

**EXHIBIT A-4
UNSCORED SUBMISSION REQUIREMENTS AND EVALUATION
CRITERIA**

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UNSCORED SUBMISSION REQUIREMENTS AND EVALUATION CRITERIA INSTRUCTIONS

Instructions to Respondents for the Completion of Exhibit A-4

All respondents to this solicitation shall utilize **Exhibit A-4** for submission of its technical response as specified in **Attachment A.**, Instructions and Special Conditions, **Section D.**, Response Evaluation, Negotiations, and Contract Award, **Sub-Section 3.**, Non-Scored Requirements, **Item d.**, Unscored Submission Requirements and Evaluation Criteria. Respondents shall adhere to the instructions below for each Submission Requirement Component (SRC).

The Agency reserves the right to utilize any or all of the respondent's response materials, documents, and information in negotiations.

Order of Contract Selection

The respondent's submissions for all Submission Requirements and Evaluation Criteria pertaining to prior contract experience will utilize the same three (3) contracts throughout, based on information input by the respondent in **Exhibit A-5-a**, Respondent Information tab, unless otherwise specified in an SRC. The respondent shall select contracts chosen in the order described below. If the respondent (including the respondent's parent, affiliate(s), or subsidiary) has multiple contracts within the same numbered category, all contracts in that category, ordered from the greatest to the least number of enrollees, must be chosen before any contracts in the next category can be selected.

1. Florida Medicaid managed care contracts
2. Contracts with another state's Medicaid managed care program that serve children
3. Florida Child Health Insurance Program (CHIP) managed care contracts
4. CHIP managed care contracts with another state

Completion of Responses

Each SRC includes response criteria as follows:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	Yes/No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes/No
Character Limit? <i>Character limits are inclusive of spaces.</i>	<i>Not applicable or ###</i>
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes/No
SRC Template Required? <i>Original format must be submitted.</i>	Yes/No

Each SRC contains form fields to be used when indicated in the Response Criteria. Population of the form fields with text will allow the form to expand and cross pages. Unless specified in the SRC, there is no character limit. Text responses must be formatted for 8-1/2' x 11" paper, single-spaced, and in a size 11 Arial font.

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Attachments are acceptable for any SRC response when indicated in the Response Criteria and must be referenced in the form field for the respective SRC and located behind each respective SRC response. Attachments (charts, tables, exhibits, etc.) do not count toward character limits. Respondents shall name and label attachments to refer to respective SRCs by SRC identifier number.

The SRCs in **Exhibit A-4**, Unscored Submission Requirements and Evaluation Criteria, may not be retyped and/or modified and must be submitted in the original format.

FAILURE TO SUBMIT EACH REQUIRED FORM IN ITS ORIGINAL FORMAT MAY RESULT IN REJECTION OF THE RESPONSE.

FAILURE TO SUBMIT AN SRC MAY RESULT IN REJECTION OF THE RESPONSE.

FAILURE TO SUBMIT EACH REQUIRED SRC TEMPLATE IN ITS ORIGINAL FORMAT MAY RESULT IN REJECTION OF THE RESPONSE.

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RESPONDENT NAME: _____

A. INCENTIVIZING VALUE AND QUALITY

SRC# 1 – Home Health Aides for Medically Fragile Children Narrative:

Services for Children Eligible for Home Health Aides for Medically Fragile Children are intended to allow family caregivers to provide significant personal care to an eligible relative in their own home, to decrease the hospitalization and institutionalization of medically fragile children, and to improve health outcomes for Florida’s most vulnerable children.

For the three (3) contracts identified through the Order of Contract Selection (page 2, **Exhibit A-4** and input into the Respondent Information tab in **Exhibit A-5-a**), the respondent shall provide a description on how they will ensure enrollees can receive medically necessary home health aide services from a family caregiver in their own home:

1. A description of how the respondent will ensure home health agencies in their network include this subgroup of providers and is offering this service.
2. A description of how the respondent will ensure family caregivers complete the approved training program and are appropriately credentialed.
3. A description of how required training and credentials will be documented and charted.
4. A description of their approach to ensuring family caregivers are related to the eligible relative.
5. A description of how the respondent will ensure home health aide services rendered by family caregivers will result in the reduction of Private Duty Nursing hours.
6. A description of how the respondent will document and measure outcomes to determine the impact of having the parent provide the service.
7. A description of how the respondent will ensure that all requirements delegated by a registered nurse to a home health aide for medically fragile children are met.
8. A description of how the respondent will use this service to promote transition from a facility to a community setting.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	Yes
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	22,500
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

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Response:

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SRC# 2 – Organizational Commitment to Quality Narrative:

The respondent shall describe its organizational commitment to quality improvement, including active involvement by the respondent’s medical and administrative leadership, and document its achievements with two (2) examples of completed quality improvement projects, including description of interim measurement and rapid cycle improvement processes, evaluation design, and a summary of results demonstrating improved health outcomes.

For this SRC, the respondent will be asked to describe all of the following aspects of its QI process:

1. Active involvement by the respondent’s medical and administrative leadership.
2. The incorporation of quality improvement activities into the culture and operations of the organization.
3. Two examples of completed quality improvement projects that incorporated a data-driven quality improvement cycle, one of which should be related to improving follow-up after hospitalizations for behavioral health conditions or improving birth outcomes.
4. The extent to which the respondent provides data on the results of the quality improvement projects that demonstrates the efficacy of the interventions.
5. A description of the evaluation methods for measuring the success of quality improvement projects.
6. Establishment of improved health outcomes as a result of the quality improvement projects.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	15,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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SRC# 3 – Expanded Benefits – Medical Narrative:

Expanded benefits are benefits covered by the Managed Care Plan for which the Managed Care Plan receives no direct payment. In **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria, **SRC# 17** – Expanded Benefits, the respondent will be asked to identify the expanded benefits it proposes to offer.

With consideration to its proposed expanded benefits package, the respondent shall describe an implementation and evaluation plan for its selected expanded benefits. The respondent shall also describe the following aspects of its expanded benefits program:

1. How the respondent will educate enrollees about expanded benefits.
2. What data the respondent will use to measure utilization and effectiveness of the expanded benefit.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	5,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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B. DELIVERY SYSTEM ENHANCEMENTS AND INTEGRATION

SRC# 4 – Evidence-Based Programs for Children with Intense Behaviors Narrative:

Evidence-Based Programs for Children with Intense Behaviors are intended to strengthen family relationships, build resiliency in children and parents, and prevent child abuse and neglect. In **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria, **SRC# 28** – Evidence-Based Programs for Children with Intense Behaviors, the respondent will be asked to identify the Evidence-Based Programs for Children with Intense Behaviors it commits to offering.

With consideration to its proposed benefits for Evidence-Based Programs for Children with Intense Behaviors, the respondent shall describe an implementation and evaluation plan for its selected Evidence-Based Programs.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	5,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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SRC# 5 – After Hours Availability:

After Hours — The hours between 5:00 p.m. and 8:00 a.m. local time, Monday through Friday inclusive, and all-day Saturday and Sunday. State holidays are included.

For all specialty providers included in **Exhibit A-5-b, SRC# 26** – Provider Network Tool – MMA, the respondent will provide the percentage of:

- Non-behavioral health provider specialists who will have available after-hours care, Monday through Friday.
- Behavioral health provider specialists who will have available after-hours care, Monday through Friday.
- Non-behavioral health provider specialists who will have available weekend hours care.
- Behavioral health provider specialists who will have available weekend hours care.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	No
Character Limit? <i>Character limits are inclusive of spaces.</i>	Not applicable
Attachments Allowed? <i>If yes, list in form field below.</i>	No
SRC Template Required? <i>Original format must be submitted.</i>	Yes

Response:

Respondents shall use **Exhibit A-4-a**, SRC# 5 After Hours Availability Tool, located at <https://www.floridahealth.gov/about/administrative-functions/purchasing/index.html>, to provide the ratios of specific provider types offering appointment availability outside of business hours, including nights and weekends.

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SRC# 6 – Autism Spectrum Disorder Services

Evidence-based practices for children with Autism Spectrum Disorder (ASD) are intended to strengthen and build family relationships, build resiliency, and build skill sets in both children and parents, while reducing maladaptive symptoms of the disorder.

The Respondent shall describe their experience and proposed plans for implementing evidence-based practices for children diagnosed with ASD, including but not limited to Applied Behavior Analysis (ABA).

1. List of evidence-based interventions for individuals with ASD and their families. For each intervention, the Respondent must reference the evidence base.
2. A description of other services being provided to individuals diagnosed with ASD, including expressive therapies (e.g., equine therapy, art therapy), respite, home health, and other enhanced services or supports (e.g., home equipment).
3. A description of how the Respondent ensures evidence-based practices are being completed to fidelity.
4. A data-informed monitoring plan that the Respondent will use to measure and improve the quality of care for children with ASD and their families. The description must include how the Respondent will collect, analyze, interpret, and act on the data.
5. A description of co-occurring conditions that the Respondent has seen in children with ASD, such as attention deficit hyperactivity disorder (ADHD) or anxiety, and proposed plans for how the Respondent will coordinate care for children with ASD and co-occurring conditions.
6. A description of how the Respondent will ensure that providers in its network are adequately trained in evidence-based practices for individuals diagnosed with ASD and their families. The training description must include how the Respondent will enable access to continuing medical education (CME) and continuing education unit (CEU) accredited coursework for health care professionals.
7. The Respondent shall describe barriers encountered and anticipated, and any innovative solutions to address or mitigate those barriers. At a minimum the respondent shall address the following barriers but are encouraged to describe any other lessons learned and innovative approaches to serving individuals diagnosed with ASD and their families:
 - a. Access barriers due to provider network adequacy issues.
 - b. Barriers engaging with other stakeholders (e.g., physical health team, school districts, juvenile probation officer, child protective services, etc.)
 - c. Barriers encountered with family engagement and active participation. Specify how the respondent engages with the family and how family inclusion and satisfaction are measured.

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Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	10,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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C. PATHWAYS TO PROSPERITY

SRC# 7 – Expanded Benefits – Pathways to Prosperity Narrative:

Expanded benefits are benefits covered by the Managed Care Plan for which the Managed Care Plan receives no direct payment. In **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria, **SRC# 32 – Expanded Benefits – Pathways to Prosperity**, the respondent will be asked to identify the expanded benefits it proposes to offer. For each of the expanded benefits related to Pathways to Prosperity the respondent proposes to offer its enrollees (i.e., Pathway to Prosperity: Housing assistance, Pathway to Prosperity: Food assistance, Pathway to Prosperity: Non-medical transportation, Pathway to Prosperity: Tutoring, educational supports, vocational training, and job readiness), the respondent shall describe an implementation and evaluation plan for its expanded benefits.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	2,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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SRC# 8 – Community Partnerships – Nursing Workforce Enhancement:

The respondent shall describe the extent to which it will partner with non-profit organizations to increase the size, quality, and well-being of the Florida nursing workforce for improving the care of children and adolescents with special health care needs. Example activities in partnerships may include scholarships and grants to attract more people to the nursing profession, undergraduate nurse training programs in pediatric nursing and home health nursing, test preparation for Next Generation National Council Licensure Examination (NCLEX®), expediting applications to the Florida Board of Nursing for state licensure and licensure renewal, continuing education that meets the requirements for Florida Board of Nursing state licensure and licensure renewal, recruitment and retention initiatives, nurse residency programs to help new graduates transition into the workforce, mentorship programs, research in disseminating and implementing nursing innovations in various healthcare settings like home and community settings, community health nursing, counseling and mental health resources for nurses in high-stress environments, wellness and stress management programs for nurses, nurse exchange programs within the state, leadership training, certification courses, childcare and family support services for nurses, telehealth training, and financial incentives for nurses to work in primary care and medically underserved areas of Florida.

In this SRC, partnering organizations are defined as non-profit organizations that have a principal address of operations in Florida.

The respondent shall enumerate and describe its sub-contracts with non-profit organizations for the proposed contract period that increase the size, quality, and well-being of the Florida nursing workforce for improving the care of children and adolescents with special health care needs. The respondent shall include the following information:

1. The non-profit organization name,
2. The non-profit organization federal employer identification number (FEIN),
3. The non-profit organization Florida Division of Corporations (FDOC) document number,
4. The non-profit organization principal address,
5. The non-profit organization mailing address,
6. Description of how the partnership will increase the size, quality, and/or well-being of nursing workforce for improving the care of children and adolescents with special health care needs,
7. Description of the financial investments that the respondent will make in the partnership,
8. Description of the in-kind investments that the respondent will make in the partnership,
9. Counties where the non-profit organization will provide services and supports,
10. A listing of the non-profit organization representatives who participate on any of the respondent's committees or advisory boards, and

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11. A listing of the respondent’s chief officers who participate in any of the non-profit organization’s committees or advisory boards.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	10,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	Yes

Response:

The respondent shall use **Exhibit A-4-b, SRC# 8** Nursing Workforce Enhancement Tool, located at <https://www.floridahealth.gov/about/administrative-functions/purchasing/index.html>, to provide the information about its sub-contracts with non-profit organizations.

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D. RESPONDENT BACKGROUND AND EXPERIENCE

SRC# 9 – Managed Care Experience Narrative:

In **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria, **SRC# 35** – Managed Care Experience, the respondent will be asked to provide a list of up to twenty (20) of its current and/or recent (within five (5) years of the issue date of this solicitation (since April 1, 2019)) capitated contracts for managed care services (e.g. medical care, integrated medical and behavioral health services, transportation services and/or long-term services and support (LTSS)). The respondent shall describe for each identified contract:

1. Its experience in delivering managed care services (e.g., medical care, integrated medical and behavioral health services, transportation services and/or long-term services and supports), to Medicaid populations similar to the target population (such as TANF (Temporary Assistance for Needy Families) children and adolescents, disabled children and adolescents, and children and adolescents receiving LTSS) identified in this solicitation.
2. The use of administrative and/or delegated subcontractor(s) and their scope of work. The respondent may include experience provided by subcontractors for which the respondent was contractually responsible if the respondent plans to use those same subcontractors for the SMMC program.
3. The barriers encountered that hindered implementation of those contracts (if applicable) and the respondent's solutions.
4. The respondent's accomplishments and achievements under those contracts.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	10,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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E. RECIPIENT AND PROVIDER EXPERIENCE

SRC# 10 – Staff-to-Enrollee Ratio Staffing Model:

The respondent shall provide a staff-to-enrollee ratio for the following mandatory staff and any additional proposed staff the respondent includes in the response.

- Claims Resolution Staff
- Provider Relations Staff
- Recipient Relations Staff
- Utilization and Authorization Staff
- Quality Initiative Staff

The respondent must provide a staff-to-enrollee ratio for all mandatory and proposed staffing positions.

The Department reserves the right to include any or all the staffing and ratios listed herein, or as negotiated, as part of the resulting contract.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	No
Character Limit? <i>Character limits are inclusive of spaces.</i>	Not applicable
Attachments Allowed? <i>If yes, list in form field below.</i>	No
SRC Template Required? <i>Original format must be submitted.</i>	Yes

Response:

Respondents shall use **Exhibit A-4-c**, Staff to Enrollee Ratio, located at <https://www.floridahealth.gov/about/administrative-functions/purchasing/index.html>, to provide its mandatory and additional proposed staff with ratios of staff to enrollees. Enter the ratio as a decimal.

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SRC# 11 – Delivery of Behavioral Health Services to Children (including Enrollees Involved in the Child Welfare System):

The respondent shall describe how it will ensure enrollees, who are children or their parents or guardians, receive medically necessary behavioral health services and have timely access to support services. The respondent shall describe its approaches to the following in its response:

1. Describe how the respondent will coordinate care and ensure delivery of behavioral health services for enrollee(s) in a manner that will prevent utilization of emergency department and inpatient admissions and involvement with the criminal justice system.
2. Describe the processes for providing care coordination to the enrollee(s) and ensure the assignment of a mental health or child health services targeted case manager if the enrollee is eligible for that service.
 - The respondent’s response shall include how care coordination will link the enrollee(s) to Family Support Services and will coordinate with the regional managing entity or Community Based Care Lead Agency, as applicable, to ensure comprehensive access to and delivery of medical and behavioral health services and community supports.
3. Describe how the respondent will ensure that the enrollee(s) has access to medically necessary behavioral health services including but not limited to the following:
 - Community Action Teams (CAT)
 - Family Intensive Treatment (FIT) teams
 - Multisystemic Therapy
 - Wraparound
 - Mobile Response Teams
 - School-Based Behavioral Services
4. For enrollees involved in the Child Welfare System, describe the processes for authorizing the delivery of Medicaid-covered behavioral health services recommended by child welfare teams for the enrollee(s).

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	10,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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F. BUSINESS OPERATIONS AND ADMINISTRATION

SRC# 12 – Encounter Data Submission Processes:

1. The respondent shall submit a flow chart and narrative description of its encounter data submission process including, but not limited to, how accuracy, timeliness and completeness are ensured.
2. The respondent shall describe how it will work with providers, particularly sub-capitated providers, subcontractors, atypical providers, and non-participating providers to ensure the accuracy, timeliness, and completeness of encounter data.
3. The respondent shall demonstrate policies and procedures that are in place to ensure its providers submit all claims to the respondent for submission as an encounter. The respondent should include its approach to ensuring providers submit claims using the correct claim form (UB-04 and/or CMS1500) to the plan every time a service is rendered.
4. The description should include processes in place for monitoring encounter submissions, adjustments, and resubmissions, including tools and methodologies used to determine compliance with encounter data submission requirements.
5. The description should include the respondent's approach to educating all providers about the importance of key field combinations in accurately identifying the service/s provided, the importance of populating all key fields, and the importance of consistency in coding across all records, providers, and provider types on encounter data submissions.
6. The description should include the respondent's approach to educating and supporting providers who submit paper claims.
7. The description should include the respondent's approach to encouraging providers, particularly sub-capitated providers, subcontractors, atypical providers, and non-participating providers to submit accurate, timely, and complete encounter data, including the type and frequency of activities and any incentives/penalties.
8. The description should include the respondent's description of how it will connect with providers to revise encounter submissions in a timely manner.
9. The description should include the respondent's approach to work with providers to comply with correct coding.
10. The description should include the respondent's approach to ensure that all encounters are included in submissions.

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Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	50,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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SRC# 13 – Management Experience and Retention:

For the respondent's highest-ranking contract identified through the Order of Selection (page 2, **Exhibit A-4** and input into the Respondent Information tab in **Exhibit A-5-a**), the respondent shall describe its approach to the hiring and promoting retention, throughout the Contract term, of executive managers (e.g., CEO, COO, CFO, CMO, vice presidents, senior managers) who have expertise and experience in serving children and adolescents with special health care needs. The respondent shall describe:

1. The relevant experience of their current management team [See Section 409.981(3)(a), Florida Statutes].
2. The respondent must describe its approaches and the effectiveness of its approaches to staff retention, including staff tenure. If the respondent acquired or merged with another managed care entity during the term of the highest-ranking contract, the respondent shall not include the corporate experience of the acquired or merged entity prior to the respondent's ownership.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	Yes
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	4,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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SRC# 14 – Proposed Subcontractors:

The respondent shall list any proposed subcontractors to which it will delegate the management of Managed Care Plan responsibilities, as permitted in **Attachment B**, Scope of Services – Core Provisions, and its Exhibits, for the following functions:

- **Coverage of Services**
 - Care Coordination/Case Management
 - Utilization Management
 - Service Authorization

- **Grievance and Appeal System**
 - Notice of Adverse Benefit Determination Issuance & Completion

- **Provider Services**
 - Network Management
 - Provider Contracting
 - Provider Complaint System
 - Claims & Provider Payment
 - Physician Incentive Program

- **Quality**
 - Performance Measures
 - Performance Improvement Projects

- **Administration and Management Services**
 - Electronic Visit Verification
 - Fraud, Abuse, & Waste Recoveries
 - Pharmacy Benefits Manager

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	No
Character Limit? <i>Character limits are inclusive of spaces.</i>	Not applicable
Attachments Allowed? <i>If yes, list in form field below.</i>	No
SRC Template Required? <i>Original format must be submitted.</i>	Yes

Response:

Respondents shall use **Exhibit A-4-d**, Proposed Subcontractor Tool, located at <https://www.floridahealth.gov/about/administrative-functions/purchasing/index.html>, to provide its list of proposed subcontractors.

**EXHIBIT A-4
UNSCORED SUBMISSION REQUIREMENTS AND EVALUATION
CRITERIA**

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**EXHIBIT A-4
UNSCORED SUBMISSION REQUIREMENTS AND EVALUATION
CRITERIA**

SRC# 15 – Claims Processing and Payment Process:

In a manner suitable for the provider community, the respondent shall describe key components of its claims processing and payment process, including timeframes related to claims processing and reprocessing and payment, addressing both paper and electronic claims submissions for both participating and non-participating providers.

The response shall include detailed information, report templates, and dashboards on the metrics to be employed by the respondent to track timeliness and accuracy of claims adjudication and payment for claims submitted by participating and non-participating providers. The respondent shall describe how these metrics will be used by line level and management staff to improve processes and provide for rapid cycle improvement.

The response shall also include a detailed description of how the respondent will make data and metrics, and trend data regarding claims and payment process available to network providers in real-time regarding claims processing and payment by the respondent and all applicable proposed subcontractors. The respondent shall address notable points in the process when network providers have opportunities to access the data.

If the respondent delegates portions of the claims processing and payment process to its subcontractors, the respondent shall address each component for its delegated subcontractors.

Response Criteria:

RESPONSE CRITERIA	
Order of Contract Selection Required? <i>See page 2.</i>	No
Narrative Response Required? <i>If yes, list in form field below.</i>	Yes
Character Limit? <i>Character limits are inclusive of spaces.</i>	10,000
Attachments Allowed? <i>If yes, list in form field below.</i>	Yes
SRC Template Required? <i>Original format must be submitted.</i>	No

Response:

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