands that they will need to work with the State Controller's Office (SCO) to transfer all checkwrite services. Proposer B already has reports in place to check the accuracy of the paid claims.

Proposer B will also handle all provider requests for interim payments received verbally within the RFP required timeframes. Proposer B will work with the FI contractor on CD-MMIS issues to implement corrective actions.

Timeliness of payments through claims cycle times slightly exceeds RFP requirements and ensures prompt payment. Adjustment payments will be coordinated through the QM process with the FI contractor and erroneous payments will initiate a Problem Statement (PS). Any monies owed the State will be accepted via personal check, returned payment check, or CIF.

REF References:

RFP Main, P.4.e.2 b, Exhibit E, 3.b. 1, Exhibit A, Attachment II, G.20, Exhibit A, Attachment II, G.20.a, Exhibit A, Attachment II, G.20.b, Exhibit A, Attachment II, J.12

47	B	Eval3	4	TeamB
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Question withdrawn - ALL PROPOSERS RECEIVE A SCORE OF 4 POINTS FOR THIS QUESTION.

47	B	Eval4	4	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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Question withdrawn - ALL PROPOSERS RECEIVE A SCORE OF 4 POINTS FOR THIS QUESTION.

48	B	Eval3	3	TeamB
<p>The Proposer more than adequately demonstrates its overall capability to identify, measure, monitor, and report on all contractors' performance. Its QASPM specifies all tools used to monitor performance standards, error rates and contract operations. A Monthly Quality Management Performance Assessment Report (MQMPAR) will measure adjudication process and individual accuracy, cycle times, customer service accuracy, TSC accessibility, Business Management System ISO audits, and various CD-MMIS and Systems Group (SG) data. These measures will be loaded monthly to a SharePoint site accessible to DHCS. The Provider's Quality Management and Improvement (QMI) program, led by the QMI committee, appears to be more than sufficient to ensure satisfactory outcomes for beneficiaries and providing dentists, while making assessments available to DHCS.</p> <p>This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.</p> <p>(Sections 9.6.4; 11.0)</p>				

48	B	Eval4	2	TeamB
<p>Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 9.6.4 Tracking and Reporting Acceptance Test Tools stated that Proposer B plans to identify, measure, monitor, and report performance by assigning a Test Case Identifier (TCI) and Document Control Number (DCN). The TCI will track all test cases and create an index. The test tools also have Application Lifecycle Management (ALM) as an interface for the testing which streamlines the process.</p> <p>Proposer B conducts QM reviews and audits on processes, and uses ISO 9001:2008 for document control and corrective actions. Proposer B ensures that QM reports and deliverables are prepared for delivery to the State. HEDIS and annual QA reports are also submitted to the State for review.</p> <p>Proposer B will collaboratively work with the State and the FI contractor to execute QM requirements such as Acceptance Testing for monitoring and other testing system Operations. As part of Proposer B's monitoring processes, Acceptance Testing is conducted throughout the Operations of the contract beginning at the Takeover period.</p> <p>RFP References: Exhibit A, Attachment I, RFP Main, P.4.m, Exhibit A, Attachment II, J, Exhibit A, Attachment II, J.13, 23 and 24, Exhibit A, Attachment I, 26.d and Attachment II, J.7</p>				

49	B	Eval3	3	TeamB
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Q Num	Proposal	Evaluator	Score	Comments
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The Proposer's explanation of how its approach and methods for Acceptance Testing (AT) ensure operational success is more than adequate. The Proposer's Acceptance Test Plan (ATP) calls for its AT Unit to work with the FI to conduct comprehensive AT of CD-MMIS, as well as systems not on the mainframe, during Takeover, as well as during systems changes in the Operations and Turnover phases. It will cooperate with the FI as the FI installs the CD-MMIS system, will run simultaneous tests in cooperation with the FI, and will validate the test cases. The ATP also outlines methods and procedures used to identify and design AT flows and cases. A work breakdown structure will track test flows, and a Gantt chart will be created to project and track timelines. The Proposer will design test cases that are realistic and cover a range of issues to test the system as thoroughly as possible.

Case scenarios will be designed to test critical aspects of CD-MMIS. User Acceptance Testing (UAT) will build on the plan created for Takeover, but will also include testing of test claims data submitted by DHCS; test cases of retroactive rate or policy changes; and computer training for DHCS staff. In addition, the Proposer offers its Quality Assurance (QA) staff to conduct ongoing testing as the system becomes operational to ensure continued success.

The thoroughness of the response and the ATP are more than adequate and meet DHCS' needs.

(Sections 4.5; 9.0; 11.0)

49	B	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Proposer B's program integrity, Surveillance and Utilization Review Subsystem (SURS), security and confidentiality processes and existing software comply with the RFP requirements.

Proposer B will adhere to the RFP requirement to have a Acceptance Testing Unit that develop test plans and cases to ensure that the CD-MMIS processing is complete and accurate. Proposer B has also designated QA staff that will ensure that all Acceptance Test responsibilities are handled per the ASO contract.

Any system changes will be coordinated with the State FI contractor via "Dental Operating Instruction Letters (DOILs), System Development Notices (SDNs), Miscellaneous Change Documents (MCDs) and Problem Statements."

RFP References:

RFP Main, P.4.f, Exhibit A and Exhibit A, Attachments I, II and III, Exhibit A, Attachment I, A.9 Exhibit A, Attachment I, A.34, Exhibit E, 53.A, RFP Main, P.4.k, Exhibit A, Attachment I, A.35, Exhibit A, Attachment II, J.17

Proposer B complies with the scoring consideration to cooperate with the FI Contractor to support and maintain the Acceptance Test environment by working collaboratively during the Takeover period to review and make revisions as needed to Acceptance Testing system to ensure compliance with the Acceptance Test requirements of the ASO contract. Proposer B has staff designated to conduct Acceptance Testing that uses the FI contractor's "Business Rules Extraction (BRE) tool for impact analysis of changes" with the ability to track Acceptance Testing tasks.

RFP References:

Exhibit A, Attachment I, A.28, Exhibit A, Attachment I, A.34, Exhibit A, Attachment II, J

Proposer B complies with the scoring consideration to describe the methods and procedures used to identify and design Acceptance Test flows and Acceptance Test cases by ensuring that the Acceptance Test environment is secured and controlled by the QM department; the test environment will be used by the FI contractor.

The Acceptance Testing infrastructure will include CD-MMIS compatible computer software and hardware; vendor software supported by FI contractor; and CD-MMIS files and libraries. Proposer B will also support Electronic Data Interchange (EDI) and non-mainframe systems as well as offer on-line, manual, and batch claims processing.

Proposer B will conduct "walk-throughs" of Acceptance Tests cases and results, which include:

- Handouts;
- On-line demonstrations of Acceptance Testing;
- Discussion of Acceptance Test programs

Propose B and FI contractor will work collaboratively to ensure that all Acceptance Testing documentation available to the State within one business day.

Proposer B complies with the scoring consideration that asks the Proposer to describe how it conducts User Acceptance Testing (UAT) by performing regression and E2E testing to support UAT and system testing.

Additionally, Proposer B will ensure that QA staff conduct user Acceptance Testing that supports for the State and FI contractor. UAT will consist of the preparation of test scenarios of the CD-MMIS; maintenance of the test environment and implementation of policy changes if needed related to UAT.

Q Num	Proposal	Evaluator	Score	Comments
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50	B	Eval3	3	TeamB
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The Proposer's approach more than adequately provides for a seamless delivery of services to the providers and beneficiaries.

The Proposer's detailed ATP includes running test cases involving different scenarios and numerous issues to fully test the system. On the first day of Operations, the Proposer will run test cases and claims created by DHCS to ensure that the system is ready for almost all cases and claims that come through the system.

Unexpected results will generate a system variance report within one day. Most variances will be resolved by assisting new users with the system; larger issues will require a CAP. With DHCS approval, the Proposer will resolve and test the issue, and notify DHCS and the successor contractor that the issue is resolved. Failing resolution, the Proposer's AT Unit will propose a solution to be implemented by either the Proposer or the FI upon approval by DHCS.

The Proposer's End-to-End (E2E) testing is designed using a copy of the CD-MMIS to give a true test of readiness. Test files are created and uploaded to the mainframe E2E and automated test functions are run. Daily, weekly, monthly and quarterly cycles will be run and paid claims test cases will be balanced to ensure system accuracy. Any discrepancies will be documented and solutions will be developed to resolve the problem.

This proposal is more than adequate and fully meets DHCS' requirements. No omission or flaw is apparent.

(Sections 4.0; 9.0; 11.0)

50	B	Eval4	2	TeamB
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Proposal response is adequate or meets DHCS' basic needs/requirements or expectations. Section 4.3.1.4 Transition Responsibilities, outlines how Proposer B plans to provide a seamless transition of current business responsibilities and new ASO contract requirements. Proposer B has a Takeover management and staff team that have a role during the Takeover process that transition to an Operational role once Takeover is completed.

Proposer B will work with the State and the FI contractor to seamlessly transition CD-MMIS functions.

Proposer B will collaborate with the FI contractor to prepare claims processing and TAR related documents, and assist providers for the submission of documentation to the new FI contractor to minimize the impact to providers and beneficiaries. Provider payment and check processing will be redirected to the FI contractor to ensure timely payment of claims for services provided to beneficiaries.

Proposer B will work with the FI to take over all the remaining Operational activities that will be assumed by the new FI, such as SUR/ Management and Administrative Reporting (MARS) processing, interim payment processing, deliverables, claims history/accounts receivables, and all inquiries.

Proposer B currently has experience working with beneficiaries so beneficiary services such as eligibility, outreach, education, State Hearings, access to care, and appointment scheduling functions are will not be an issue, allowing for smooth Takeover and Operations transition.

RFP References: Exhibit A, Attachment I, A.9.7, Exhibit A, Attachment I, A.36, Exhibit A, Attachment I, A.37, Section 9.6.2 Acceptance Execution, explains Proposer B's plan to meet the scoring consideration of Acceptance Testing activities that will result in a true test of Operational readiness by ensuring that changes to CD-MMIS are implemented through PSs, MCDs, SDNs, and DOILs. All changes are tested in Acceptance Test environment before the changes are placed into the production phase. Proposer B will work with the State and FI contractor to address any changes if needed.

Proposer B's tests include acceptance, parallel, volume, and load testing that will get Proposer B ready for the adjudication of claims, TARS, payment to providers. Proposer B will also assign test cases and use scenarios to ensure that testing of the manual processes are validated for readiness prior to the start of Operations.

RFP References: Exhibit A, Attachment I, A.35.c, A.35.f

Proposer B meets the scoring consideration of describing how Acceptance Testing defects will be identified and resolved by working with the FI contractor to track problems identified during Acceptance Testing, and resolve issues. With the help of the FI contractor, Proposer B will create methodologies, policies, and procedures for tracking problems or deficiencies identified during Acceptance Testing called System Variance Report (SVR) and Request for Information/Clarification (RIC). Proposer B will resolve all Acceptance Testing defects using the SVR and RIC reports and make an acceptance decision based on the results from the above-mentioned reports.

RFP References:

Exhibit A, Attachment I, A.35.j, Exhibit A, Attachment I, A.35.k, Exhibit A, Attachment I, A.35.h.

Proposer B complies with the scoring consideration to describe how (E2E) tests will be designed and executed in Section 11.12.5. Proposer B will conduct E2E testing to validate the system and ensure that system changes on CD-MMIS do not have any effect on claims processing and payments to providers.

RFP References: Exhibit A, Attachment II, J.18

Q Num	Proposal	Evaluator	Score	Comments
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51	B	Eval5	3	TeamC
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Proposer B more than adequately demonstrates the ability to successfully implement the contract in their Takeover Plan. Proposer B provides a detailed description of their organizational chart, qualifications of each key staff, and their specific responsibilities in the Takeover team. The Takeover Plan will consist of several major deliverables such as monitoring and maintaining the Takeover schedules and plans, validating the accuracy of plans submitted to the Department, ensuring all deliverables are provided to the Department in a timely manner, identifying deficiencies during the process and ensuring appropriate training for Takeover is provided to all staff. The Proposer provides a project manager who will ensure all deliverables have been met without interruption to current Operations. Additionally, the Proposer offers to administer quality assessments of meeting Takeover deliverables. The assessments consist of reviewing compliance with quality standards/guidelines, contract requirements, and project schedules during the Takeover process and whether the deliverables meet established quality metrics. The Proposer outlines, in detail, the Takeover Work Plan tasks and resources, and demonstrates a clear understanding of risks associated with Takeover, and provides mitigation strategies for each identified risk. (Takeover Phase, Section 4.3 and Takeover Project Plan, Section 5.0)

51	B	Eval6	2	TeamC
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3.0-Entire Plan; 5.0-Entire Plan; 6.0 - Entire Plan
 Proposer B adequately demonstrates their ability to successfully implement their Takeover Plan as detailed in the RFP (See 19.16.10 Takeover Plan (Exhibit A, Attachment I, Takeover). Proposer B's Takeover Plan uses historical background knowledge to help create better processes to review financial procedures and to determine success and future methodologies to enhance current performance. Implementation of the plan and subcontractor relationships are described. Throughout the plan, Proposer B describes the role of QM, which includes contract monitoring and management, day-to-day subcontractor operations, fiscal processes, budgetary controls in place, and State funds. Proposer B does not currently have a separate set of accounting ledgers for the current contract; however, Proposer B proposes to link with a subcontractor who may be able to assist (this will enable more efficient reporting, tracking expenses and support for a fully automated invoicing process). Proposer B breaks down how the Takeover Plan will be successfully implemented in further detail under 5.0 (5.0-5.9) and 6.0.

4.1.2;4.3.20;4.4.6;4.3;4.3.2;4.3.5;4.3.6;4.3.19;4.3.20
 Some key categories of Takeover include the following: Increased Utilization, Core Operations, Program Integrity and Administrative Services. Proposer B demonstrates their plan through beneficiary and provider outreach plans, analytical tracking, and QM operations.

9.12; 9.4.2; 5.0-Entire (5.1.3; 5.3.2; 5.1; 5.2.1-5.2.2; 5.3.1-5.3.2; 5.4.1; 5.9)
 Proposer B shows an understanding of the interrelationships and functional dependencies between all required tasks and activities to ensure successful completion of Takeover.

4.3-4.3.15;5.1.6;5.3.2;5.7;6.1.3
 Proposer B shows the ability to develop and implement procedures, processes, methods, and tools that will be used to ensure Takeover milestones are met. Deliverable requirements were met (see timelines, charts and Attachment 5.0-1; Attachment 5.0-2).

52	B	Eval5	2	TeamC
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Q Num	Proposal	Evaluator	Score	Comments
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Proposer B adequately meets the requirements outlined for the Organizational Structure and Personnel Acquisition Plan. Proposer B provides a detailed description of their organizational chart and qualifications of each key staff in the Takeover team. The Proposer offers methods to recruit highly skilled staff and clearly addresses their approach to recruiting from current Proposer's staff in the state, proposed subcontractors, their national enterprise of current employees, and external sources. The Proposer offers a robust background check and licensure review process of new hires and has detailed a specific training plan for the Takeover process. Additionally, Propose B provides a detailed description of responsibilities of every key staff on the team to support Takeover and begin full CD-MMIS Operations. (Project Personnel Plan, Section 6.0)

52	B	Eval6	2	TeamC
<p>4.32 (Exhibit 4.3-C, Takeover Organization Chart); 4.3.6.2; 5.7; 6.0-Entire Plan; 6.2 Proposer B provided an adequate response on how they will meet the requirements outlined for Organizational Structure and Personal Acquisition Plans. According to sections 4.32-4.3.6.2, Proposer B understands the need to work with the Department and future subcontractors and the importance of communication during the transition period. Proposer B depicts that they understand the intent to have minimal CD-MMIS changes during Takeover; however, they are aware of the need to be also be flexible during Takeover. There will always be a possibility of interruptions among beneficiary services or possibility of modified payments to providers and Proposer B understands that they will need to take action at any time to make sure RFP requirements are met. Based on the RFP, Exhibit B, Attachment I, 7a-c, Documentation and System Access Responsibilities, Proposer B meets basic requirements and provides details about their management team and roles.</p> <p>2.0 (Exhibit 2.0-A); 5.3.2; 5.7; T07; 6.2.1.2-6.2.1.4 Proposer B adequately offers methods and techniques to recruit and select staff. Provider B provides a Work Breakdown System (WBS) schedule. Their WBS identifies timelines for projects and tasks that need to be accomplished by staff. Proposer B states many historical references about their program and provides details about their current employees who have a lot of background knowledge/experience; however, it is vague how they will continue the program should they ever lose key team players.</p> <p>3.3; 4.3.2; 5.7.2; 6.2.1.1; 6.2.2; Attachment 6.0-1 Proposer B identifies proposed staffing for each organizational unit in the appropriate position levels or classifications to support Takeover and begin full CD-MMIS Operations. Proposer B's organizational chart separates the management team, key decision makers, supervisory personnel and subcontractors/consultant's roles as needed. In addition, Proposer B provides a hiring methodology (see hiring flow chart Exhibit 6.2-A).</p>				

53	B	Eval5	2	TeamC
<p>The Proposer adequately demonstrates an understanding of and the capabilities to implement the responsibilities associated with the Facilities and Resource requirements. The Proposer outlines a clear understanding of current Operations as the incumbent of the Medi-Cal Dental program. The Proposer is well equipped with the necessary facilities and equipment to ensure CD-MMIS is fully operational prior to the startup of TARs processing. In their Facilities Plan, Proposer B provides a building layout and floor plan for the Medi-Cal Dental program and the proposed departments that will be housed in each building. Operations, along with equipment and software to support CD-MMIS including all non-mainframe systems, will be housed in a separate building than program Operations for Takeover, claims processing, beneficiary and provider services, finance and contract services, QM, information security and privacy office, and Department staff. (Facilities Plan, Section 7.0)</p>				

Q Num	Proposal	Evaluator	Score	Comments
53	B	Eval6	2	TeamC
<p>4.3; 5.0 - Entire Plan; 7.0 - Entire Plan Proposer B provided an adequate response on their understanding of the capabilities to implement the responsibilities associated with the Facilities and Resource requirements (Exhibit B, Attachment I, A4, Operation Requirements). Proposer B proposes to provide deliverables and functionalities of the CD-MMIS throughout the Takeover phase of the contract. Proposer B also states that they have an advantage because, unlike other bidders, their facility is local and within a 25-mile-radius of the State Capitol. However, it is unclear whether the facility can accommodate all employees.</p> <p>4.3.3-4.3.9; 5.3.2; 5.10; 7.1-7.3; 9.2-9.8 Proposer B also adequately shows the ability to execute all necessary tasks for providing facilities and equipment to ensure CD-MMIS is operational prior to the startup of TAR processing. Proposer B understands the importance of a careful execution of software management and states that their equipment complies with the California Department of Technology's Software Management Plan Guideline. This includes the following: file installation, file execution, and file maintenance.</p> <p>4.3.7-4.3.8; 5.3.2; 7.2.5-7.2.6; 9.1; 9.8 & Attachment 5.0-2 Proposer B adequately shows an understanding of on/off site hardware/equipment and the installation of the hardware equipment to support the CD-MMIS, including all non-mainframe systems as stated in the contract (Exhibit B, Attachment I, Aa1-8, Operation Requirements).</p> <p>4.3.8; 5.3.2; 5.10; & Attachment 5.0-2 Proposer B shows an understanding of software requirements to support Takeover and assume CD-MMIS Operations and their plan commits to meeting contract requirements (See Attachment 5.0-2).</p>				
54	B	Eval5	2	TeamC
<p>The Proposer adequately demonstrates a comprehensive and technically sound approach for coordinating and conducting System Testing in Takeover to support the Fiscal Intermediary (FI) contractor. The Proposer ensures the System Test Plan will include the Proposer's collaboration and feedback and that it will be complete prior to the full migration into Acceptance Testing. Proposer B provides assurance that they will work closely with the FI contractor and the Department to monitor the activity of Systems Testing, and demonstrates an understanding of when Acceptance Testing should occur as required in the RFP. (Takeover Project Plan, Section 5.0 and Acceptance Testing Strategy, Methodology, and Schedule, Section 9.1)</p>				
54	B	Eval6	2	TeamC

Q Num	Proposal	Evaluator	Score	Comments		
4.3.18;	5.1;	5.2;	5.6;	5.7;	5.9, &	9.0 - Entire Plan
<p>Proposer B adequately responds to how they will demonstrate comprehensive and technically sound approaches and/or methods for coordinating and conducting System Testing in Takeover to comply with the contract (Exhibit B, Attachment I, J16, Quality Management Operations). Proposer B understands that they need to ensure CD-MMIS operates accordingly to follow both federal and State regulations. To do so, Proposer B proposes to work with their subcontractor to submit a System Test Plan 2 months and 15 days after contract effective date (CED) to the Department for review. Two months after, Proposer B will submit an updated System Test Support Plan to the Department. This plan will include checks to validate that the support plan completely describes the method(s) of testing all manual and automated segments of the CD-MMIS. This plan also includes testing of various screens, reports, and business process functions. Proposer B will also utilize an Integration Management plan that identifies, defines, unifies and coordinates the multiple components of a project plan, and it will provide structure for decision-making. During Takeover, comprehensive QM will be conducted and it will include methodologies for quality planning, quality assurance and quality control. Proposer B states that successful execution will assure that the Department's system and all related procedures installed during Takeover will be complete and will operate with the same functionality, accuracy, and performance level as the current CD-MMIS.</p>						
4.3.7;	4.3.18;	5.1-5.2;	5.6-5.7;	9.1;	9.3;	9.6.1; 9.6.3; 9.10
<p>Proposer B demonstrates an understanding of activities and tasks required to validate the readiness of the CD-MMIS for Acceptance Testing. Proposer B understands that some key elements of Takeover will include WBS and Project Management Plans. WBS and Project Management plans include the following: majority subtasks (logical grouping of subtasks within a major task), subtasks (groups of work packages required to complete a task; subtasks result in a defined deliverable or milestone), work packages (smallest work effort that includes a description, identifiable product, skill/resource categories, estimated resource units and overall duration), milestones (identified significant point in development) and completion of deliverables (identified product submitted at completion of a task or sub-task).</p>						
4.3.18;	5.1;	9.1;	9.6.3;	9.6.4		
<p>Proposer B demonstrates an ability to develop and implement procedures, processes, methods and tools that will be used to ensure the effectiveness and accuracy of System Testing. A Gantt chart will be submitted after CED to ensure System Testing is scheduled, effective and accurate (For schedule, see Attachment T04: Exhibit 2.0-C, Effort Variance Factor).</p>						
4.3.18-4.3.19;	9.0 - Entire Plan;	9.1;	11.12.3.1-11.12.3.2			
<p>Proposer B provides a system-tested version of the operational mainframe and non-mainframe systems. Test environment will include the following infrastructure: computer hardware, vendor software, CD-MMIS test and production files and libraries, and computer operations.</p>						
55	B	Eval5	3	TeamC		

Proposer B more than adequately demonstrates a comprehensive and technically sound approach for coordinating and conducting Acceptance Testing in Takeover. In the Proposer's Acceptance Testing Plan, the Proposer demonstrates a clear understanding of their responsibilities for Acceptance Testing after the FI Contractor has completed System Testing. Proposer B offers an Acceptance Testing Unit that will ensure activities and tasks required to Take over and stabilize CD-MMIS are successful. They will develop the test criteria and create testing scenarios to ensure all the 3 processing functions (online, manual, and batch) yield complete and accurate results. Additionally, the Proposer provides a detailed description of the qualifications of the Acceptance Testing Unit and the testing environment they will be using before actual Acceptance Testing begins. The mainframe testing environment will include both test providers and test beneficiaries, which tests each subsystem of CD-MMIS along with all of the sequential cycles. (Takeover Project Plan, Section 5.0 and Acceptance Testing Strategy, Methodology, and Schedule, Section 9.1)

Q Num	Proposal	Evaluator	Score	Team	Comments
55	B	Eval6	2	TeamC	<p>4.3.18; 5.1; 5.2; 5.6; 5.7; 5.9, & 9.0 - Entire Plan Proposer B adequately responds to how they will demonstrate comprehensive and technically sound approaches and/or methods for coordinating and conducting Acceptance Testing in Takeover to comply with the RFP (Exhibit B, Attachment I, J16, Quality Management Operations). Similarly to System Testing, Proposer B states that their Acceptance Testing will comply with federal and State laws and regulations and will follow a work plan during Takeover.</p> <p>4.3.7; 4.3.18; 5.1-5.2; 5.6-5.7; 9.1; 9.3; 9.6.1; 9.6.3; 9.10 Proposer B demonstrates an understanding of activities and tasks required to take over and stabilize the CD-MMIS. For schedule, see Exhibit 3.0-A, RFP Required Takeover Procurement Items.</p> <p>4.3.18; 5.1; 9.1; 9.2; 9.4.3 Proposer B demonstrates an ability to develop and implement procedures, processes, methods and tools that ensure readiness for assumption of CD-MMIS Operations. See Exhibit A, Attachment I, A.32.c, for methodology, System Test Plan Execution.</p> <p>5.0; 5.6; 9.4.2 Proposer B provides an adequate response to the approach used to support the Department's role in monitoring, conducting and approving Acceptance Testing activities and deliverables. The Acceptance Test environment will replicate CD-MMIS non-frame systems, user files, and tables. Proposer B states that Acceptance Testing will simulate claims processing and other production functions. Some functions include, but are not limited to, the following: online processing, manual and batch processing. Proposer B will work with the Department and subcontractor to conduct evaluations and execute evaluations. Proposer B proposes to use realistic data, values, and volumes for thorough changes through daily, weekly, monthly, quarterly, semi-annual, annual and on-request functions to replicate normal production cycles, contingent upon the Department's approval. Proposer B states they will maintain open communication on all phases of Acceptance Testing.</p>
56	B	Eval5	3	TeamC	<p>The Proposer more than adequately demonstrates knowledge and understanding of the Contract requirements to protect the confidentiality, integrity and availability of personal, sensitive or confidential information. In their Facilities Plan, Proposer B provides a building layout and floor plan for the Medi-Cal Dental program and the proposed departments that will be housed in each building. Operations, along with equipment and software to support CD-MMIS and the non-mainframe systems, will be housed in a separate building than program Operations for Takeover, claims processing, beneficiary and provider services, finance and contract services, QM, information security and privacy office, and Department staff.</p> <p>The Proposer's Security Plan provides adequate physical security which encompasses special badge access for every employee, subcontractor and Department staff, 24-hour video surveillance and security guards on the building campus. Visitors are required to check in at the security counter at the designated building and will receive a temporary sticker and badge. The Proposer proposes the use of fingerprint scanning technology in addition to special badge access for highly sensitive areas where confidential data is stored. Additionally, the Proposer provides detailed descriptions of each system security tool and function. Proposer B offers adequate procedures for handling, packaging, and transportation of sensitive/confidential data. All subcontractors will receive a Department-approved list of procedures for handling confidential information. An example of one of the procedures is to ensure all staff do not leave sensitive information on desks unattended, and instead, lock away such documents in cabinets when not in use. The Proposer uses a traceable bounded courier service to transport sensitive information. (Facilities Plan, Section 7.0 and Security Plan, Section 8.0)</p>

Q Num	Proposal	Evaluator	Score	Comments
56	B	Eval6	2	TeamC
<p>3.2.5; Exhibits 4.4-S through 4.4-AD; 8.2-8.6; 8.7.1; 8.7.3 Proposer B adequately demonstrates knowledge and understanding of the RFP requirements (Exhibit A, Attachment II, Operations Scope of Work, and RFP Exhibit B, Attachment I, Special Payment Provisions) to protect the confidentiality, integrity and availability of confidential, sensitive and personal information. Proposer B states they will review invoices, documents and operational procedures to revise as needed based on the contract. Proposer B mentions that they could provide copies of invoices and accounting records to the Department as needed, but in some instances, backup documents are either too large or too sensitive to share. Proposer B also states that they will retain records for up to seven years. To secure confidential records such as data, personal information, technology services, human resources, incoming/outgoing mail operations, facilities, and staff/management, a 24/7 Guard Station exists. However, it is unclear how the Department will recover lost information (that is supposed to be monitored) or if it is possible to retrieve back-up documentation that is no longer archived.</p> <p>4.4.3.1; 7.3, 8.0 - Entire Plan (8.2.1; 8.2.2; 8.3 8.4.2; 8.4.2.1; 8.5.1; 8.6.2; 8.6.4; 8.7) Proposer B's plan provides adequate physical and system security for the CD-MMIS and non-mainframe subsystems. Proposer B states that throughout the term of the contract, software (for specific Software use, See Exhibit 7.2-D-E, CD-MMIS Non-Mainframe Support Software Applications) will meet requirements. Some physical and system security include a 24/7 security station, staff to attend security training, special badges, minimal visitors, visitor check-ins, monthly access reports on building entrances, and system locks. System security also includes a software that is able to restrict computer users from certain information and allow only certain users to access authorized files. Proposer B's software also secures records and records (time and date) who has accessed the computer.</p> <p>Proposer B's plan provides adequate security for the Proposer's facilities. In addition to physical security, Proposer B proposes Two-Factor Authentication. Two-Factor Authentication provides identification of users by means of the combination of two different components, such as a physical object in the possession of the user, such as a security badge, with a combination of a secret known to the user (special PIN), or some physical characteristic of the user (i.e., biometric fingerprint, eye iris, or voice). Although this is a great proposal, cost and timeline is vague.</p> <p>4.3.8.3; 8.2; 8.2.1; 8.2.2; 8.2.4; 8.4.2; 8.6.4.2; 8.7.1; 8.7.3; 8.7.4 Proposer B's plan provides a response for the development of adequate procedures for the handling, packaging, and transportation of sensitive/confidential data and resources; however, Proposer B states, that they "...will develop and submit, for Department approval, procedures for the handling, packaging and transportation of sensitive confidential data or resources." Currently, formalized procedures do not exist.</p>				
57	B	Eval5	2	TeamC
<p>The Proposer adequately demonstrates an understanding of the Health Insurance Portability and Accountability Act (HIPAA) requirements, and will have adequate processes in place to ensure HIPAA mandates are met. The Proposer requires all employees to receive and complete Department-approved training within the first week of hire before handling any confidential information. Trainings will be given as policies are updated and annual training will be required for all employees.</p> <p>Additionally, the Proposer's plan provides for the prevention of unauthorized disclosure of confidential data. The Proposer uses secure software programs, stores hard and electronic copies of all data, and ensures paper documents containing personal, sensitive or confidential information will be destroyed when necessary. The Proposer offers to take the necessary steps to provide the Department immediate notice of and investigation reports for any suspected incidents which includes unauthorized disclosure. (Security Plan, Section 8.0)</p>				

Q Num	Proposal	Evaluator	Score	Comments
57	B	Eval6	3	TeamC
<p>4.1.3.4; Exhibit 4.3-E; Exhibit 4.4-L; 4.3.5; 4.4.6; 8.0 - Entire Plan Proposer B more than adequately demonstrates an understanding of the HIPAA requirements (Exhibit A, Attachment II, Claims Processing Subsystem), and describes proposed processes in place to ensure federal and State HIPAA mandates will be met/exceeded and employees will be properly trained. Proposer B states that they have been providing program integrity for more than a decade and propose to continue to safeguard sensitive data information. In the past, Proposer B has dedicated an information security officer to become a policy specialist in the Information Security and Privacy Office (ISPO). Proposer B proposes to continue having an ISPO assume daily responsibilities and to train staff on security, privacy and confidentiality requirements pertaining to the contract.</p> <p>8.2.1-8.4.4; 8.6; 8.7.3 Proposer B's plan provides a response for the prevention of the unauthorized disclosure of confidential data. Proposer B states that they will not disclose any confidential data such as strategic business data, protected health information/electronic protected health information (PHI/ePHI), personal identifiable information (PII), personal confidential information (PCI), access, authentication or authorization control information, and highly controversial information. Proposer B can only share information if an advanced written authorization from the Contracting Officer is received or if a written release from the provider or beneficiary is involved.</p> <p>4.2.1.6; Exhibit 4.3-E; Exhibit 4.4-L; 4.3.5; 4.4.6; 8.2.1; 8.4.2-8.4.2.2 8.5; 8.7. Proposer B's plan provides the training as identified in the RFP (Exhibit A, Attachment I, A.5). On-line and computer-based interactive training is currently available and proposed to occur again. Proposer B also proposes to do the following: develop a comprehensive on-line and computer-based interactive training through a web-based interface, develop and maintain a training tool that complements the hands-on training, provide a learning environment that is facilitated and supported via the Internet/intranet and connected to a computer with hyperlinks, require accessible material and manuals at staff workstations, collaborate with their sub-contractors to promote a comprehensive understanding of the program procedures and policies related to CD-MMIS, and simulate multiple core systems. Some core systems include claims processing, provider enrollment, eligibility verification, claims processing, S/URS, State Hearings, CRM, and Acceptance Testing.</p> <p>4.2.1.6; 8.4.2.2; 8.7.1 Proposer B's plan adequately responds to how they will ensure access to Information Security Training annually for all employees (including subcontractors and new hires) within one week of their hire date will occur. Regular re-evaluations and re-visits occur in order to warrant the training is updated with new technologies, regulations, and guidelines that meet RFP standards.</p>				
58	B	Eval5	2	TeamC
<p>Proposer B adequately demonstrates their capability to meet the back-up and recovery time frames as specified in their Business Continuity Plan. The Proposer acknowledges that all resources (mainframe and non-mainframe systems and applications) requiring back-up will meet the recovery time frames in the RFP. The Proposer's subcontractor provides a fully-equipped back-up facility in Boulder, Colorado exceeding the 50-mile plus radius requirement. Additionally, the subcontractor provides optional mobile back-up facilities for up to 500 employees at any location in the United States. The Proposer may also utilize their San Francisco, California campus for additional space during the event of a disaster. The Proposer also identifies multiple locations where critical data files are stored and is accessible 24/7 to support business continuity. (Takeover Project Plan, Section 5.0 and Security Plan, Section 8.0)</p>				

Q Num	Proposal Evaluator	Score	Comments
8.0 - Entire Plan; 8.7.5; 8.7.5.2			Proposer B adequately demonstrates their capability to meet the backup and recovery timeframes as specified in their Business Continuity Plan. Proposer B's Business Continuity Plan provides manual and automated (both mainframe and non-mainframe) backup for program operations. Proposer B states they will continually modify the plan to cover any additional system application changes during the term of the contract while ensuring recovery timeframes specified in the RFP (Exhibit A, Attachment II, Security and Confidentiality) are met.
4.3.7.2; 5.0 - Entire Plan; 6.0 - Entire Plan; 8.2.2; 8.5; 8.7.5			Proposer B's plan provides for the identification of all resources that require backup. Adequate hardware, software, and computer resources require backup. Proposer B states that they will work with a subcontractor and provide them with a detailed listing of all hardware, software and computer resource requirements as a backup. Some resource requirements include: CRM, IVR, Provider Lookup, State Hearing, S/URS Profiling, TSC, Voice Mail, Web Portal and Web Static Inquiry (WSI), as mentioned in Sections 4.3.7, Hardware and Equipment Acquisition and Installation and 4.3.8, Software Installation.
8.7.5-8.7.5.3			Proposer B's plan provides a back-up facility where operations can be continued. Currently, Proposer B has three storage facilities located in Sacramento, California and pickup and delivery of all data are available 24/7 or as requested. Proposer B's backup facility is located in Boulder, Colorado—which exceeds contract requirements. Therefore, Proposer B also utilizes the convenience of Program Computers for processing which is able to recover data at any location a PC can be installed. Per Proposer B's response, in the event of a disaster, they will also activate the storage recovery process to retrieve the necessary backup data files and documents. Once appropriate resources are identified, the storage vendor can transport data to those resources.
8.2.2; 8.4.2; 8.5; 8.7.5; 8.7.5.2			The Proposer's plan provides a response for meeting the recovery timeframes as required in the RFP (Exhibit A, Attachment II, Q10, Security and Confidentiality). Proposer B contracts with a third-party vendor that is contractually obligated to address and meet the recovery timeframes.

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The Proposer's response is more than adequate and meets DHCS' needs/requirements and expectations to demonstrate a knowledge and understanding of the services to be provided as described in the Turnover/Runout Plan. In Subsection 4.5.2 related to Turnover/Runout requirements, the Proposer is committed to "performing all contract obligations through the end of the Contract Operations Period; working closely with the Department/Contracting Officer during this process, including the procedure where the Department/Contracting Officer approves all updates to our approach and plans, and maintaining Operations staff throughout the Turnover period to ensure compliance with all performance standards and requirements in RFP Exhibit A, Attachment II." The approach the Proposer will use includes "robust communications, including scheduled status meetings and status reports, e.g., Monthly Deliverable Status Report; risk and issues tracking; effective change order management; focus on training, and milestone review with emphasis on practical deliverables" (Subsection 4.5.3.). Further details of the Proposer's ability to fulfill their requirements for Turnover are in Subsections 4.5.3.1 through 4.5.3.5 which discuss Turnover Support Services that will be available during the process, the preparation that will be done for Turnover, equipment that will be used, and the file transfer process between the prior FI and the Proposer. Section 4.5.3.6 outlines the Proposer's plan to provide appropriate Runout activities to complete its contractual obligations and fulfill its contractual liabilities which include all phases of Runout which the Proposer explains as, "runout startup, runout processing, and contract closeout." The Proposer also adds information regarding their experience and success with Turnover/Runout that demonstrates their ability to meet the contract requirements.

Q Num	Proposal	Evaluator	Score	Comments
59	B	Eval2	2	TeamA

Adequate - Proposal response (i.e., content and/or explanation offered) is adequate or meets DHCS' basic needs/requirements or expectations.

Proposer shows an understanding of the services required in the Turnover/Runout plan. Proposer states "they will provide training, as well as technical and management support, to facilitate the transition." Proposer demonstrates an understanding of invoicing and the reports needed to meet Turnover and Runout requirements listed in the RFP. Proposer states they will comply with all Turnover/Runout services described in the RFP. Proposer describes "guiding principles" which will assist them in a successful Turnover/Runout. Proposer describes the following principles: robust communications, including scheduled status meetings and status reports, risk and issues tracking, effective change order management, and focus on training and milestone review with emphasis on practical deliverables. Proposer states they will use structured management methods that comply with State standards, communicate effectively with the Department, the FI contractor and the successor ASO contractor, provide a through Turnover project plan, and deliver high quality service thorough the end of the contract Operations period. Proposer meets, but does not exceed, the RFP scope of work requirements.

(Book 2 - Sections: 4 entire plan, 3.2.3.5, 3.2.5)