

### 1.0 TAB 1: TRANSMITTAL LETTER/EXECUTIVE SUMMARY

The transmittal letter serves as a cover letter for the Technical Proposal. It must consist of an executive summary that briefly reviews the strengths of the bidder and key features of its proposed approach to meet the specifications of this RFP.

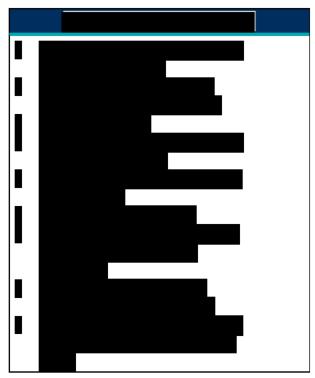
January 26, 2018

Stephanie Clark Hoover State Office Building, 1<sup>st</sup> Floor 1305 E. Walnut Street Des Moines, IA 50319-0114

Dear Ms. Clark:

The Iowa Medicaid Enterprise seeks a vendor to achieve important policy goals: improve quality, safety, and efficiency and reduce avoidable cost. We developed our solution to attain these goals with an effective, collocated team based on 30 years of experience, 90% staff retention rate; client satisfaction over 95%, and an average 12:1 ROI across similar programs.

The lowa Medicaid Enterprise is an innovative vision: streamline Agency operations and recruit industry leaders for key functional departments, working in a collocated model with the IME team. By implementing national standards and best practices, this integrated enterprise can achieve goals such as those in Figure 1.0-1. for lowa with greater efficiency and greater transparency. With a Medicaid waiver newly implemented for managed care and new MCOs joining the program, IME has new challenges to ensure that services are safe,



effective, and medically necessary. The IME needs a new Medical Services contractor – one with the national breadth, scope, and expertise to keep pace with the IME's continued evolution.





Figure 1.0-1. The Iowa Medicaid QIO Promotes CMS Quality Goals.

Through Medical Support, Expert Staffing, Quality Oversight, and Population Health initiatives, our Medicaid QIO solution for Iowa will help IME achieve these goals.

KEPRO is that partner for 24 programs in 15 states and across the nation. Key features of our approach for the Medicaid QIO have their foundation in our successful programs nationwide:

- Effective staffing. Our collocated management is ready to start. This team has more than 20 years of experience in all aspects of the Iowa program and delivery system.
- Streamlined Operations. Our solution identifies > 30 opportunities to streamline process, reduce duplication, and improve performance – making operations more efficient and customer-centered.
- Innovative Reporting. We propose to complement current reports with 24/7 online, on demand Dashboards that the Agency can use to monitor program and provider performance.

### **TRANSITION**

Programs that start well work well. We enhance readiness with an experienced transition team of 50.02 local staff and corporate resources. We used this combination in over 25 implementations in the past 2 years — and most effectively, to transition 34 state contracts into a cohesive Beneficiary and Family-Centered QIO for 42 million Medicaid beneficiaries — including lowa residents.

### **MEDICAL AND LTSS OPERATIONS**

Effective services are evidence-based, medically necessary and delivered in the most appropriate setting. Our claims review, prior authorization, and level of care determinations are accurate and reliable, achieved through a process that is equitable and transparent. With a 94% audit rate and 99% inter-rater reliability, our reviews eliminate avoidable cost and assure medically necessary care.

### **QUALITY OVERSIGHT OPERATIONS**

Our quality oversight expertise keeps pace with emerging delivery systems and settings of care. One of the first companies to manage Medicaid HCBS Waivers, we have 13 years of experience managing waiver populations and wait lists for our clients, including conducting over 1,000 providers onsite and desk reviews a year in our relevant contracts – and a score of 95% for member satisfaction.

### POPULATION HEALTH IMPROVEMENT SPECIAL PROJECTS

State and federal agencies seldom have the luxury of long-term development to meet legislative and administration questions, regulatory changes, or quality of care concerns. We meet those needs by flexibly combining corporate and local staff. The result? Over 100 special studies a year for Medicare, Tricare, and MaineCare alone that clients used to evaluate and improve performance.

### **EXPERIENCE**

Past performance is the best indicator of future success. As the Department of Defense said when awarding responsibility for quality oversight of the entire Military Health System, "We evaluated your experience and felt that you were the lowest risk, most experienced vendor." Experience in 24 programs includes medical, behavioral health, LTSS, HCBS, and waivers – all requirements for Iowa's Medicaid QIO.

### **PERSONNEL**

We increase project effectiveness and reduce delivery risk with highly experienced key personnel, and proven plans and processes for staffing, subcontractor management, and related policies and procedures.

The Agency needs highly qualified and experienced contract staff who are committed to a successful program. And a contractor committed to providing the tools and support to the program staff backed up with proven processes and procedures.

#### **SUMMARY**

Iowa's innovative Medicaid Enterprise collocates critical program services to enhance coordination, communication, and quality oversight of the Medicaid program. As an organization, we excel in:

- Collocated operations as our 10 years of experience with IME demonstrates;
- Coordinating with multiple vendors as our 15 years of experience with the Military Health System demonstrates;
- Communicating with agencies, providers and members, as our 18 years of experience in West Virginia demonstrates;
- Quality oversight, as our 30 years of experience as a Quality Improvement Organization demonstrates.

Our efficient model is the lowest risk, most expert solution for the Iowa Medicaid QIO, and in the proposal that below we explain why.

Sincerely,

Joseph A. Dougher President & CEO



# 2.0 TAB 2: TABLE OF CONTENTS

1.0 2.0		1: Transmittal Letter/Executive summary	
3.0		3: RFP Forms	
3.1		lease of Information Form	
3.2		imary Bidder Detail & Certification Form	
3.3		bcontractor Disclosure Form	
3.4		rtification and Disclosure Regarding Lobbying	
		4: Bidders Approach to Meeting Deliverables.	
4.1	Ge	eneral Obligations (1.3.1.1)	7
		Staffing (A.)	
		System and Software Requirements (B.)	
		Receipt of Checks (C.)	
		Appeals and Hearings (D.)	
		Performance Reporting and corrective actions (f)	
		REQUESTS FOR INFORMATION (1.3.1.1.G.)	
		Centralized Email Mailboxes and Toll-free Telephone Lines	
4	.1.9	Branding (I.)	65
4.2	TR	ANSITION	66
		Planning A (1.3.1.2)	
4	.2.2	Operational Readiness (B.)	71
4.3	M	edical and LTSS Operations (1.3.1.3)	75
		Medical Support (A.)	
4	.3.2	Utilization Management (B.)	91
4.4	Qı	uality Oversight Operations (1.3.1.4)	127
		General Requirements (A.)	
		HCBS Provider Reviews (B.)	
		Certification Reviews of Enrolled Providers. Duties include but are not limited to:	
		Provider Self-Assessment Reviews.	
		HCBS Waiver, Habilitation, and MFP Provider Incident Report Management (D.)	
		HCBS Waiver and Habilitation Member Surveys (E.)	
4	.4.8	MFP Surveys (F.)	198
5.0	Tab	5: Bidder's Background (26 page limit)	202
5.1	Ex	perience (3.2.5.1)	202
5	.1.1	Relevant Technical Experience (3.2.5.1.1.)	202
		Description of Similar Services (3.2.5.1.2)	
		Abuse Report of Felony Conviction (3.2.5.1.3)	
		Letters of Reference (3.2.5.1.4)	
		Experience MANAGING Subcontractors (3.2.5.1.5)	
5.2	Pe	rsonnel (3 2 5 2)	238



5.2.1	Tables of Organization (3.2.5.2.1)	238
5.2.2	Project Director and Key Personnel (3.2.5.2.3)	244
List of Fig	nires	
_	0-1. The lowa Medicaid QIO Promotes CMS Quality Goals	2
_	-2. Proof of an active and clear license on website	
_	-4. Clearly Defined Succession Plan Ensures Operational Continuity	
_	-5. KEPRO Can Supplement our lowa-Specific Specialist Pool to Meet Highly Specia	
	rise	
-	-6. KEPRO Quality Management Framework	
-	-7. Overview of Care Plan	
_	-8. IDT Ride-Along Process.	
_	-9. Quality Improvement Process	
_	-10. Overview of Report Validation.	
_	-11. Our process for the lowa Medicaid QIO will include these steps	
	-12. Process to Review Exceptions to Policy	
_	-13. Case Mix Index Quarterly Process	
-	-14. Consulting Cycle for	
_	-15. Prior Authorization Process for Routine PAs.	
_	-16. Long-term Care/Needs Based Assessment Level of Care Process	
_	-17. Summary of HCBS Waiver Experience	
Figure 4.3	-18. Model Onsite Quality Review Process – Customized for Iowa Medicaid	110
Figure 4.3	-19. CMS Quality Framework for HCBS	112
Figure 4.3	-20. Assigning Nursing Facilities to Annual Cohorts	116
Figure 4.3	-21. MDS Validation Process.	118
Figure 4.3	-22. Process to Conduct Facility Review/Inspections of Care	124
_	-23. Hospital Utilization Control Plan Review Process.	
Figure 4.4	-24. Website Reporting Dashboard	135
Figure 4.4	-25. Website Traffic Report for KEPRO Programs.	135
Figure 4.4	-26. Landing Page Example for Virginia Medicaid Utilization Review Program	137
_	-27. Overview of HCBS Provider Application Review	
_	-28. Quality Improvement Cycle for Provider Training	
_	-29. Quality Assurance of Data Elements	
	-30. Overview of Set Up for Provider Review Process (Periodic Review)	
_	-31. Incident Reports by Type and Provider	
_	-32. Provider Review Process	
_	-33. Review of Chapter 24/HCBS Providers	
_	-34. Overview of CAP Process	
	-35. Overview of Complaint Process	
	-36. Overview of Incident Management.	
_	-37. Cumulative Volume of Incidents by Type and Quarter	
Figure 4.4	-38. Law Enforcement Interventions as a Percent of Totals	179



Figure 4.4-39. Multiple Sources to Identify	181
Figure 5.2-1: Quality Improvement Organization Services Program Key Personnel Organizational	
	239
List of Tables	
Table 4.1-1. Proposed Key Personnel	8
Table 4.1-2. Key Personnel for PHI Special Projects	
Table 4.1-3: Standard Operating Procedures Ensure Compliance with ALL RFP Staffing Requirem	ents 15
Table 4.1-4. Primary Source Verification, Re-credentialing Every 2 Years = Integrity	21
Table 4.1-5. Application Development Process	24
Table 4.1-6. Using Proven, Best Practice, Increases our Success in Maintaining Current IME Prog	ram
Information	25
Table 4.1-7. Demonstrates our effective and efficient process	31
Table 4.1-8. Elements Evaluated during Audit Process	36
Table 4.1-9. Optimal Report Features.	49
Table 4.1-10. Sources of Quality Improvement.	50
Table 4.1-11. Performance Standard and Operational Approach to Achieving Compliance	52
Table 4.1-12. Customer Service Center Management System Features and Benefits	63
Table 4.2-13. Operational Readiness Plan Composition	71
Table 4.3-14. Extract of CMI Listing from IME Website.	84
Table 4.3-15. Relevant Examples of On Demand Services and Benefits	100
Table 4.3-16. Rate Tiers for IDD Waiver.	105
Table 4.4-17. Process of Systematic Reviewing	129
Table 4.4-18. Clinical Review Criteria, Information Sources, and Processes	130
Table 4.4-19.Format for Monthly Summary Reports	132
Table 4.4-20. Benefits of our Approach to Provider Self-Assessments	163
Table 4.4-21. After reviewing current IME, here is what we found:	164
Table 4.4-22. Reporting in Details on Barriers to Quality in HCBS Services	165
Table 4.4-23. HCBS Waivers – Major and Minor Incidents	172
Table 4.4-24. After reviewing current IME, here is what we found:	175
Table 4.4-25. SFY Incident Reports by Type of Report	177
Table 4.4-26. Quarterly Incident Reports – Law Enforcement & Physical Injury Only	178
Table 4.4-27. Iowa Administrative Code References.	180
Table 4.4-28. Structure and Content of the Targeted Review Report	184
Table 4.4-29. Example of Sample Selections	186
Table 4.4-30. Overview of Training for Interviewers	189
Table 4.4-31. Response Rates by HCBS Program and Type of Interview	191
Table 4.4-32. Waiver Enrollees and Sample Sizes	192
Table 5.1-1. Relevant Qualifications.	203
Table 5.1-2. Summary of Technical Experience.	205
Table 5.2-2. Operational Lines of Authority and Responsibility.	239
Table 5.2-3. Operations Organizational Chart	243
Table 5.2-4: Staffing Summary by Service Type	243

### 3.0 TAB 3: RFP FORMS

### 3.1 RELEASE OF INFORMATION FORM

MED-18-015

Quality Improvement Organization Services for Iowa Medicaid

### Attachment A: Release of Information

(Return this completed form behind Tab 3 of the Bid Proposal.)

<u>Joseph A. Dougher</u> (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Keystone Peer Review Organization, Inc. (KEPRO)

Printed Name of Bidder Organization

Signature of Authorized Representative

January 24, 2018

Date

Joseph A. Dougher, President & CEO

Printed Name



## 3.2 PRIMARY BIDDER DETAIL & CERTIFICATION FORM

## ATTACHMENT B: PRIMARY BIDDER DETAIL & CERTICATION FORM

,	et illioi mation (maiti	dual who can address issues re: this Bid Proposal)		
Name: Kare	n Eaton, Vice Presider	nt, Growth and Development		
Address: 777 I	East Park Drive, Harris	sburg, PA 17111		
Tel: (717)	303-6177			
Fax: (717)	) 564-3862			
E-mail: keato	on@kepro.com			
_	Prin	nary Bidder Detail		
Business Legal Name	("Bidder"):	Keystone Peer Review Organization, Inc.		
"Doing Business As" n		KEPRO		
names, or other opera				
Parent Corporation No	ame and Address of	Keystone Acquisition Corp		
Headquarters, if any:		777 East Park Drive, Harrisburg, PA 17111		
Form of Business Entire partnership, LLC, etc.)		Corporation		
State of Incorporation	n/organization:	Pennsylvania		
Primary Address:		777 East Park Drive, Harrisburg, PA 17111		
Tel:		(717) 564-8288		
Local Address (if any):	:	N/A		
Addresses of Major O		N/A		
facilities that may con				
performance under th				
Number of Employees	S:	1009		
Number of Years in Bu	usiness:	32 Years		
Primary Focus of Busin	ness:			
Federal Tax ID:		23-2348176		
DUNS #:		15-542-1159		
Bidder's Accounting F	irm:			



If Bidder is currently registered to do business in Iowa, provide the Date of Registration:				Yes		
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}				No		
					(YES/N	NO)
		Request	for Confider	itial Treatment (S	ee Section 3	.1)
Location (Tab/Pa			y Basis for entiality		Description/	Explanation
All Figures and Tables		Iowa Code Iowa Code		Trade secrets		
Tab 2: 4-6		Iowa Code Iowa Code		Trade secrets		
Tab 3: 6-1 - 6-7		Iowa Code Iowa Code		Trade secrets		
Tab 4: 26-27		Iowa Code § 22.7(3) Iowa Code § 550.2		Trade secrets		
Tab 4: 61		Iowa Code § 22.7(3) Iowa Code § 550.2		Trade secrets		
Tab 4: 61-65		Iowa Code § 22.7(3) Iowa Code § 550.2		Trade secrets		
Tab 4: 181-195		Iowa Code § 22.7(3) Iowa Code § 550.2		Trade secrets		
Tab 5: 196-248-31		lowa Code § 22.7(3) lowa Code § 550.2		Trade secrets		
Exceptions to RFP/Contract Language (See S				See Section	3.1)	
RFP Section and Page	Section Which Bidder E			anation and Prop placement Langua		Cost Savings to the Agency if the Proposed Replacement Language is Accepted
None						



MED-18-015

Quality Improvement Organization Services for Iowa Medicaid

#### PRIMARY BIDDER CERTIFICATIONS

### BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 No cost or pricing information has been included in the Bidder's Technical Proposal; and,
- 1.5 The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

### 2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

- 2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract:
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP: and.
- 2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html.

#### 3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	A Dece			
Printed Name/Title:	Joseph Dougher, President & CEO			
Date:	January 24, 2018			

Page 22 of 91



## 3.3 SUBCONTRACTOR DISCLOSURE FORM

KEPRO does not propose the use of subcontractors.

### 3.4 CERTIFICATION AND DISCLOSURE REGARDING LOBBYING

MED-18-015

Quality Improvement Organization Services for Iowa Medicaid

### Attachment E: Certification and Disclosure Regarding Lobbying

(Return this executed form behind Tab 3 of the Bid Proposal.)

### Instructions:

Title 45 of the Code of Federal Regulations, Part 93 requires the bidder to include a certification form, and a disclosure form, if required, as part of the bidder's proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

- The bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
- 2) The bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Page 28 of 90



MED-18-015

Quality Improvement Organization Services for Iowa Medicaid

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

The bidder is NOT including a disclosure form as referenced in this form's instructions because the bidder is NOT required by law to do so.

☐ The bidder IS filling a disclosure form with the Agency as referenced in this form's instructions because the bidder IS required by law to do so. If the bidder is filling a disclosure form, place the form immediately behind this Attachment E in the Proposal.

Signature:	At sace
Printed Name/Title:	Joseph A. Dougher, President & CEO
Date:	January 22, 2018