COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
ONE ASHBURTON PLACE
BOSTON, MA 02108

AMENDED AND RESTATED
REQUEST FOR RESPONSES
FOR
ONE CARE PLANS AND SENIOR CARE OPTIONS PLANS

EOHHS DOCUMENT #: 23EHSKAONECARESCOPROCURE

COMMBUYS BID #: BD-23-1039-EHS01-ASHWA-84773

ISSUED: November 30, 2023
AMENDED: February 29, 2024

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Section 1. Introduction

Section 1.1 EOHHS Background

The Executive Office of Health and Human Services (EOHHS) is issuing this Request for Responses (RFR) pursuant to 801 CMR 21.00, which governs the procurement of services by Massachusetts state agencies, to solicit Responses from entities proposing to operate One Care plans and/or Senior Care Options (SCO) plans to satisfy the obligations set forth in the Model Contracts in **Attachments A and B**.

EOHHS is the largest secretariat in Massachusetts government, overseeing 11 state agencies and the Massachusetts Medicaid program (MassHealth). The secretariat serves one in four Commonwealth residents focusing on their health, resilience, and independence. EOHHS provides access to medical and Behavioral Health care, substance use and misuse treatment, long-term services and support, and nutritional and financial benefits to socioeconomically disadvantaged individuals. EOHHS connects individuals with disabilities, elders, and veterans with employment opportunities, housing, and supportive services. Individuals who have intellectual or developmental disabilities, Behavioral Health conditions, blindness, deafness, or are hard of hearing, and who have a range of physical disabilities and health conditions are supported through these programs. EOHHS also serves as the single state agency responsible for administering the Medicaid program and the Children's Health Insurance Program within Massachusetts (collectively, MassHealth), and other health and human services programs designed to pay for medical services for eligible individuals pursuant to M.G.L. c.118E, Title XIX of the Social Security Act (42 U.S.C. § 1396 et seq.), Title XXI of the Social Security Act (42 U.S.C. § 1397aa et seq.), and other applicable laws and waivers.

Section 1.2 Program Background

Individuals who qualify for both Medicare and Medicaid, a status referred to as "Dual Eligible," have some of the most complex care needs of any population served by either Medicaid or Medicare. MassHealth members (those individuals enrolled in MassHealth) may be Dual Eligible either because they have a disability or because they are over age 65 and have a low-income. Many Dual Eligible members utilize a broad range of health care services, including medical and Behavioral Health services, as well as long-term services and supports (LTSS) that sustain their ability to live independently in the community or in a nursing facility. As of March 2023, approximately 363,000 Dual Eligible members were enrolled in MassHealth. Combined Medicare and Medicaid costs of serving Dual Eligible members in Massachusetts are estimated to exceed $9 billion annually, with MassHealth and Medicare each bearing about half of these costs.

Fragmentation in care from unaligned and fee-for-service systems has contributed to Dual Eligible individuals being among the highest-cost individuals served in the Medicare and Medicaid programs. Inefficiencies and conflicting requirements in the systems add administrative burden and cost to Providers and unaligned plans and fail to systemically address the gaps in quality, care, and support needs for members in both systems. In contrast to the services provided to Dual Eligible members in fee-for-service, the One Care

and SCO programs, through their integration of Medicare and Medicaid coverage (described in more detail below), bring more integrated, coordinated, and person-centered care options to Dual Eligible members. Both programs offer a range of services that enhance the quality of care that members receive. These services include acute and medical services, Behavioral Health services, long-term services and supports, and other community services. All services offered to members are designed to be comprehensive, accessible, and person-centered. Participation in One Care and SCO is voluntary, and enrollment processes will be facilitated by One Care and SCO Plans in the new Contracts. Most One Care and SCO Covered Services are covered in both programs, with certain limited exceptions.

A. One Care Program

One Care began as a collaboration between stakeholders and EOHHS and has operated as a demonstration program for the past decade. The demonstration provided federal authorities, expanded benefits, and flexibilities for EOHHS to implement and operate One Care. By testing and innovating new approaches to integration, One Care has improved quality of care, health outcomes, and quality of life for over 43,000 Dual Eligible individuals in Massachusetts. One Care is available to Dual Eligible individuals with disabilities who are ages 21-64 at the time of enrollment. Individuals who turn 65 while enrolled in any One Care Plan may remain enrolled in One Care as long as they meet all other eligibility requirements. (See **Section 2.4** of **Attachment A** for additional One Care eligibility criteria.)

One Care has, since its inception, operated using a Medicare-Medicaid Plan (MMP) structure under demonstration authority granted to it by the Centers for Medicare and Medicaid Services (CMS). Over 70% of One Care Enrollees rated their One Care plan as a 9 or 10 on a scale from 0 to 10 (with 10 being the highest rating) in the 2021 CAHPS Member Experience Survey, surpassing member satisfaction for Medicare Advantage Plans nationally and for MMPs nationally. To date, members enrolled in One Care have had more monthly preventive and routine doctor visits and have been less likely to have long-stay nursing facility use in each month, among other favorable outcomes.

In Spring 2022, CMS finalized a federal rule[1] that will sunset Duals Demonstrations implemented through the Financial Alignment Initiative. States that plan to continue operating integrated health plans for Dual Eligible individuals are required to convert their MMPs to Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for coverage offered on or after January 1, 2026. Massachusetts released its Initial Plan for its Transition Process in September 2022[2].

B. Senior Care Options

SCO began as a demonstration in 2004, serving a diverse group of individuals ages 65 and older. SCO plans converted to Medicare Advantage D-SNPs in 2006. In 2023, SCO plans meet the highest level of integration available to D-SNPs, as Fully

[1] www.govinfo.gov/content/pkg/FR-2022-05-09/pdf/2022-09375.pdf
[2] www.mass.gov/doc/one-care-initial-plan-for-transition-process-0/download

Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with exclusively aligned enrollment (i.e., members are enrolled with the same plan for their Medicaid and Medicare coverages). SCO is available to eligible MassHealth members with or without Medicare; it currently serves over 77,000 members. **Section 2.4** of **Attachment B** describes all SCO eligibility criteria. SCO has delivered improved health outcomes for its members and SCO plans have consistently earned among the highest Medicare Star ratings in the country among D-SNPs.[3]

C. One Care and SCO Services and Models of Care

One Care and SCO each provide a comprehensive benefit package designed to address each Enrollee's full range of health and functional needs. Coverage through One Care and SCO goes beyond standard Medicare and Medicaid benefits available through Fee-for-service and other types of plans. The plans are accountable for delivering the full range of services with integrated care management and care coordination through Interdisciplinary Care Teams. One Care and SCO Plans employ or contract with Primary Care Providers to deliver team-based integrated primary and Behavioral Health care to Enrollees, and direct care coordination across Providers. Enrollee care teams, led by a Primary Care or Behavioral Health clinician and a care coordinator, arrange care and services across the continuum of services and supports. Within each model, Plans have significant flexibility to innovate around care delivery, and to provide a range of community-based services that promote independent living and provide alternatives to high-cost inpatient and facility-based long term care services. The way each Enrollee accesses services is driven by their individually assessed needs and a care plan tailored to their goals and preferences.

For One Care Enrollees with LTSS or Behavioral Health needs, an independent Long-term Supports (LTS) Coordinator can join the care team to facilitate access to LTSS and other community-based supports and Providers. Certain Enrollees with complex needs also have access to Clinical Care Management services, which provide more intensive clinical monitoring and follow-up in addition to care coordination. SCO Enrollees with complex needs receive LTSS coordination through Geriatric Support Services Coordinators (GSSCs) employed by Aging Service Access Points (ASAPs). GSSCs have expertise in elder care needs and community-based services.

D. Quality Outcomes

EOHHS monitors the Plans using quality and performance metrics appropriate to each program's target population.

The Commonwealth's efforts to date have yielded positive quality results for Dual Eligible individuals enrolled in its coordinated and integrated programs. In EOHHS' view, the design of its integrated care programs can provide the best support for Dual Eligible members, promote the highest quality care, and improve health outcomes in

[3] In SCO, a study by JEN Associates found that SCO Enrollees showed a 12% reduction in nursing facility residency in 12 months, compared to unenrolled Medicaid eligible individuals. Additionally, for plan year 2023, three (3) of the four (4) rated SCO plans received an overall Medicare Star rating of at least 4 stars. The two (2) remaining SCO plans were not rated for 2023, but both had achieved an overall Medicare Star rating of at least 4.5 stars when they were last rated for plan year 2021.

the setting of the member's choosing. One Care and SCO are high quality programs that provide integrated and coordinated care uniquely suited to serving the needs of Dual Eligible members and older adults.

Through this RFR, EOHHS is seeking to procure One Care and SCO plans that will continue providing services with the highest level of coordination and integration, incorporating member-centric approaches and experiences, and applying promising practices from each program to enhance performance.

Section 1.3 EOHHS' Procurement Goals

EOHHS seeks to procure health plans for two distinct programs – One Care and SCO – through this single procurement. One Care will transition from a program of MMPs to a program of D-SNPs to meet federal requirements for 2026, and this transition is reflected in the terms and requirements of this RFR.

A. In addition to meeting the procurement goals below and all other requirements set forth in this RFR, Responses should demonstrate the Bidder's understanding of, respect for, and commitment to:

   1. The care models for each of One Care and SCO;

   2. The populations served in each of One Care and SCO;

   3. The Commonwealth's goals for achieving the most advanced possible level of Medicare and Medicaid integration; and

   4. The operational capacity and expertise to implement and operate its proposed One Care Plan, SCO Plan, or both, effectively and consistently with EOHHS requirements and policy goals.

B. EOHHS' procurement goals for One Care and SCO are to:

   1. Provide person-centered care to improve member experience and quality of life;

   2. Identify and reduce disparities, promote health equity, and improve health outcomes;

   3. Increase integration and coordination among Providers, including integration across physical health, Behavioral Health, LTSS, and community support components of the Massachusetts delivery system;

   4. Reduce and avoid preventable and unnecessary acute, emergency, and facility-based care;

   5. Effectively integrate Medicaid and Medicare processes and requirements;

   6. Align and simplify administrative requirements for Providers to serve members with both Medicare and Medicaid coverage;

7. Improve identification of Behavioral Health needs and timely access to high quality Behavioral Health care;

8. Invest in growing and improving integrated care models, such that Members prefer and choose these over other Medicare and MassHealth Fee-for-service coverage options;

9. Provide members with timely access to and choices of high-quality, accessible Providers, including aligned One Care and SCO networks, and avoid fragmenting Provider groups;

10. Achieve Service Area coverage such that both One Care and SCO are available statewide; and

11. Make available to members a choice of at least two One Care Plans and at least two SCO Plans in each county.

Section 1.4 Overview of the Request for Responses for One Care and SCO Plans

Through this RFR, EOHHS seeks to contract with One Care and SCO Plans to support EOHHS' goals, as described in **Section 1.3** above. Bidders may submit a Response to operate both One Care and SCO Plans or may submit a Response to operate a One Care Plan or a SCO Plan only, as described in **Section 4.** EOHHS may prefer bids from Bidders seeking to operate both a One Care Plan and a SCO Plan with aligned Provider Networks. However, EOHHS may elect to contract with a Bidder for only one plan type.

One Care and SCO have important design and policy differences intended to tailor each program to meet the needs of the specific populations it serves. As both programs will be organized as FIDE SNPs as of 2026, the new Medicaid Contracts resulting from this procurement will align certain administrative and operational functions – where appropriate – between the programs.

Section 4 of this RFR includes detailed instructions for how Bidders should structure their Responses, including portions of the Responses that will be submitted by all Bidders, and additional portions of the Responses that will be submitted specific to a Bidder's proposal for operating a One Care Plan or a SCO Plan. Bidders applying to operate both plan types must submit a single Response that provides the requested information in a combined manner, where requested, or program-specific information, where requested.

In organizing the procurement questions, EOHHS has – to the extent practical - grouped together Sections and questions expected to yield combined answers for One Care and SCO programs. Sections requiring separate information for each program and questions that apply to only One Care or SCO are similarly grouped. To the extent feasible and appropriate, Bidders are requested to reduce duplication in their Responses, and to provide clear organization for elements of the Response that are specific to One Care or SCO.

Section 2. Definitions

The following terms or their abbreviations, when capitalized in this RFR, are defined as follows, unless the context clearly indicates otherwise. All other capitalized terms are defined as set forth in **Attachments A and B** with respect to One Care and SCO, respectively.

Bidder - The entity responding to this RFR.

Eligible Member – A One Care Eligible Member is a person aged 21 to 64 at the time of enrollment who is enrolled in Medicare Parts A and B and eligible for and receiving MassHealth Standard or CommonHealth and no other comprehensive private or public health coverage. A SCO Eligible Member is a person aged 65 or older, or who turns 65 within the first calendar month of enrollment, who is enrolled in MassHealth Standard and no other comprehensive private or public health coverage. A SCO Eligible Member may be enrolled in Medicare Parts A and B, but Medicare enrollment is not a requirement for SCO eligibility.

Model Contracts - **Attachment A** (One Care) and **Attachment B** (SCO).

Request for Responses (RFR) - This RFR for Bidders to operate One Care Plans, SCO Plans, or both.

Response - A Bidder's response to this RFR.

Section 3. Procurement Requirements

Section 3.1 Exclusively Aligned Fully Integrated Dual Eligible Special Needs Plans

One Care Plans and SCO Plans in Massachusetts must meet Massachusetts state and federal requirements to qualify as an Exclusively Aligned Fully Integrated Dual Eligible Special Needs Plan (Exclusively Aligned FIDE SNP), a specialized type of Medicare Advantage Plan that meets criteria for the highest level of integration for serving Dual Eligible individuals. (See **Section 2.4.10** of **Attachments A and B)**

While this RFR serves as the vehicle for procuring One Care Plans and SCO Plans for MassHealth, CMS has issued various Medicare requirements necessary for interested Bidders to qualify for participation in the Medicare Advantage program as a FIDE SNP. The EOHHS Medicaid managed care contracts for One Care Plans and SCO Plans resulting from this RFR (**Attachments A and B**) shall serve as the "State Medicaid Agency Contract" (SMAC) required for Medicaid Advantage FIDE SNPs.

Section 3.2 Contracting with CMS as a Medicare Advantage Plan

A. All Bidders selected by EOHHS to operate a One Care Plan shall apply to CMS to operate a One Care Plan as a FIDE SNP in Massachusetts in 2026. Such application shall be for the purpose of entering into a new Medicare Advantage contract, including with a unique Medicare contract number ("H number") specific to, and including only, the organization's One Care Plan product. (See additional instructions in **Section 9.3**)

B. Bidders selected by EOHHS to operate a SCO Plan that are currently contracted with EOHHS and with CMS to operate a SCO Plan shall continue to contract with CMS to operate a SCO Plan as a Medicare Advantage FIDE SNP for coverage in 2026. Such continued contract shall be operated under the unique Medicare contract number ("H number") specific to and including only the organization's SCO Plan product. Such Bidders shall continue to follow all applicable annual and other submission requirements for existing Medicare Advantage Plans. These entities are not required to submit a new Medicare Advantage application to CMS, unless required to seek a Service Area Expansion (SAE) to conform to the EOHHS selected Service Area. (See additional instructions in **Section 9.3**)

C. New Bidders selected by EOHHS to operate a SCO Plan that are not currently contracted with CMS to operate a SCO Plan shall apply to CMS to operate a SCO Plan as FIDE SNP in Massachusetts in 2026. Such application shall be for the purpose of entering into a new Medicare Advantage contract, including with a unique Medicare contract number ("H number") specific to, and including only the organization's SCO product. (See additional instructions in **Section 9.3**)

D. The Medicare application process for 2026 begins with submission of a non-binding Notice of Intent to Apply (NOIA) in November 2024 by the date specified by CMS. Applicants must also follow the subsequent timelines and contractual submission requirements as outlined by CMS, including submission of an application to CMS in February 2025 to operate a FIDE SNP(s) in Massachusetts in 2026 for One Care, SCO, or both. (See additional instructions in **Section 9.3**)

Section 3.3 Number of Contract Awards and Bidding for Multiple One Care/SCO Plans

A. EOHHS intends to enter into the number of Contracts it determines will provide comprehensive integrated care to its members in a manner that optimizes geographic coverage, member choice of plans, and administrative efficiencies. EOHHS reserves the right to limit the number of Contracts awarded in this Procurement at its discretion, including but not limited to the following considerations:

1. EOHHS may select Bidders to serve as One Care and SCO Plans separately, based on an evaluation of the Responses submitted. EOHHS may select a different number of Bidders to serve as One Care and SCO Plans and may prioritize Bidders who submit Responses to serve as both One Care and SCO Plans.

2. EOHHS seeks to offer both One Care and SCO coverage for eligible individuals in as many counties as possible, and ideally statewide. In addition, EOHHS seeks to offer a choice of plans in each of One Care and SCO to potential Enrollees.

3. EOHHS may take into consideration the geographic location of Bidders and, therefore, may limit the number of Bidders selected in a given geographic area if selecting more Bidders would be inconsistent with EOHHS' goals for this procurement as described in **Section 1.3.** In this evaluation, considerations include but are not limited to a determination of whether selecting more Bidders would

potentially fragment Provider networks or reduce Members' access to choice of Providers.

4. In evaluating Responses, EOHHS may prefer Responses that cover at least six counties. EOHHS may consider a Response that covers less than six counties, but more than one county, only if the Response demonstrates that it aligns with EOHHS strategic goals and priorities listed in **Section 1.3**. EOHHS encourages Responses that are innovative and that would align payment mechanisms across other comprehensive health care products offered by the Bidder, leverage value-based payment, and focus on health equity. While the alignment with a Bidder's existing structure and network for its other health care products may mitigate the challenges of a limited geographic footprint, the disadvantages inherent when operating a plan in a limited number of counties, rather than a Response that proposes to operate in a more substantial number of counties, must be addressed in the Response. EOHHS encourages any potential Bidder interested in such innovative arrangements but operating with limited geographic coverage to consider collaborating and partnering with other organizations to achieve a broader service area for a One Care and/or SCO Plan Response. Additional context regarding these considerations is as follows:

    a. **Housing Stability** – A significant number of dual eligible members – particularly among the One Care eligible population – face housing insecurity. Frequent address changes are a common challenge for MassHealth members, and this lack of stable housing may underlie some of the reasons why certain One Care Enrollees can be challenging to reach and to further engage. An Enrollee in a plan with a broader geographic footprint may be more likely to remain within the plan's service area when transitioning to new housing relative to an Enrollee in a plan with a limited footprint (such as one county).

    b. **Network** – EOHHS will evaluate all Responses for Network Adequacy. While the Service Area of a plan need not be limited to the county or counties in which it operates, contracting with providers outside of the plan's Service Area may present different challenges than contracting with providers within the service area. **Section 2.9** and **Appendix G** of both **Attachments A and B** include minimum requirements for contracting with certain types of providers throughout the Commonwealth. EOHHS will evaluate Bids to ensure Network submissions meet the requirements of the RFR and **Attachments A and B**.

    c. **Uncovered Counties** – As noted in **Section 1.3** of this RFR, EOHHS aims to achieve Service Area coverage such that One Care and SCO are available statewide, ideally with a choice of at least two plans in each county (**Section 3.3** of the RFR). One Care and SCO have not yet achieved coverage for the Islands (Dukes and Nantucket counties), and certain counties have only recently attained coverage (Barnstable and Berkshire counties). A Response that would enable EOHHS to achieve and bolster the goal of statewide coverage for One Care and SCO, particularly for counties that have historically had few or no plan choices, would be considered in EOHHS' evaluation process.

d. **Eligible and Available (Unenrolled) Members** – EOHHS encourages Bidders to consider what level of enrollment would likely achieve viability (financial, staffing, programmatic, network, etc.) Proposing a limited geographic footprint limits the potential pool of eligible members for a Bidder's Service Area. Bidders should further consider that current One Care and SCO Enrollees may make different elections from unenrolled eligible members, and that EOHHS aims to offer a choice of at least two plans to all One Care and SCO eligible members (as also noted above). See **Table 1** below for a snapshot of estimated Total Eligible and estimated Eligible, Unenrolled members by county.

e. **Effective Program Management** – EOHHS is committed to overseeing the One Care and SCO programs through robust reporting, transparent plan operations, strong process oversight, and meaningful consumer and stakeholder engagement to ensure positive enrollee outcomes and experiences. EOHHS expects to consider the oversight resources that various Response configurations would require for effective One Care and SCO program management. The size of a Bidder's service area may be less impactful to ensuring effective program and plan oversight than the overall array of plans participating in each program. This informed EOHHS' preference in **Section 9.1.D** of this RFR, that EOHHS may prefer Responses submitted by a Bidder proposing to operate both a One Care Plan and a SCO Plan with aligned Provider Networks."

For the reasons above, EOHHS will reject Responses that propose to cover one county. EOHHS may consider Responses for fewer than six but more than one county only if the Response demonstrates that it aligns well with EOHHS strategic goals and priorities, including those in **Section 1.3** of the RFR. EOHHS may prefer Responses that propose to cover at least six counties.

TABLE 1.

Estimated Eligible Members	**ONE CARE**		**SCO**	
Massachusetts County	**Total Eligible**	**Eligible, Unenrolled**	**Total Eligible**	**Eligible, Unenrolled**
Barnstable	3,257	2,231	3,598	2,711
Berkshire	3,335	2,609	2,693	2,169
Bristol	12,437	8,891	13,751	7,449
Dukes	139	139	216	215
Essex	12,860	8,203	21,625	11,117
Franklin	1,920	1,254	1,341	1,092
Hampden	14,202	6,638	14,263	7,010
Hampshire	2,564	1,800	2,204	1,657
Middlesex	15,883	10,012	29,871	17,223
Nantucket	36	36	94	94
Norfolk	7,088	4,707	14,703	7,600
Plymouth	7,584	4,905	9,223	5,185
Suffolk	11,908	6,875	30,123	12,864
Worcester	14,714	10,061	17,498	9,455
Statewide	**107,941**	**68,375**	**161,203**	**85,841**

Table 1. Notes:

i. The number for eligible members for each of One Care and SCO are estimates of eligibility for December 2023.
ii. Dukes and Nantucket Counties are not currently covered in either One Care or SCO.

B. Bidders may respond to this RFR as follows:

1. A Bidder may submit a Response to be considered for a One Care Plan, or

2. A Bidder may submit a Response to be considered for a Senior Care Options Plan, or

3. A Bidder may submit a Response to be considered for both a One Care Plan and a Senior Care Options Plan.

4. All Responses shall specify the Service Areas (i.e., Massachusetts counties) proposed for One Care coverage, SCO coverage, or both.

5. Service Areas shall only include full counties. Bidders must propose to cover at least two counties for each plan type on which the Bidder is bidding. EOHHS will reject Responses that propose to cover one county and may prefer Responses that propose to cover at least six counties.

C. See also **Section 4.1.B**. If a Bidder submits a Response for both One Care and SCO, EOHHS may select the Bidder as either a One Care Plan, a SCO Plan, or both. Bidders who submit Responses to operate both plan types, shall accept a Contract award for whichever program, or both, EOHHS selects for Contract negotiations.

Bidders may be awarded a One Care or a SCO Contract for all, some, or none of their proposed counties. Bidders selected for Contract negotiations to operate as One Care Plans, SCO Plans, or both, must accept Contract awards for all counties for which they are selected, whether or not they are selected for each county they included in their Response.

Section 3.4 Contract Term and Termination

As a result of this RFR, EOHHS intends to enter into a Medicaid Managed Care Contract with selected organizations to operate One Care Plans, SCO Plans, or both, and to provide Covered Services (**see Appendix C in Attachments A and B**), to Enrollees for an initial five-year Contract term effective January 1, 2026, through December 31, 2030, subject to the conditions set forth in **Sections 5.1 and 5.7 of Attachments A and B**. In addition, EOHHS intends to enter into a separate state-funded Contract with each selected organization for additional services (see **Attachment C**). Selected Bidders shall enter into both Contract agreements for each of One Care and SCO, as applicable, in order to operate a One Care Plan, a SCO Plan, or both. EOHHS may renew the Contracts for up to five years, in any increment. EOHHS reserves the right to further extend the Contracts for any reasonable increment it determines necessary to complete a subsequent procurement. Extensions of the Contracts resulting from this RFR are subject to mutual agreement on terms by both parties, further legislative appropriations, continued legislative authorization, and EOHHS' determination of satisfactory performance.

In addition to termination for cause, the Contract may be terminated if: (1) if the Bidder does not accept EOHHS's rate offer each year; and (2) the implementation of state or federal health care reform initiatives or state or federal health care cost containment legislation, or other relevant changes in state or federal law or policy makes termination of the Contract necessary or advisable, as determined by EOHHS.

Section 3.5 Open Enrollment Procurement

A. This is an open enrollment procurement. EOHHS will accept RFR Responses from any qualified Bidder during any open enrollment period or periods specified by EOHHS throughout the term of the Contracts.

B. If EOHHS, after the initial deadlines for Responses has passed, has not received sufficient Responses, in EOHHS' sole determination, EOHHS may immediately reopen the RFR to accept additional Responses, including but not limited to the following circumstances:

1. EOHHS may reopen the RFR if EOHHS does not receive a sufficient number of qualifying Responses to serve as One Care Plans, SCO Plans, or both, that meet EOHHS' goals as described in **Section 1.3**.

2. EOHHS may reopen the RFR for Bidders from a specific geographic area if EOHHS does not receive a sufficient number of qualifying Responses from Bidders in that area to serve as One Care Plans, SCO Plans, or both to provide sufficient choice or access for Members, in EOHHS' sole determination.

C. If EOHHS or any One Care Plan or SCO Plan terminates any Contract under this procurement for any reason, including due to a One Care Plan's or SCO Plan's inability to successfully complete a Readiness Review, EOHHS, in its sole discretion, may reopen the procurement to accept additional Responses.

D. EOHHS may reopen this RFR for any other reason, to an eligible Bidder pool to be determined by EOHHS, at any other time during the term of the Contract, at its sole discretion.

Such reasons may include but are not limited to the following circumstances:

1. If EOHHS determines that a Contracted organization's Medicare Advantage contract with CMS is at risk or otherwise does not align with the EOHHS requirements upon Contractors to hold aligned Medicare Advantage contracts for each of One Care and SCO;

2. EOHHS may reopen the procurement to accept additional Responses to address insufficient enrollment capacity, geographic coverage, Provider or network access, or other access concerns, or for quality, performance, or financial concerns;

3. If EOHHS determines that contracting with additional One Care Plans, SCO Plans, or both, would benefit Members, including by expanding the set of available One Care Plans, SCO Plans, or both; and

4. EOHHS may reopen this procurement for any other reason.

E. Such eligible Bidder pools may be restricted to entities that hold a Contract as a One Care or SCO Plan and who wish to operate both plan types. EOHHS will provide details regarding Bidder qualifications and related requirements in any such reopening.

Section 3.6 Model Contracts, Payment, and Hospital Contracting

A. Model Contract

Any Bidder that becomes a Contractor shall perform the activities requested in this RFR and set forth in the One Care Program or SCO Program Model Contracts that corresponds to the program for which the Bidder submitted a Response and for which the Bidder was selected by EOHHS. The Model Contracts for the One Care Program and the SCO Program are found at **Attachments A and B** as follows:

1. The Model Contract for the One Care Program (**Attachment A**)

2. The Model Contract for the SCO Program (**Attachment B**)

The Model Contracts contain provisions that may be incorporated into any Contract to be executed between EOHHS and the selected Contractor. EOHHS may modify **Attachments A and B** as it deems necessary prior to the execution of a Contract. These modifications may be necessary, among other reasons, to incorporate any new Medicaid services and other state or federal policy or program updates. Modifications to a Contract after its execution by the parties shall be made only through written, bilaterally executed, amendments.

B. Payment

Payment to Contractors selected pursuant to this RFR will be in accordance with the payment provisions described in the Payment and Financial Provisions section of the appropriate Model Contract. These sections are found at:

1. For One Care, **Section 4 of Attachment A**

2. For SCO, **Section 4 of Attachment B**

EOHHS has provided for reference a draft of an Alternative Payment Methodology (APM) Data Collection Template (**Attachment E**). EOHHS may request or require Bidders selected to enter into contract negotiations with EOHHS to submit Attachment E prior to entering into contracts with EOHHS. **Attachment E** is being provided at this time for informational purposes only and is subject to change. Bidders are not required to submit **Attachment E** with their Response. Encounter Data submitted by currently contracted One Care and SCO Plans will be used as the basis for rate development for CY2026 for One Care and SCO, as otherwise described in **Section 4** of **Attachments A and B**.

C. Hospital Contracting

EOHHS may in its discretion require in the MassHealth Acute Hospital RFA that hospitals contract with a minimum number of One Care Plans and SCO Plans. In such instance, EOHHS may also require that the Contractor include in its Provider Network such hospital(s).

Section 3.7 Bidder Qualifications

To be considered for a Contract award pursuant to this RFR, the Bidder, in addition to all other requirements specified herein, must:

A. Have the capacity and willingness to perform all functions in this RFR and in the appropriate Model Contract (**Attachment A and B** to this RFR);

B. Be located within the United States;

C. Not have, nor may any of the Bidder's Material Subcontractors have, any financial, legal, contractual, or other business interest in EOHHS's enrollment broker, or in such vendor's Material Subcontractors, if any;

D. Not have, nor may any of the Bidder's Material Subcontractors have, any financial, legal, contractual, or other business interest in EOHHS's External Quality Review Organization Contractor, or in such vendor's Material Subcontractors, if any;

E. Currently hold, or be on track to hold by January 1, 2026, a Division of Insurance (DOI) license to operate as a health maintenance organization (HMO) in Massachusetts, consistent with the requirements of 211 CMR 43.00, as required in **Section 2.16.2 of Attachments A and B**;

F. Apply to CMS to operate a Medicare Advantage Special Needs Plan (Parts A, B, and D) for 2026 for persons dually eligible for Medicare and Medicaid for each county in which the Bidder is selected by EOHHS to operate a One Care Plan or to newly operate a SCO Plan; and/or

G. Align an existing SCO Medicare Advantage D-SNP Contract with the counties in which the Bidder is selected by EOHHS to operate a SCO Plan as of 2026, including through a Service Area Expansion or Service Area reduction, as necessary;

H. Not have any knowledge of any reason for which they would be excluded from participation;

I. If the Bidder is submitting a Response for the One Care Program, meet the definition of a One Care Plan as defined in **Section 1 of Attachment A**;

J. If the Bidder is submitting a Response for the SCO Program, meet the definition of a SCO Plan as defined in **Section 1 of Attachment B**; and

K. Not be an excluded individual or entity as described in 42 CFR 438.808(b).

Section 3.8 Post Selection Bidder Requirements

The following applies to Bidders selected to operate a One Care plan, SCO plan, or both, as requirements those selected Bidders must satisfy prior to enrolling any members for coverage on or after the first Effective Enrollment Date (January 1, 2026).

Apply to CMS (or, if eligible, renew an existing SCO contract) to operate a Medicare Advantage Special Needs Plan for persons dually eligible for Medicare and Medicaid and with Medicare Part D authority for each county or region to be served by the Contractor for Contract Year 2026, and not be excluded from holding such contract with CMS.

Demonstrate to EOHHS prior to Medicare Open Enrollment beginning in October 2025 that it has been designated by CMS as a Medicare Advantage Special Needs Plan for persons Dual Eligible for Medicare and Medicaid and with Medicare Part D authority for each county to be served by the Contractor.

Section 4. Response Submission Instructions

Section 4.1 General Response Submission Instructions

A. COMMBUYS Quote Submissions

1. All procurements posted on COMMBUYS (www.commbuys.com), known as Bid Solicitations, require the submission of electronic Responses, known as Quotes. To submit an electronic Quote, Bidders must register and maintain an active COMMBUYS Vendor subscription account. Questions regarding COMMBUYS should be directed to the OSD Help Desk at OSDHelpDesk@mass.gov. Instructions for creating a Quote can be found in the document titled "How to Create a Quote in COMMBUYS" in the list of Job Aids for Vendors found in the Vendor Training Resources Section on COMMBUYS. See **Section 10.4** of this RFR for further information about COMMBUYS.

2. Bidders must submit electronic Quotes on COMMBUYS by the date and time specified in **Section 10.27**. COMMBUYS will not accept submissions after the specified deadline. The Bidder shall comply with all COMMBUYS electronic submission requirements and file size limits. Electronic media submissions, other than the required electronic files submitted via COMMBUYS, such as videotapes, audiotapes, and flash drives will not be accepted. Facsimile and e-mailed Responses will not be accepted.

B. Plan Responses

The Bidder shall submit a single Response. The Bidder's Response shall state clearly whether the Bidder is bidding to operate a One Care Plan, a SCO Plan, or both.

C. Response Components

Each Response shall include:

1. Programmatic Response (**Sections 5, 6, and 7**) as described in **Section 4.3**; and

2. Business Response (**Section 8**) as described in Section **4.4**.

D. Letter of Intent

EOHHS requests that organizations planning to submit a Response to this RFR submit letters of intent (LOIs) by February 29, 2024, for informational and resource planning purposes. LOIs shall specify whether the organization expects to submit a Response to operate a One Care Plan, a SCO Plan, or both. Submission of an LOI is voluntary and non-binding. Failure to submit an LOI will not preclude an organization from submitting a Response to this RFR.

Section 4.2 Organization of Response

A. The Bidder shall submit all required materials, including narratives and attachments as instructed in this **Section 4**; and as further specified in **Section 5, Section 6, Section 7**, and **Section 8** of this RFR. The Bidder must adhere to page limits wherever specified.

B. Each RFR Section specifies whether an attachment is permitted or required. If a certain RFR Section does not specifically permit or require attachments, the Bidder shall submit its response to that Section as a narrative, which shall count toward the page limit applicable to that Section. Attachments and other supporting documentation specifically permitted or required by this RFR are not counted in calculating the Bidder's page limit, unless otherwise specified. **Section 4.3** below includes detailed instructions for grouping Responses for certain sections together, with supplemental information for One Care and SCO bids. Excel templates provided as Attachments to this RFR for submission with the Bidder's Response shall be submitted as Excel documents and organized as attachments; these Excel templates will not count toward the page limit applicable to that Section. Attachments should otherwise be submitted in the format in which the information is requested.

C. Pages submitted beyond the page limits specified in each section may be disregarded by the Evaluation Committee. Attachments are not counted toward the Bidder's page limit, unless otherwise specified.

D. Each Response document shall contain only relevant information that is specific to the topic of that Response document as required by the RFR. Superfluous information may be disregarded.

E. The narrative Section of each document shall be formatted as follows:

1. Typed, single-spaced with at least 6-point spacing between paragraphs in lieu of extra lines (returns).

2. 12-point Arial font, except in tables and graphs, where 10-point font may be used.

3. One inch or greater margins.

4. Numbered pages.

5. Page headers or footers stating the Bidder's Organization name and whether the Response (or Section of Response) is for One Care, SCO, or both.

6. The Bidder shall include a Table of Contents at the beginning of its Response listing all Sections and Subsections by title, and containing page numbers for each Primary, secondary, and tertiary Section of the response (e.g., Section 5.2.A, 5.3.B, etc.).

7. Section headers shall be formatted and navigable via the Navigation Pane for each primary, secondary, and tertiary Section of the Response (**Section 5.2.A., 5.2.B,**

etc.). Headers shall be formatted to allow for navigation via screen reader technology.

8. All tables and graphs or shall use appropriate contrast suitable for reviewers with low-vision and color blindness.

9. All Response documents shall be fully formatted for accessibility, including full compatibility with screen reader technology and the ability to easily enlarge text and graphics/tables to a large print view. EOHHS may consider the submitted Responses that demonstrate reasonable and appropriate accessibility as an indicator of the Bidder's understanding of and commitment to appropriately serving the One Care and SCO populations.

F. The Bidder shall respond to each item in the order in which it appears in the RFR and shall use headings and numbering to match the corresponding Section from the RFR. The Bidder shall also collate materials so that the narrative and attachments are each arranged in the order in which the information is requested. Responses (including narrative and attachments) must be clearly labeled by Section and Subsection number.

G. In the event that a question or item is not applicable to the Bidder, the Bidder shall reference such item number and state "Not Applicable." A Response that fails to reference a question may be rated as "Non-Responsive."

H. For Responses that propose operating both a One Care and a SCO Plan, the Bidder shall clearly label as "One Care" or "SCO" any portions of its Response that apply solely to one plan type or the other. See additional instructions in **Section 4.3**. below.

I. EOHHS assumes no responsibility for knowledge of any material that is not presented in accordance with EOHHS's instructions.

Section 4.3 Programmatic Response Instructions and Requirements

A. The Programmatic Response is made up of three (3) components:

1. Section 5 – Programmatic Response: Program and Policy Elements

2. Section 6 – Programmatic Response: Operational and Technical Elements

3. Section 7 - Programmatic Response: Material Subcontractors

B. The Bidder shall submit all required materials, including narratives and attachments as instructed in this **Section 4**, and as specified in **Section 5**, **Section 6**, and **Section 7** of this RFR.

C. When describing current or prior experience, the Bidder's Response shall include the experience of any proposed Material Subcontractor(s) with which the Bidder expects to contract to support the activity or function in question.

D. The Bidder shall demonstrate to EOHHS in its Programmatic Response its ability to assume all programmatic responsibilities in this RFR and in the appropriate Model Contract (**Attachment A and/or B**) corresponding to the program(s) (i.e., One Care and/or SCO) for which the Bidder's Response is being submitted.

E. Bidders shall further organize their Programmatic Response according to the instructions below, and shall follow any specific instructions in **Sections 5 – 7** of the RFR:

1. Programmatic Responses - Aligned

All Bidders shall submit the specified narratives to address both One Care and SCO together in one document labeled **"Programmatic Responses – Aligned Narrative"** in response to the RFR Sections below.

Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as **"Attachments for Programmatic Responses – Aligned."** Attachments should not be included in the same document as the Aligned Narrative. Attachments may be submitted as separate documents if necessary.

The following sections should be included in the Aligned response:

a. **Section 5.1** – Proposed Coverage

b. **Section 5.2** – Experience, Vision, and Commitment

c. **Section 5.3** – Governance, Contract Management, and Responsiveness

d. **Section 5.4** – Initial Enrollee Engagement

e. **Sections 5.8.A – D** – in Continuity of Care

f. **Sections 5.9.A – E** – in One Care and SCO Services

g. **Section 5.10** – Coverage Scope and Processes

h. **Section 5.11** – Appeals & Grievances

i. **Section 5.12** – Health Equity

j. **Section 6 –** Programmatic Responses: Operational and Technical Elements **(**in its entirety)

k. **Section 7** – Programmatic Responses: Material Subcontractors *(Note that no response to Section 7.1 of this RFR (Instructions) is necessary. Responses to Subsection 7.3.C (ASAPs; SCO Only) should be included in this Aligned Response Section.)*

2. **Programmatic Responses – One Care Supplement**

   Bidders for One Care shall submit the sections below specific to their proposed One Care Plan in a document labeled **"Programmatic Responses – One Care Supplement Narrative."**

   Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as **"Attachments for Programmatic Responses – One Care Supplement**." Attachments should not be included in the same document as the One Care Supplement Narrative. Attachments may be submitted as separate documents if necessary.

   The following sections should be included in the One Care Supplement:

   a. **Section 5.5** – Care Delivery Requirements (in its entirety)

   b. **Section 5.6.**– in Care Coordination/Care Management Activities **(Subsections 5.6.A; 5.6.C – 5.6.G)**

      i. *Mark **Subsection 5.6.B** as "N/A" (SCO Only)*

      ii. *Mark **Subsection 5.6.F.10** as "N/A" (SCO Only)*

   c. **Section 5.7.A** – LTS Coordinators (One Care Only)

   d. **Section 5.8.E** – Transportation (One Care Only)

   e. **Section 5.9** in One Care and SCO Services **(Subsections 5.9.F – 5.9.I)**

      i. *Mark **Section 5.9.J** – as "N/A" (SCO Only)*

   f. **Section 5.13** – in Enrollee Scenarios:

      i. **Scenario A**: Miguel (One Care Scenario #1)

      ii. **Scenario C**: Kathy (One Care Scenario #2)

3. **Programmatic Responses – SCO Supplement**

   Bidders for SCO shall submit the sections below specific to their proposed SCO Plan in a document labeled **"Programmatic Responses – SCO Supplement Narrative**."

   Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as **"Attachments for Programmatic Responses – SCO Supplement**."

Attachments should not be included in the same document as the SCO Supplement Narrative. Attachments may be submitted as separate documents if necessary.

The following sections should be included in the SCO Supplement:

a. **Section 5.5** - Care Delivery Requirements (in its entirety)

b. **Section 5.6** - Care Coordination/Care Management Activities **(Subsections 5.6.B – 5.6.G)**

   i. *Mark **Subsection 5.6.A** as "N/A" (One Care Only)*

   ii. *Mark **Subsection 5.6.D.1.iii.** as "N/A" (One Care Only)*

c. **Section 5.7.B** – GSSCs (SCO Only)

d. **Section 5.8.F** – Transportation (SCO Only)

e. **Section 5.9** - One Care and SCO Services **(Subsections 5.9.F – 5.9.H; 5.9.J)**

   i. *Mark **Section 5.9.I** – as "N/A" (One Care Only)*

f. **Section 5.13** – in Enrollee Scenarios:

   i. **Scenario B**: Joy (SCO Scenario #1)

   ii. **Scenario D**: Lyle (SCO Scenario #2)

F. Any Bidder that cannot satisfy the Contract requirements relating to a specific submission requirement at the time of its RFR submission shall submit in its RFR Response:

1. The information or materials required as part of the specific submission requirement, to the extent possible.

2. A proposal describing how the Bidder shall satisfy the Contract responsibilities by the Operational Start Date. Such proposal shall be counted towards the page limitations for the applicable Section and must include:

   a. A brief description of the activities to be completed,

   b. An overview of the dedicated resources and persons responsible for completing such activities, and

   c. A timeline of activities to be completed.

Section 4.4 Business Response Requirements

A. The Bidder shall submit all required materials, including narratives and attachments as instructed in this **Section 4**, and as specified in **Section 8**: Business Response of this RFR.

B. Bidders shall further organize their Business Response according to the instructions in **Sections 4.4.B.1 - 3** below, and shall follow any specific instructions in **Section 8** of the RFR:

1. **Business Response - Aligned**

   All Bidders shall submit narratives for **Sections 8.1 – 8.7** of the Business Response to address both One Care and SCO together in one document labeled as **"Business Response – Aligned Narrative**.

   Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as "**Attachments for Business Response – Aligned**." Attachments should not be included in the same document as the Aligned Narrative. Attachments may be submitted as separate documents if necessary.

2. **Business Response – One Care Supplement**

   Bidders for One Care shall submit in a separate document labeled **"Business Response – One Care Supplement"** their narrative responses to **RFR Sections 8.8 – 8.10** specific to their proposed One Care Plan.

   Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as "**Attachments for Business Response – One Care Supplement**." Attachments should not be included in the same document as the Business One Care Supplement Narrative. Attachments may be submitted as separate documents if necessary.

3. **Business Response – SCO Supplement**

   Bidders for SCO shall submit in a separate document labeled **"Business Response – SCO Supplement"** their narrative responses to **RFR Sections 8.8 – 8.10** specific to their proposed SCO Plan.

   Attachments indicated in these sections shall be organized together, ordered, clearly indicate the corresponding RFR Section number, and labeled as "**Attachments for Business Response – SCO Supplement**." Attachments should not be included in the same document as the Business SCO Supplement Narrative. Attachments may be submitted as separate documents if necessary.

Section 5. Programmatic Response: Program and Policy Elements

The Bidder's programmatic Response shall demonstrate the Bidder's understanding of, respect for, and commitment to advancing EOHHS' aims and procurement goals, as described in **Section 1.3** of this RFR.

Section 5.1 Proposed Coverage

(Complete and Submit Templates as attachments)

A. Proposed Program(s)

1. Using the Program(s) template (**Attachment D, Exhibit 5.1.A**), state whether the Bidder proposes to operate:

   a. A One Care Plan,

   b. A SCO Plan,

   c. Both a One Care Plan and a SCO Plan.

2. If the Bidder proposes to operate both Plans, the Bidder shall state whether the Bidder's proposed Service Areas for One Care and SCO are the same or different.

B. Service Area

Bidders may bid on full county coverage only and must include at least two (2) counties per program. The Bidder shall complete the Service Area template (**Attachment D, Exhibit 5.1.B**) to indicate which Massachusetts counties the Bidder proposes to include to make up its Service Area for One Care, SCO, or both (as applicable).

C. Enrollment Projections

The Bidder shall:

1. For One Care, SCO, or both (as applicable), complete the Projected Enrollment template (**Attachment D, Exhibit 5.1.C**) to indicate projected enrollment in each county at the end of each year for Year 1 (December 2026) through Year 5 (December 2030).

2. For One Care, SCO, or both (as applicable), complete the template to indicate the Bidder's maximum capacity to accept enrollments by the end of Year 1 (December 2026), and by the end of Year 2 (December 2027).

3. For One Care, SCO, or both (as applicable), complete the template to indicate the number of Average Members projected to be enrolled with the plan for each Contract Year. Note that this average member number shall be used to inform financial projections in **Section 8.4** of the Business Response for each product.

Bidders proposing to operate both a One Care Plan and a SCO Plan shall complete and submit **Attachment D, Exhibit 5.1.C.** separately for each program.

Section 5.2 Experience, Vision, and Commitment

(Not to exceed 3 pages)

A. Background and Experience

The Bidder shall:

1. State the reasons the Bidder is proposing to operate a One Care Plan, a SCO Plan, or both (as applicable), and the Bidder's reasons for wanting to serve MassHealth Members as a One Care Plan, a SCO Plan, or both (as applicable).

2. If the Bidder is currently contracted with EOHHS as a One Care Plan, describe:

   a. Its evaluations and lessons learned from serving as a One Care Plan, including specific insights about operating One Care as a MMP under the Duals Demonstration; and

   b. How such lessons and evaluation will inform the Bidder's overall strategy for operating a One Care Plan if selected through this RFR.

3. If the Bidder is currently contracted with EOHHS as a SCO Plan, describe:

   a. Its evaluations and lessons learned from its participation under the current SCO Contract; and

   b. How such lessons and evaluation will inform the Bidder's overall strategy for operating a SCO Plan if selected through this RFR.

4. If the Bidder is not contracted with EOHHS as a One Care or SCO Plan, describe what other experiences the Bidder would use to inform how it will meet EOHHS' expectations for operating a One Care Plan, a SCO Plan, or both, in Massachusetts. Responses should focus on experience with managed long-term services and supports (MLTSS); managed Behavioral Health care; comprehensive Medicaid managed care products (e.g., scope includes acute and medical, BH, and LTSS); managed care products serving Dual Eligible individuals; and operating Medicare-Medicaid Plans or Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) in other states.

B. Vision Alignment

The Bidder shall describe how the Bidder's vision and strategy for its proposed One Care Plan, SCO Plan, or both, align with EOHHS's goals and philosophy. Specifically describe how the Bidder proposes to implement and operate Plans that:

1. Provide person-centered care;

2. Identify and address health disparities;

3. Improve health equity and quality outcomes; and

4. Enhance quality of life for individuals with disabilities and older adults.

Section 5.3 Governance, Contract Management, and Responsiveness

(Not to exceed 6 pages)

A. Consumer Participation in Governance

The Bidder shall:

1. Describe how the Bidder will implement and engage with the Consumer Advisory Board for One Care, SCO, or both (as applicable), as required in **Section 2.3.1.1.3** of **Attachments A and B**. Specifically, the Bidder shall provide the following information:

    a. How the Bidder will encourage participation in and engage One Care and/or SCO Enrollees and their representatives or family members in the Consumer Advisory Board(s) for each of One Care and SCO;

    b. How the Bidder will ensure the Consumer Advisory Board(s) for each of One Care and SCO meets the requirements of both 42 C.F.R. § 438.110 (Medicaid Member Advisory Committee) and 42 CFR 422.107(f) (Medicare Enrollee Advisory Committee), as required in **Section 2.3.1.1.3. of Attachments A and B**;

    c. Specific strategies, supports, and accommodations the Bidder will promote and provide to encourage and facilitate meaningful participation of individuals with disabilities, older adults, and individuals needing accessibility accommodations in the Consumer Advisory Board(s) activities;

    d. What procedures the Bidder will create for the Consumer Advisory Board to provide routine input to the Bidder;

    e. How the Bidder will ensure ongoing, substantive participation of the Consumer Advisory Board members and other Consumer Advisory Board participants in the Bidder's governance structure;

    f. How the following staff will engage with and apply Consumer Advisory Board feedback into policies and procedures within their areas of accountability, as required in **Section 2.3.1.2 of Attachments A and B**:

        i. The Bidder's accountable designee for Utilization Management, as described in **Section 2.10.12** of **Attachments A and B**;

ii. The Bidder's Accessibility and Accommodations Officer, as described in **Section 2.3.1** and **2.10.8** of **Attachments A and B**; and

iii. Other staff the Bidder designates to engage with the Consumer Advisory Board(s) as described in **Section 2.3.1.1.3** of **Attachments A and B**.

g. A description of how the Bidder's leadership, other Key Personnel, and Governing Board (if applicable) solicit, consider, and are responsive to concerns, recommendations, and issues of importance from its Consumer Advisory Board(s) in each of the Bidder's One Care Plan, SCO Plan, or both; and

h. Two brief examples of how the Bidder has created and interacted with similar Consumer advisory bodies in the past, including lessons learned about how to ensure successful implementation of such boards.

2. Describe additional strategies the Bidder will use to engage with and to intentionally seek input and feedback from One Care Enrollees, SCO Enrollees, their representatives, and their family members.

3. Describe the Bidder's commitment to meaningful engagement with, and as requested, participation in, the One Care Implementation Council, including how it plans to convey input from the Implementation Council to the Bidder's governance structure, and how it shall assess whether any policy, procedural reviews, or other changes are needed as a result of such input.

4. Describe the Bidder's strategy to convey insights learned from engagement with My Ombudsman on Enrollee concerns to the Bidder's governance structure, and how it shall assess whether any policy, procedural reviews, or other changes are needed as a result of such input.

5. Describe two specific instances when the Bidder has changed its policies or procedures in response to input from Enrollees.

B. Contract Management

1. The Bidder shall describe how it will ensure responsiveness to EOHHS' requests and contract management as required in **Section 2.3.2** of **Attachments A and B**, including:

a. Providing timely documentation and analyses related to the Bidder's performance and compliance under the Contract(s);

b. The Bidder's experience producing, analyzing, and reporting on its quality and performance;

c. Processes the Bidder will employ to use performance and quality data to identify gaps in and revise policies and procedures to improve outcomes,

member experience, and alignment with EOHHS goals for One Care, SCO, or both; and

d. The Bidder's commitment to working with EOHHS to evaluate and improve the Bidder's performance under the Contract(s).

2. In addition to adhering to the instructions in **Section 4.3.F** of this RFR for each part of the Programmatic Response, provide a work plan that identifies all Contract requirements that the Bidder does not currently meet as of the submission date of its Response to this RFR, and a timeline indicating when each shall be met by the Contract Operational Start Date, consistent with the Readiness Review elements described in **Section 2.2** of **Attachments A and B**.

C. Local Control

The Bidder shall:

1. For each key team or unit involved in performing the Bidder's activities under the Contract (as depicted in the Organization Chart submitted in response to **Section 8.8.A**.), provide a brief description of:

   a. Team or Unit work:

      i. The role the team or unit plays;

      ii. The operating activities for which it is accountable; and

      iii. The way the team or unit reports to and informs decisions by operating leadership.

   b. Massachusetts Resources:

      i. The number of individuals and percent of the team or unit that are located within Massachusetts; and

      ii. For any Massachusetts-based teams or units that include individuals who conduct their work from outside of Massachusetts, identify for that subset of individuals the percentage of their time allocated to Massachusetts product(s), corporate (centralized) functions, and activities in other states (e.g., MA: 85%; corporate: 10%; other states: 5%).

2. Describe how any centralized business functions or other functions that are managed outside of Massachusetts report into and are accountable to local leadership for each of One Care and SCO (as applicable).

3. Describe the Bidder's strategy and commitment to reinvest (through financial, in-kind, or other community participation) locally in Massachusetts.

4. Describe how the Bidder will ensure awareness of and rapid responsiveness to local issues and needs.

5. State the percentage of the Bidder's care coordination staff and Contractor FTEs that will be located within or close enough to Massachusetts to regularly engage in-person with Enrollees.

6. If the Bidder proposes that a single individual perform more than one of the Key Personnel roles described in **Section 2.3.1.2.2** of the Model Contracts, the Bidder shall provide the information requested below. Bidders should address both multiple Key Personnel roles performed by a single individual for the same Contract and Key Personnel roles performed by a single individual for both a One Care and SCO plan, as applicable.

    a. List the proposed dual roles, specifying whether the dual role would be within the same One Care or SCO plan, for both One Care and SCO, or a combination.

    b. For each such dual role, describe how the Bidder will ensure appropriate attention, resourcing, and expertise will be provided for both roles or both programs.

Section 5.4 Initial Enrollee Engagement

(Not to exceed 4 pages)

The Bidder shall describe:

A. The Bidder's staffing model and volume assumptions, including for any Material Subcontractors, for initiating contact with new Enrollees as described below.

B. The Bidder's process to identify Enrollees' communication and accessibility needs in advance of the initial contact. The process description shall speak to how information is collected, documented, and acted upon, and in what time frames.

C. The Bidder's process for how and within what period of time it will contact all new Enrollees to conduct the following activities, including how the results of such activities shall be documented:

    1. Welcoming the Enrollee to the Plan; and

    2. Providing Enrollee communications in all primary languages, Alternative Formats, and communication mode preferences, including for standing requests.

D. How the Bidder will ensure any services needed to assure the Enrollee's health, safety, and well-being are authorized and delivered, including:

    1. Identifying the Enrollee's current Providers;

2. Ensuring ongoing access to existing services; and

3. Triaging of any immediate unmet needs, including identifying the Enrollee's housing situation.

E. How the Bidder documents an Enrollee's current PCP or selection of a new PCP, including the information and guidance that will be provided to Enrollees to facilitate their choice of PCP.

F. The Bidder's process for identifying care team participants, including key Providers, designated care coordination staff (a Care Coordinator or Clinical Care Manager and an LTS Coordinator in One Care; a GSSC and/or RN for SCO), and others the Enrollee requests for the care team, and for including input from such individuals in the assessment and care plan development processes.

G. How the Bidder will schedule and prepare for a face-to-face contact with the Enrollee to conduct the Comprehensive Assessment (**Section 2.5.1**. of **Attachments A** and **B**), and, as applicable, the Assessment for Rating Category Assignment (**Section 2.5.2.** of **Attachments A and B**), including how the Bidder will:

1. Identify Interdisciplinary Care Team members and anyone else the Enrollee would like present for the Comprehensive Assessment;

2. Arrange meetings to facilitate the participation of others as requested by the Enrollee; and

3. Arrange for interpreters and/or other communication and accessibility accommodations necessary for the Enrollee to fully participate in their Assessments.

H. How the Bidder will tailor these processes for individuals in each of the groups below. Include examples of challenges and successes the Bidder has experienced in working with such individuals previously:

1. Individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD);

2. Individuals with Intellectual or Developmental Disabilities (ID/D);

3. Individuals with Autism;

4. Individuals who are hospitalized or in an inpatient stay;

5. Individuals with Alzheimer's or Dementia;

6. Individuals with no or limited phone access; and

7. Individuals who are homeless.

I. The Bidder's processes and strategies to continue to try to establish contact and engage with Enrollees the Bidder is initially unable to locate or engage. Include

examples of any challenges and successes the Bidder has experienced in working with such Enrollees previously.

Section 5.5 Care Delivery Requirements

(Not to exceed 10 pages for both Comprehensive Assessment and ICP)

The Bidder shall describe how it will satisfy the Care Delivery requirements of One Care, SCO, or both (**Section 2.7 of Attachments A and/or B).**

A. Comprehensive Assessment

The Bidder shall:

1. Briefly describe the Bidder's experience assessing similar Medicaid or Dual Eligible populations, including:

    a. Current or previous (last 5 years) success rate in obtaining timely assessments, the associated volume of individuals to be assessed, and the time period for completing the assessment;

    b. Challenges associated with completing assessments; and

    c. Initiatives undertaken to improve assessment completion experiences, completion rates, and/or timeliness.

2. Submit (as an attachment) a copy of the Bidder's Comprehensive Assessment tool that complies with **Section 2.5.1 of Attachments A** and **B**.

3. Describe how the Bidder will concurrently align the Comprehensive Assessment with the Assessment for Rating Category Assignment as directed in **Section 2.5.1 of Attachments A and B**, and how the aligned process may differ from the process for conducting the required assessments individually.

4. Summarize the policies, procedures, and other relevant information that demonstrate how the Bidder will provide a person-centered assessment experience for Enrollees.

5. Describe how the Bidder will ensure Enrollees are able to participate in the assessment process. Include how the Bidder will determine situations in which face-to-face or in-person assessments will be offered, in accordance with **Section 2.5.1.2.3 of Attachments A and B.**

6. Describe the Bidder's process and staffing plans for completing timely assessments, and for ensuring assessments are informed by at least one in-person meeting or conducted in-person, as indicated in **Section 2.5.1 of Attachments A and B**. Specifically, Bidders shall describe:

a. Which individuals will conduct assessments, including Plan-employed vs. contracted status, role type, and by license types;

b. Employed, individually contracted, or provided through a vendor(s) specifically for this purpose;

c. Any additional functions assessors will perform beyond assessment completion;

d. The assumed volume of assessments completed per month and in aggregate over the first 6 months of the Contract period;

e. The length of time to complete assessments;

f. Travel time for assessors;

g. Assumptions for location of assessment;

h. Approach for using in-person engagement to inform assessments,

i. Standards for follow-up or additional engagement needed (e.g., facilitating video plus audio virtual engagement, etc.); and

j. Additional narrative to explain any of the above details (if necessary).

7. If the Bidder uses a Material Subcontractor(s) or delegated care management arrangement, such as Health Homes, contracted care management, etc., for assessment and care plan functions, describe how the Bidder ensures that the Comprehensive Assessment is appropriately conducted, centrally documented, and shared.

8. For Enrollees with BH and/or LTSS needs, describe the Bidder's plan for assessing the following, as appropriate:

   a. The Enrollee's interest in and understanding of self-directed supports and their rights and responsibilities, including responsibilities associated with self-direction of their care;

   b. The Enrollee's expressed goals, and how services, supports, and treatment can support the Enrollee's goals;

   c. The Enrollee's preferences regarding privacy, services, formal or informal caregivers, daily routine, and living situation; and

   d. Risk factors for Abuse and neglect in the Enrollee's personal life to ensure safety without compromising the Enrollee's autonomy.

9. Beyond the primary assessor, describe the roles and responsibilities of Care Coordinators, LTS Coordinators/GSSCs as appropriate, and of other relevant care team members, in completing the Enrollee's person-centered Comprehensive

Assessment. Include the process for completing the assessment and the inputs and responsibilities for each team member.

10. Describe any modifications to the Comprehensive Assessment tool and processes for Enrollees residing in nursing facilities and other inpatient settings, including how the Bidder will identify Enrollee preferences and goals for what setting they reside in, and plan for Enrollee's transition to the community as appropriate.

B. Individualized Care Plans

The Bidder shall:

1. Describe how the Bidder will ensure each Enrollee is able to participate in developing, updating, and approving their Care Plan through a person-centered planning process, including the provision of any accommodations, communication access, or other language/interpretation services necessary for the Enrollee to fully engage. Include how the Bidder will determine situations in which face-to-face or in-person meetings will be offered, as required by **Section 2.5.3 of Attachments A and B**.

2. Describe the Bidder's process for involving the Enrollee's Primary Care Provider (PCP) or their designee in the creation of the Member's Care Plan, including intaking any treatment plans.

3. Describe the Bidder's process for ensuring that the Care Plan is shared with Providers involved in the Enrollee's care team and documented in the Enrollee's medical record.

4. Describe how the Bidder will ensure the Enrollee and their needs, preferences, and goals provide direction and purpose in developing and updating the Enrollee's Individualized Plan of Care, including:

    a. Prioritizing and addressing the Enrollee's goals, strengths, and concerns; and

    b. Communicating appropriate and available service options, specialists, social supports, and alternative courses of care, including self-directed service options and supports.

5. Describe how, at the Enrollee's discretion, the Bidder will involve family members and social supports in care planning.

6. Describe how the Bidder will clearly inform the Enrollee of their rights, options, and available services during care planning, including:

    a. Services with a recovery orientation or that support independent living, if appropriate;

    b. Opportunities for educational and vocational activities, and supports available to improve Enrollee access and capacity to pursue such activities; and

c. How coordination of care across Providers, types of care, care settings, and BH, and LTSS will be accomplished.

7. Describe the Enrollee's rights regarding the sharing of personal health information, and how the Bidder will ensure that the Enrollee's preferences are supported.

8. Describe the Bidder's process for obtaining Enrollee approval of their ICP and summarize the Bidder's processes when the Enrollee does not approve the ICP, including documentation, providing appeal rights, service authorization actions, and how the Bidder will work through changes with the Enrollee to address the Enrollee's concern(s).

9. Describe how the Bidder will incorporate approaches and services in Enrollees' ICPs with the intention of reducing barriers to forming and maintaining community connections and to reduce social isolation, including through the provision of DME, Non-Medical Transportation services, and Flexible Benefits.

10. For each of the Enrollee Scenarios (**Section 5.13**) the Bidder answers, **submit as attachments** a model care plan for the hypothetical Enrollee that demonstrates the Bidder's capability to provide person-centered ICPs as described in this Section.

Section 5.6 Care Coordination/Care Management Activities

(Not to exceed 20 pages total)

A. Care Coordinator Roles (One Care Only) **(Not to exceed 2 pages)**

The Bidder shall:

1. Describe the minimum required license(s) and/or credential(s) for the Care Coordinator and Clinical Care Manager roles described in **Section 2.6.1.** of **Attachment A.**

2. Provide a crosswalk from the required care coordination roles (Care Coordinator and Clinical Care Manager described in **Section 2.6.1** of **Attachment A**) to the Bidder's proposed care coordination roles and structure.

3. Describe the scope of responsibility and any discretion to order or authorize services, for each of the following:

   a. Care Coordinators;

   b. Clinical Care Managers; and

   c. LTS Coordinators (One Care).

4. Describe any additional criteria (i.e., broader than the minimum requirements in **Section 2.6.1 of Attachment A**) the Bidder would use to identify Enrollees that should be assigned to a Clinical Care Manager.

B. Care Coordination Roles (SCO Only) **(Not to exceed 2 pages)**

The Bidder shall:

1. If applicable, describe any additional minimum licensure requirements (beyond Registered Nurse/RN) and/or credential(s) for the RNs employed by or contracted with the SCO Plan that are providing care coordination for SCO Enrollees as described in **Section 2.6.1.** of **Attachment B**.

2. Describe any additional groups of Enrollees (beyond those Enrollees receiving LTSS) for which the Bidder elects to provide care coordination through a SCO RN or an assigned GSSC.

3. Describe the Bidder's plan to assign a SCO RN for care coordination for any Enrollees that also have an assigned GSSC.

4. Describe the scope of responsibility and any discretion to order or authorize services, for each of the following:

   a. RNs employed by or contracted with the Plan for care coordination;

   b. Any other staff or roles with similar responsibilities and/or discretion.

C. Care Coordination Resources (*All Responses*)

The Bidder shall:

1. Describe the Bidder's process to assign each Enrollee a care coordinator, including how the Enrollee's specific needs and clinical or functional concerns will be used to match Enrollees with the care coordinator experience and expertise.

2. For each care coordination role in the Bidder's proposed model(s), describe care coordinator to Enrollee ratios, including target ratios and ranges around such targets.

3. Describe how the Bidder will monitor and manage care coordinator-to-Enrollee ratios, workload, and timely and effective completion of administrative, clinical, and complex care management tasks, as applicable. Specify how these monitoring and management approaches will ensure care coordination staff capacity for Enrollee relationship building and in-person Enrollee engagement (as appropriate or required).

4. Describe specific strategies to monitor, prevent, and reduce care coordination staff turnover.

5. Describe the Bidder's process for an Enrollee to request a different care coordinator, including how the Bidder will evaluate and act upon change requests. Disclose any reasonable limitations the Bidder would apply to such requests.

D. Care Coordination and Care Management Requirements

1. For each set of the required Care Coordination activities described in **Section 2.6.1. of Attachments A and B**, specifically:

    i. Administrative Requirements (**Section 2.6.1.4**.),

    ii. Clinical Requirements (**Section 2.6.1.5**), and

    iii. Additional Clinical Requirements for Enrollees with Complex Care Needs (**Section 2.6.1.6 of Attachment A**) (One Care Only),

    The Bidder shall describe:

    a. The staff or contracted resources that will perform each set of functions, including minimum license(s) and credential(s) requirements of such staff;

    b. The scope of responsibility (e.g., administrative, clinical, and other functions) for these staff/contractors;

    c. How these staff/contractors will be integrated with any other care coordination staff/contractors conducting other care coordination administrative or clinical elements;

    d. Supervision and reporting structure, up to and including Key Personnel; and

    e. Caseload expectations, including any criteria for applying various caseload ranges.

2. Describe how the above staff/contracted roles will interact with Enrollees, Care Teams, and other internal business units (e.g., units responsible for authorizing services, Utilization Management, and appeals), as applicable.

3. Describe how the Bidder will ensure clear communication and effective coordination with Providers regarding Enrollees' care,

4. Describe how the Bidder will integrate the LTS Coordinator and GSSC (as applicable) into care coordination processes and activities.

E. Care Teams

The Bidder shall:

1. Describe how the Bidder will assemble and convene Care Teams to support person-centered care planning consistent with the Enrollee's needs and at their discretion, as required in **Section 2.6.2. of Attachments A and B**.

2. Provide a summary of written protocols the Bidder will use to ensure effective communication among Care Team members, including the Enrollee, to ensure all team members:

a. Are informed and inform other team members of the Enrollee's goals, concerns, and changes in medical, functional, behavioral, and social conditions and needs;

b. Obtain timely and pertinent input from other team members, Enrollees, Providers, and other caregivers as applicable;

c. Document changes in an Enrollee's status, needs, and ordered or requested services; and

d. Have ongoing access twenty-four (24) hours per day to the Enrollee's medical record.

3. Describe how the Bidder will compensate participating Providers for the time they spend communicating or meeting with Care Team members, providing input in the Care Plan, or otherwise supporting Care Team activities.

4. Describe how Care Teams make decisions and how they will reconcile conflicting recommendations.

5. Describe the Bidder's process and oversight functions to educate all personnel, including, at a minimum, PCPs, Care Coordinators, and LTS Coordinators (One Care) or GSSC (SCO), on how to access and use the Centralized Enrollee Record, documentation requirements within the Centralized Enrollee Record, and how to contact all members of the Care Team.

6. Describe the Bidder's process to include family members, caregivers, advocates, and others as directed by the Enrollee in the Enrollee's Care Team.

F. Care Transitions and Discharge Planning

The Bidder shall:

1. Describe the Bidder's Discharge Planning and care transitions processes as required in **Section 2.6.3 of Attachments A and B**, including the roles and responsibilities of those involved, how they will communicate, how they will track and ensure completion of necessary activities, and who is overall accountable for ensuring a timely and effective transition. Include roles and responsibilities of:

a. The Enrollee's care team members, Providers, care coordinators, and LTS Coordinators (One Care) or GSSCs (SCO) if applicable;

b. Business units and staff responsible for related business processes (e.g., Prior Authorization, Utilization Management, etc.);

c. Facility-based Discharge Planning staff; and

d. If applicable, any Material Subcontractors responsible for these functions.

2. Describe how the Bidder will:

    a. Assess the Enrollee's post-discharge/post-transition needs and prioritize the Enrollee's preferences, including regarding caregiver supports;

    b. Identify and present post-discharge setting and service options to the Enrollee;

    c. Develop an appropriate discharge plan; and

    d. Document and reflect these elements in updates to the Enrollee's assessments (as specified in **Section 2.5.1**. **and 2.5.2. of Attachments A and B**) and Care Plan.

3. Describe how information about Enrollee admissions, discharges, and other care transitions are communicated to the Enrollee's Providers, care team members, and as appropriate, to other agencies serving the Enrollee. Specify any centralized IT system or Centralized Enrollee Record (CER) information sharing, electronic alerts, or other communications, including how timely such information is made available.

4. Describe how the Bidder will ensure Behavioral Health Services are coordinated with an Enrollee's PCP and other Providers for effective treatment and Discharge Planning.

5. Describe specific protocols or procedures for urgent or otherwise time-sensitive transitions, including how such transitions are prioritized and expedited.

6. Describe the Bidder's strategy to assist hospitals in identifying and addressing Enrollee barriers to discharge and aftercare, including for:

    a. Acute inpatient hospital discharge; and

    b. Acute psychiatric hospital discharge.

7. Describe how the Bidder will ensure timely availability and readiness of the setting to which an Enrollee discharges or transitions, including to:

    a. In-home services;

    b. Outpatient services;

    c. Residential service settings;

    d. Inpatient services; and

    e. Nursing Facilities, including for short-term rehabilitation services.

8. For transitions to home and community settings, including the Enrollee's residence, describe how the Bidder will:

    a. Ensure appropriate housing;

b. Arrange for services typically provided in an outpatient setting to be provided in the Enrollee's residence (e.g., "hospital at home," Primary Care home visits, therapies, etc., home health, grocery delivery or meals/meal prep, etc.);

c. Identify, arrange, authorize, and ensure timely provision of medical equipment and assistive technology, and of other services and supports needed to return home (e.g., Home Health, grocery delivery or meals/meal prep, etc.);

d. Assess the availability of caregiver support and limitations; and

e. Address barriers that would prevent or otherwise risk a successful, timely community transition.

9. Describe the Bidder's process and standards for following up with Enrollees post-discharge.

10. Transitional Assistance (SCO Only): Describe how the Bidder will use Transitional Assistance Services (SCO: **Attachment B, Appendix C, Exhibit 3**) to improve the quality, timeliness, and success of Enrollee discharges and transitions.

G. Coordinating Care with State and Federal Agencies, and Community Organizations

The Bidder shall:

1. Confirm that the Bidder has executed contracts with all DMH and DPH inpatient hospitals, outpatient hospitals, and community mental health centers for dates of service beginning in 2026, as required in **Sections 2.8.1 and 2.9.3.2 of Attachments A and B**. For any DMH and DPH Provider contracts not yet executed, the Bidder shall attest that such contracts will be executed for coverage beginning January 1, 2026, prior to the Bidder's Medicare network submission in early 2025, and shall specify the target signing date.

2. Briefly describe experience the Bidder has working with state agencies with which Enrollees may be affiliated, in particular those agencies listed in **Section 2.6.4.1**. **of Attachments A and B** (e.g., DDS, DMH, DPH/BSAS, MCB, MCDHH, MRC, EOEA, etc.).

3. Describe the Bidder's processes to ensure timely, relevant, and effective bi-directional communication and coordination with applicable state, federal, and community agencies, including to support care transitions.

4. Describe how the Bidder will oversee these relationships and ensure staff are coordinating and/or providing services for Enrollees as needed.

Section 5.7 Long-term Supports Coordinators (LTS Coordinators) and Geriatric Support Services Coordinators (GSSC)

Bidders applying to operate a One Care Plan shall respond to the questions in **Section A**. Bidders applying to operate a SCO Plan shall respond to the questions in **Section B**. Bidders

applying to operate both a One Care Plan and a SCO Plan shall respond to the questions in both **Section A** and in **Section B**. Page limits apply individually to each of **Section A** and **Section B**.

A. Long-term Supports Coordinators (LTS Coordinators) (One Care Only)

(Not to exceed 5 pages)

The Bidder shall:

1. List the Community-based Organizations (CBOs) (a) with which the Bidder has executed contracts, and (b) with which the Bidder expects to contract to provide access to LTS Coordinators for One Care Enrollees. In its Response, the Bidder shall include the CBO type (e.g., Independent Living Center (ILC), Aging Services Access Point (ASAP), Recovery Learning Community (RLC); other (describe)). The Bidder shall specify the capacity of each CBO to provide LTS Coordinators that can address LTSS and/or BH needs.

2. List the compensation approaches the Bidder is using to contract with CBOs (e.g., capitation, Alternative Payment Methodologies, fee schedules, adjusters for service intensity, frequency, expertise, etc.).

3. Describe the Bidder's proposed:

    a. LTS Coordinator staffing plan;

    b. Projected caseload per LTS Coordinator;

    c. Contract mechanisms the Bidder has with CBOs to adjust LTS Coordinator resources and capacity based on demand;

    d. Oversight structure from the Bidder, including accountable personnel, to monitor and enforce performance expectations with the CBO; and

    e. Minimum Qualifications and Job Description (submit as an attachment).

4. Describe the process the Bidder will use to connect Enrollees to an LTS Coordinator. Specify:

    a. How Enrollees will be informed about the role of an LTS Coordinator, including the LTS Coordinator's role in the Comprehensive Assessment process and on the ICT;

    b. How the Bidder will document the Enrollee's interest in having an LTS Coordinator (e.g., the Enrollee's response);

    c. The Bidder's process to facilitate connection and ongoing access to an LTS Coordinator per the Enrollee's preferences; and

    d. Any authorization or payment process elements.

5. Describe how the Bidder will make LTS Coordinators available to participate in Comprehensive Assessments, care plan development, and Care Teams on an ongoing basis and during transitions in care.

6. Describe the process for an Enrollee to change their LTS Coordinator if different expertise is needed or the Enrollee requests a change, and how this process is communicated to Enrollees.

7. Describe how services recommended by the LTS Coordinator will be ordered, authorized, and provided to the Enrollee. The Bidder shall specify any of these functions delegated to the LTS Coordinator, and other processes the LTS Coordinator will follow to ensure the Enrollee receives the recommended services.

8. Describe the roles that LTS Coordinators will play in communicating and coordinating with Providers and/or State agencies involved with the Enrollee.

9. Describe how the Bidder will work with the Implementation Council, the Bidder's One Care Consumer Advisory Board, My Ombudsman, and other stakeholders to identify and implement best practices for promoting effective LTS Coordinator engagement.

10. Attest that the Bidder will not contract with any CBO for the provision of LTS Coordinators to its One Care Enrollees, except as permitted in **Section 2.6.1.7 of Attachment A**. If the Bidder will seek a waiver of the Provider exclusion for any CBO, the Bidder shall provide an explanation including the organization name, description of the element in conflict that the Bidder is seeking to waive, and the Bidder's reason for seeking a waiver.

11. Attest that the Bidder will not use time-limited authorizations, Rating Category assignment, or service utilization criteria in any way that may limit Enrollee access to an LTS Coordinator.

12. Attest that the Bidder will ensure LTS Coordinators have training and/or experience in:

    a. Service needs of individuals who are Deaf or hard of hearing, and/or blind/visually impaired, people/persons with disabilities, and older adults; and

    b. Recovery and independent living orientation.

B. Geriatric Support Services Coordinators (GSSCs) (SCO Only)

(Not to exceed 5 pages)

The Bidder shall:

1. List the Aging Services Access Points (ASAPs) with which the Bidder a) has executed contracts, and b) expects to contract with to provide access to GSSCs for SCO Enrollees.

2. List any ASAPs in the Bidder's Service Area with which the Bidder is not contracting for GSSCs and provide an explanation for each.

3. List the compensation approaches the Bidder is using to contract with ASAPs for GSSCs (e.g., capitation, Alternative Payment Methodologies, fee schedules, adjusters for service intensity, frequency, expertise, etc.).

4. Describe the Bidder's proposed:

    a. GSSC staffing plan;

    b. Projected caseload per GSSC,

    c. Contract mechanisms the Bidder has with ASAPs to adjust GSSC resources and capacity based on demand;

    d. Oversight structure from the Bidder, including accountable personnel, to monitor and enforce performance expectations with the ASAP; and

    e. Minimum Qualifications and Job Description (submit as an attachment).

5. Describe the process the Bidder will use to assign a GSSC for applicable Enrollees, and to confirm functions required of the GSSC as described in **Section 2.6.1.6** of **Attachment B** occur. The Bidder shall specify any authorization or payment process elements.

6. Describe the process for an Enrollee to change their GSSC if different expertise is needed or the Enrollee requests a change, and how this process is communicated to Enrollees.

7. Describe the processes GSSCs will follow to ensure the Enrollee receives services authorized by the GSSC.

8. Describe the processes the Bidder will use to intake and integrate data and information collected by the GSSC into the SCO Plan's required monitoring and reporting processes.

9. Describe how the Bidder will work with the SCO Advisory Committee, the Bidder's SCO Consumer Advisory Board, the Ombudsman, and other stakeholders to identify and implement best practices for promoting effective GSSC engagement.

10. For ASAPs contracted with the Bidder to provide GSSCs to the Bidder's SCO Enrollees, disclose the scope and compensation approach for all arrangements the Bidder has with such ASAPs to perform additional administrative activities for the Bidder's SCO Plan, and/or to provide services to the Bidder's SCO Enrollees.

Section 5.8 Continuity of Care

(Not to exceed 5 pages total)

The Bidder shall:

A. Describe how the Bidder will provide Enrollees with Covered Services beginning on the Effective Enrollment Date as required for Continuity of Care (**Section 2.6.5. of Attachments A and B**), including its processes to:

   1. Identify all services and supports the Enrollee has been receiving prior to enrollment ("existing services");

   2. Accept and use Claims history and prior authorization data provided by EOHHS, Medicare, and other applicable sources;

   3. Extend authorizations and prior authorizations for existing services for the duration of the Continuity of Care period, including when the Continuity of Care period is shortened or extended as required in **Section 2.6.5.1.** of **Attachments A** and **B**; and

   4. Ensure the amount, duration, and scope of existing services continue to be authorized and provided to the Enrollee during the Continuity of Care period.

B. Describe the policies and procedures the Bidder will use to communicate with and pay non-contracted Providers covered by the Continuity of Care period, including to:

   1. Inform such Providers that services and payment for the Enrollee's existing services are covered during Continuity of Care;

   2. Ensure Providers continue to provide services to the Enrollee during Continuity of Care;

   3. Obtain information about the Enrollee and their existing services;

   4. Ensure timely and appropriate payment to Providers as required during Continuity of Care;

   5. Execute a Single Case Agreement that would go into effect after the Continuity of Care period is complete for the Enrollee;

C. Describe how the Bidder will evaluate and provide willing and qualified Providers already serving Enrollees the opportunity to join the Bidder's Provider Network, including its process for sending enrollment packages to Providers, tracking their status, entering into contract negotiations, and seeking and obtaining quality and performance information.

D. Attest that the Bidder shall execute all necessary activities required for Continuity of State Plan (self-directed) PCA services for any Disenrolled individual.

E. Transportation (One Care Only) – Describe the process the Bidder will use to ensure new One Care Enrollees maintain access to existing transportation services provided

through the Regional Transit Authority (RTA) during their 90 days of Continuity of Care period as required in **Section 2.6.5** of **Attachment A**. (**Not to exceed 1 page)**

F. Transportation (SCO Only) – Describe the Bidder's process to provide SCO Enrollees with uninterrupted access to previously arranged or authorized transportation services, including for any recurring services (e.g., Adult Day Health or Dialysis) requiring transportation. **(Not to exceed 1 page)**

Section 5.9 One Care and SCO Services

(Not to exceed 4 pages total for 5.9.A Primary Care Providers, 5.9.B Pharmacy Benefits, and 5.9.C Dental and Vision Services)

A. Primary Care Providers

The Bidder shall:

1. Describe how the Bidder will encourage and as needed, assist Enrollees in selecting a Primary Care Provider (PCP) in accordance with **Section 2.4.14 of Attachments A and/or B**, including:

    a. The Bidder's timelines and procedures for providing outreach to Enrollees without PCPs; and

    b. How the Bidder assigns PCPs to Enrollees who do not select one.

2. Describe how the Bidder will provide more direct assistance to Enrollees who request help in identifying an appropriate PCP, including timely access to a PCP appointment.

B. Pharmacy Benefits

The Bidder shall:

1. Describe whether and how its formulary is broader than the combination of:

    a. The minimum required by CMS for Medicare Part D Plans; and

    b. Pharmacy products covered by MassHealth in accordance with the MassHealth Drug List, and that may not be covered under Medicare Part D and drugs excluded from Medicare Part D.

2. Describe how the Bidder will provide education and training for Providers to increase the number of Providers prescribing buprenorphine.

3. Describe the Bidder's proposed approach to authorization and Utilization Management for Medication Assisted Treatment (MAT), including for injectable naltrexone.

4. If Pharmacy Services will be provided through a Material Subcontractor, describe how Bidder's Pharmacy benefits and its pharmacy management program are integrated into the Bidder's clinical, operational, and administrative structure.

C. Dental and Vision Services

1. Dental Services

   The Bidder shall:

   a. Describe specific strategies the Bidder will use to encourage utilization of and facilitate access to preventive oral health care and other dental services (see **Appendix C, Exhibit 1 of Attachments A and B**), including through Claims monitoring, reminders to get cleanings as recommended, arranging for accessible dental services, offering oral health services in locations other than dental offices, and providing specialty dental services;

   b. Describe any amount, duration, or scope for Covered Dental Services that is broader than that required under Medicare and MassHealth FFS; and

   c. Describe any portion of Dental Services the Bidder proposes to cover as a Medicare Supplemental Benefit.

2. Vision Services

   The Bidder shall describe its Vision Services benefit (see **Appendix C, Exhibit 1** of **Attachments A and B**), including:

   a. Coverage amounts and limits for exams, glasses, and contact lenses;

   b. Any amount, duration, or scope for Covered Vision Services that is broader than that required under Medicare and MassHealth FFS; and

   c. Any portion of Vision Services the Bidder proposes to cover as a Medicare Supplemental Benefit.

D. Behavioral Health Services

(Not to exceed 3 pages for 5.9.D Behavioral Health Services)

The Bidder shall:

1. Describe the Bidder's overall strategy and approach for addressing the Behavioral Health needs of its Enrollees, including:

   a. A description of the Bidder's internal staffing model for Behavioral Health;

   b. If applicable, a description of how the Bidder contracts, monitors, and oversees any Material Subcontractors responsible for Behavioral Health care;

c. The Bidder's approach to secure contracts with Community Behavioral Health Centers (CBHCs) as required in **Section 2.8.1.5 of Attachments A and B**;

d. How the Bidder will ensure adequate capacity to responding rapidly to urgent Enrollee needs;

e. The Bidder's efforts to conduct outreach and contract with Behavioral Health Providers and organizations that are knowledgeable about the principles of rehabilitation and recovery, diversionary services, and Behavioral Health integration in its proposed One Care and/or SCO Service Area; and

f. Its plan to provide Behavioral Health Diversionary Services and recovery-focused community-based mental health and substance use services listed in **Appendix C, Exhibit 2** and **Appendix G** of **Attachments A and B** for Enrollees.

2. Describe the Bidder's strategies and processes to reduce Behavioral Health related emergency department visits, and how the Bidder will reduce the number of Enrollees awaiting Behavioral Health care in hospital emergency departments, including:

   a. How the Bidder will collaborate with Providers and other key stakeholders (e.g., MassHealth, DMH);

   b. How the Bidder will measure and evaluate progress based on specific process and outcomes metrics;

   c. How the Bidder will ensure timely access to mental health services, including psychiatric care, therapy, and counseling; and

   d. How the Bidder will address SUDs, including through prevention, treatment, and recovery support services.

3. Describe how the Bidder will address stigma and cultural barriers associated with mental health and substance use, specifically to reduce impediments to accessing care and reduce health disparities.

4. Describe how the Bidder will coordinate and integrate physical and Behavioral Health care services to provide comprehensive and effective person-centered care.

E. Long-term Services and Supports (LTSS)

(Not to exceed 5 pages for 5.9.E LTSS)

The Bidder shall:

1. Describe its plan to provide Adult Day Health, Adult Foster Care, Day Habilitation, and Group Adult Foster Care services for One Care and/or SCO, including plans to utilize the expertise of existing LTSS Providers to enhance its capacity to provide

these services as listed in **Appendix C, Exhibit 2** and **Appendix G** of **Attachments A and B**.

2. Describe specific strategies for how the Bidder will leverage LTSS to prevent facility-based placement and to proactively support Enrollees to remain in the community.

3. Describe its plan to provide and monitor care for Enrollees residing in long-term care facility-based settings, including ensuring access to Covered Services, such as Behavioral Health services, preventive oral health care, and transportation for community engagement in accordance with Enrollee interests and goals.

4. Describe how the Bidder will outreach to Enrollees in long-term care facility-based settings to identify individuals wanting to transition to home and community-based settings, and how the Bidder will facilitate such Enrollee transitions.

5. Describe how the Bidder will engage with LTSS Providers to ensure adequate training, access to technology, and resources to effectively provide care to Enrollees.

6. Durable Medical Equipment (DME) (See **Appendix C, Exhibit 1 of Attachment A**)

   The Bidder shall:

   a. Describe how the Bidder will monitor authorizations, Claims, and appeals activity to reduce barriers to access and adjust its DME approval processes.

   b. Describe additional process elements or criteria the Bidder will apply in reviewing DME Service Requests when standard processes or criteria would reduce or deny items or supplies to which an Enrollee currently has or previously had access.

   c. Describe the processes the Bidder will apply to track the status of DME requests and the timeliness of such DME services getting to Enrollees.

   d. Describe how the Bidder will incorporate Enrollee feedback and outcomes in authorizing various DME options, including as described in **Appendix C, Exhibit 1**.

   e. Describe how the Bidder will use Enrollee satisfaction, authorization and Claims data, and Grievance and appeals data to monitor and evaluate the performance, effectiveness, and timeliness of DME Providers or Material Subcontractors and their products.

   f. Describe additional process elements or criteria the Bidder will apply in reviewing DME Service Requests when standard processes or criteria would reduce or deny items or supplies to which an Enrollee currently has or previously had access.

7. Describe the Bidder's plan to contract with, organize, and manage the network of Providers and other agencies to provide access for Enrollees to Personal Care and Personal Assistance Services (PAS), including the role of each entity. (See **Section 2.9.4.2 of Attachment A** and **Appendix C, Exhibits 1 and 3 of Attachments A and B**)

(Not to exceed 4 pages total for 5.9.F Medicare Supplemental Benefits and 5.9.G Flexible Benefits)

F. Additional Community-based Services

(Not to exceed 6 pages total for 5.9.F Additional Community-based Services, 5.9.G Medicare Supplemental Benefits, and 5.9.H Flexible Benefits)

The Bidder shall:

1. Describe how it will cover each of the additional community-based services in **Appendix C, Exhibit 3 of Attachments A and/or B**, including:

    a. Its strategy to identify qualified Providers and employ or contract with such Providers;

    b. The process and responsible party for authorizing each of these Covered Services; and

    c. The source of criteria or proposed criteria the Bidder will apply in authorization decisions for each Service.

2. Describe how an Enrollee's assessments and care plan will be incorporated into the authorization process for these Covered Services.

3. Describe the Bidder's plan to monitor the provision, quality, and effectiveness (outcomes) for these Covered Services.

4. For Transportation (Non-medical):

    a. Provide an example of when this Service would be authorized for an Enrollee based on their assessments and care plan; and

    b. Describe the scope and any authorization limits the Contractor proposes for this Service.

G. Medicare Supplemental Benefits

The Bidder shall:

1. Provide the name and a description of any services or other benefits the Bidder proposes to cover as a Medicare Supplemental Benefit, as well as an estimated per member per month ($) cost of each proposed Benefit, and the percentage of Enrollees the Bidder expects would use each proposed Benefit in a Contract Year.

2. Describe any expected limitations or advantages the Bidder anticipates in the availability of Medicare rebate dollars available to fund Medicare Supplemental Benefits. Provide specific factors and an estimate of their expected impact, including, e.g.: expected eligibility for the Frailty Adjuster, projected Star Ratings, or ineligibility for Star Ratings. The description should project the direction and size of expected factors to enhance or limit the Bidder's projected Medicare rebate dollars available for Supplemental Benefits, including how the Bidder expects such factors would change over the Contract term.

H. Flexible Benefits

The Bidder shall:

1. Describe the Bidder's process to evaluate, authorize, and provide Flexible Benefits for an Enrollee, including any delegated decision-making authority for Care Coordinators or LTS Coordinators, and any applicable budget limits.

2. Describe whether and, as applicable, how prior authorization and Utilization Management processes will be applied to Flexible Benefits.

3. Describe how the Bidder will incorporate approaches and services in Enrollees' ICPs to overcome barriers to community connections and reduce social isolation, including through the provision of DME, Non-Medical Transportation services, and Flexible Benefits.

I. Additional One Care Service Questions (One Care Only)

(Not to exceed 5 pages for 5.9.I Additional One Care Service Questions)

1. For each of: (1) Assistive/Adaptive Technology and (2) Home Care Services:

   a. Provide an example of when each Service would be authorized for an Enrollee based on their assessments and care plan; and

   b. Describe the scope and any authorization limits the Contractor proposes for each Service.

2. For Bidders that will not use PCM Agencies for evaluation, specify how the Bidder will evaluate the need for PAS, including:

   a. The qualifications of the entities or individuals performing the evaluations;

   b. How the Bidder will maintain sufficient staff or subcontract for capacity to ensure PAS evaluations are performed in a timely manner;

   c. What process the Bidder will use to assign or refer Enrollees for evaluations; and

d. Submit (as an attachment) any Time for Task tool (other than the MassHealth issued tool) that will be used to evaluate Enrollee needs for PAS.

3. Describe the process and evaluators the Bidder will use to evaluate Enrollee needs for Cueing and Monitoring PAS, including:

   a. Describe the qualifications of the entities or individuals performing evaluations for Cueing and Monitoring PAS (or indicate if qualifications are the same as for those conducting PAS evaluations in **Section 5.9.I.2.a** above);

   b. How the need for cueing and monitoring will be evaluated independently from need for physical hands-on assistance (see **Appendix C, Exhibit 3 of Attachment A**); and

4. Submit (**as an attachment**) the tool or criteria that will be used to evaluate Enrollee needs for cueing and monitoring.

J. Additional SCO Service Questions (SCO Only)

(Not to exceed 4 pages for 5.9.J Additional SCO Service Questions)

The Bidder shall:

1. For the services described in **Appendix C, Exhibit 3 of Attachment B**, state whether the Bidder will:

   a. Only contract with Providers directly for these services;

   b. Only use ASAP-contracted Providers for these services; or

   c. Use both directly contracted and ASAP-contracted Providers.

2. If the Bidder will use ASAPs to provide these services to SCO Enrollees, describe its plan to contract, organize, and manage the network(s) of ASAP-contracted Providers.

3. Describe the Bidder's plan to monitor the provision, quality, and effectiveness (outcomes) for these services, including ensuring it has documentation of compliance with all contract requirements and information necessary for EOHHS or CMS reporting.

Section 5.10 Coverage Scope and Processes

(Not to exceed 15 pages in total)

A. Covered Services and Medical Necessity

The Bidder shall describe its plan to provide the Covered Services (See **Section 2.7 and Appendix C of Attachments A and B**) as requested below.

1. As required in **Section 2.7.1 of Attachments A and B**, the Bidder shall attest that:

    a. The Bidder's Covered Services will be managed, authorized, and made available to Enrollees in at least the amount, duration, and scope, and type and frequency available through Medicare and MassHealth, including in accordance with Medical Necessity as defined in **Section 1 of Attachments A and B**;

    b. The Bidder will not apply authorization, prior authorization, or Utilization Management criteria or length of authorization policies that are stricter than those of Medicare, MassHealth, or the combination thereof, except as specified by **Attachment A or B**;

    c. The Bidder will not apply MassHealth FFS regulations to limit access to a Covered Service when the terms of **Appendix C of Attachments A or B**, for One Care or SCO respectively, include a more expansive Covered Service definition than the MassHealth FFS regulation;

    d. The Bidder will ensure its Medical Necessity Guidelines and authorization criteria reflect at least the minimum level of services that would be covered by the cumulative effect as provided by the combination of Medicare and MassHealth, as required in **Sections 2.7.1.2 and 2.7.2 of Attachments A and B**;

    e. The Bidder will not use an Enrollee's assigned Rating Category as criteria to limit access to Covered Services; and

    f. The Bidder will provide specified services as Medicare Supplemental Benefits, if required by EOHHS.

2. As required in **Section 2.7.2. of Attachments A and B**, the Bidder shall attest that:

    a. The Bidder's Medical Necessity criteria and processes will incorporate both Medicare and Medicaid coverage and benefits; and

    b. The Bidder will use the definition of Medical Necessity in **Section 1 of Attachments A and/or B** to develop Medical Necessity Guidelines and that this definition will be the basis for authorization, prior authorization, and Utilization Management processes applied to the Bidder's One Care Plan and SCO Plan (as applicable).

3. As required in **Section 2.7.3**. of **Attachments A and B**, the Bidder shall attest that:

    a. The Bidder will not charge cost-sharing of any kind for services provided to Enrollees in accordance with **Attachments A and B**; and

    b. The Bidder will properly apply and track Medicare Low Income Subsidy (LIS) payments to Medicare co-insurance costs before applying Medicare Rebate dollars to reduce allocations to Enrollee cost-sharing in accordance with Medicare requirements (see 42 CFR § 423.782).

4. The Bidder shall indicate whether or not it proposes to submit a single Plan Benefit Package (PBP) or two PBPs to CMS for each of One Care and SCO (as applicable):

    a. Number of PBPs for One Care (The Bidder shall indicate if submitting 1 or 2); (respond N/A if not replying for One Care);

    b. Number of PBPs for SCO (The Bidder shall indicate if submitting 1 or 2); (respond N/A if not replying for SCO);

    c. If the Bidder proposes to submit two PBPs to CMS for either of One Care or SCO, or for both, provide its rationale for why this is necessary; (respond N/A if only submitting a single PBP for each product);

    d. If the Bidder proposes to submit two PBPs for One Care, SCO, or for both, describe the steps and processes the Bidder will take to mitigate any additional contract management burden upon EOHHS; (respond N/A if only submitting a single PBP for each product).

B. Service Requests

The Bidder shall:

1. Describe how the Bidder will inform Enrollees about how to request a service (i.e., make a Service Request);

2. Describe how Service Requests (presented both orally and in writing) are appropriately recognized as such and documented in the Enrollee's record;

3. Describe the tools and processes used to track the progress of Service Requests, including how Providers, Enrollees, and Care Coordinators can monitor the status of Service Requests;

4. Describe the process of intaking and evaluating Provider initiated Service Requests for acute, specialty, LTSS, and Behavioral Health services. Specify procedures that differ for expedited Service Requests, including how they are prioritized and expedited;

5. Describe the roles and responsibilities of the person or people responsible for coordinating Service Requests for acute, specialty, LTSS and Behavioral Health Providers, including:

    a. Confirming and following up as needed on information needed for authorization,

    b. Describing how the Service Request relates to the Enrollee's Care Plan,

    c. Ensuring timely authorization, and

    d. Ensuring the Enrollee receives the service;

6. Describe how Enrollees are notified about the status of their Service Requests;

7. Describe what steps the Bidder would take to address a particular Provider or Providers of a particular service that consistently submit incomplete or inadequate service authorization requests; and

8. Describe how the Bidder shall ensure that its Subcontractors understand and act consistently with the Bidder's processes for Service Requests and authorizations, including accessing and providing necessary information and ensuring such Service Requests are considered in the context of the Enrollee's Care Plan.

C. Service Authorization and Utilization Management

The Bidder shall:

1. Describe how the Bidder's Service Authorization and Utilization Management processes will connect to and be responsive to the assessment and care planning processes and content, including:

   a. Systems connectivity and information flow; and

   b. Bidder staff engagement processes, including between the units with responsibilities in any of these areas.

2. Describe how the Bidder will incorporate person-centered and preventive focused criteria into its Service Authorization and Utilization Management processes, including:

   a. Appropriateness of services;

   b. Appropriateness of site of service delivery;

   c. Opportunity for the service to proactively prevent or avoid more acute services or care settings, more invasive services, and/or more restrictive services; and

   d. Consistency with or deviation from Enrollee's Comprehensive Assessment and ICP.

3. Describe how the Bidder will monitor and ensure compliance of all Service Authorization and Utilization Management activities provided by Material Subcontractors, if any.

4. Describe how the Bidder will evaluate time-sensitive discharge and care transitions plan updates and prioritize avoiding complications, avoiding re-admissions, and promoting appropriate supports for successful returns to the Enrollee's home or community.

5. Describe how the Bidder will weigh value and outcomes in its Service Authorization and Utilization Management policies and procedures, in accordance with the requirements of **Section 2.10.9, 2.10.11, and 2.10.12 of Attachments A and B.**

6. Describe how the Bidder will respond to real-time care management adjustments to Individualized Care Plans through its service authorization and Utilization Management processes.

D. Integrated Enrollee Experience

The Bidder shall:

1. Describe the Bidder's plan to manage care and deliver Covered Services in an integrated manner across the continuum of acute, primary, and Behavioral Health care and Long-term Services and Supports.

2. Describe how the Bidder will connect its various administrative process to promote integration and coordination across Covered Services.

3. Describe how the Bidder will implement Enrollee facing processes that integrate Medicare and Medicaid for a single plan and benefit experience.

4. State what indicators or performance measures the Respondent shall use to demonstrate effective service integration.

Section 5.11 Appeals & Grievances

(Not to exceed 5 pages)

A. Appeals

The Bidder shall describe how it will satisfy the requirements of **One Care, SCO, or both** with respect to Appeals (**Section 2.13** of **Attachments A and B)**.

Specifically, the Bidder shall:

1. Describe how it will notify Enrollees of its Appeals processes, including how it will ensure that Enrollees who are deaf and hard of hearing, blind or low vision, or with linguistic accessibility needs receive appropriate information about such processes.

2. Describe its process for receiving and processing Appeals, including the available means for Enrollees to file Appeals, the steps involved in addressing each Appeal, and the responsible parties for each such step.

3. Provide a flow chart illustrating this process beginning with the receipt of an Appeal and showing the steps involved in addressing each Appeal with time frames for each step.

4. Describe the Bidder's tools and protocols to track the status of and compliance with all elements of the Medicare and Medicaid appeals processes.

5. Describe the Bidder's process to ensure Continuing Services are provided timely as required in **Section 2.13.7 of Attachments A and B**.

6. Describe the Bidder's process to ensure timely and compliant implementation of Appeals decisions favorable to an Enrollee, including how the Bidder will monitor such processes and confirm actual provision of the relevant service(s) to the Enrollee.

7. Describe how the Bidder will monitor Appeals data at all levels and its process to apply such data to improve policies and procedures.

B. Grievances

The Bidder shall describe how it will satisfy the requirements of One Care, SCO, or both with respect to Grievances (**Section 2.13.2** of **Attachments A** and **B).**

Specifically, the Bidder shall:

1. Describe how it will notify Enrollees of its Grievance processes, including how it will ensure that Enrollees with linguistic accessibility needs receive appropriate information about such processes.

2. Describe its process for receiving and addressing Grievances, including the available means for Enrollees to file Grievances, the steps involved in addressing each Grievance, and the responsible parties for each such step.

3. Provide a flow chart illustrating this process beginning with the receipt of a Grievance and showing the steps involved in addressing each Grievance with time frames for each step including in the complaint tracking module.

4. Describe the Bidder's tools and protocols to track the status of and compliance with all elements of the Medicare and Medicaid Grievances processes.

5. Describe how the Bidder will monitor Grievance data at all levels and its process to apply such data to improve policies and procedures.

Section 5.12 Health Equity

(Not to exceed 7 pages)

A. Strategic Plan

The Bidder shall describe how it will satisfy the Health Equity Strategic Plan and Reporting requirements of One Care, SCO, or both (**Section 2.14.13** of **Attachments A** and/or **B**):

1. Describe the person or people responsible for creating, monitoring, and updating a Five-year Health Equity Strategic Plan. As applicable, include a description of

Material Subcontractors employed to meet the requirements of the Five-year Health Equity Strategic Plan.

2. If the Bidder is or plans to become NCQA Health Equity Accredited, describe how the Bidder will integrate such accreditation into the Five-year Health Equity Strategic Plan, including:

   a. NCQA tools and trainings;

   b. NCQA guided Gap Analysis;

   c. Data identifying the cultural and linguistic needs of Enrollees; and

   d. Identified opportunities to reduce health inequities and improve care.

3. Describe the assessments the Bidder uses or plans to use to identify the health equity needs of Enrollees, which will inform the Bidder's goals and objectives for the Five-year Health Equity Strategic Plan.

4. Summarize the IT system tools the Bidder will use to collect demographic data on Enrollees to comply with data stratification reporting requirements and to monitor and assess its performance on health equity measures.

5. As part of the of the Five-year Health Equity Strategic Plan, the Bidder shall identify evidence-based interventions to support the Bidder's health equity goals and objectives. Describe how the Bidder will evaluate the efficacy of such interventions in advancing the Bidder's health equity goals, and the timeline for evaluation activities.

6. Describe how the Bidder will seek out and incorporate input from stakeholders in the development of the Bidder's Five-year Health Equity Plan, including the One Care Implementation Council, the SCO Advisory Committee, the Bidder's Consumer Advisory Board(s) (CAB), and Providers representing the composition of the Bidder's Provider Network such as hospitals, other community-based Providers, ASAPs, Enrollees, their family members, and other caregivers.

B. Culturally and Linguistically Appropriate Services

The Bidder shall describe how it will satisfy the Culturally and Linguistically Appropriate Services requirements of One Care, SCO, or both (**Sections 2.3.2.6.1.1** and **2.8.2.3 of Attachments A and/or B**); specifically:

1. How it will ensure Enrollees receive Culturally and Linguistically Appropriate Services.

2. How it will identify and periodically assess its Enrollee population's needs for accessible services, including:

a. Linguistic accessibility, such as Enrollees' preferred languages, the needs of Enrollees who are Deaf or hard of hearing, and Enrollee needs related to health literacy;

b. Cultural accessibility; and

c. Physical accessibility, such as accessible medical and diagnostic equipment for Enrollees with disabilities.

3. How it will assess, and support Providers and organizations involved in Enrollees' care in providing accessible and Culturally and Linguistically Appropriate Services.

4. How it will identify and document Enrollee requests for Culturally and Linguistically Appropriate Services.

5. Descriptions of how translation and interpreter services will be obtained for Enrollees whose primary language is not English (including American Sign Language), when needed.

6. Plans for communicating effectively with persons who are Deaf or hard of hearing, Deaf Blind, blind, low vision, have cognitive impairments, or have other communication challenges related to a disability.

Section 5.13 Enrollee Scenarios

(Not to exceed 3 pages per scenario)

Directions: Below are four hypothetical scenarios, two for One Care and two for SCO, designed to provide simplified examples of some of the complexities One Care and/or SCO Plan Enrollees may experience. If the Bidder is responding for both One Care and SCO, the Bidder shall respond to all four scenarios. If the Bidder is responding to the One Care RFR only, the Bidder shall provide a response to both One Care scenarios (A – Miguel, and C – Kathy). If the Bidder is responding to the SCO RFR only, the Bidder shall provide a response to both SCO scenarios (B – Joy, and 4 – Lyle).

A. Scenario A: Miguel (**One Care Scenario #1**)

Miguel (he/him) is 47 and was involved in car accident a year ago that resulted in a below the knee amputation of his right leg and a shoulder injury that severely limits the motion of his right arm. He also lost vision in his left eye and had partial hearing loss in his left ear. Miguel's primary language is Spanish, and he often has a hard time understanding conversations in English. Miguel lives with his partner, Ana, and their two young children – Lourdes (age 7) and Juan (age 8). He often relies on his family members to translate information for him.

Ana is generally the sole source of support for Miguel and has been acting as his informal PCA (helping him dress and bathe). A few months ago, Ana went back to school to earn her nursing degree, and she now attends classes four days a week. On those days, she doesn't usually get home until 10:00pm. Miguel is the primary caregiver for their kids

when they come home from school on the days that Ana has classes, is working, or has other activities. Miguel loves spending time with his children. However, he has missed several medical appointments because he couldn't find anyone else to take care of them, as it is almost impossible to schedule all his appointments on the one day of the week Ana is home during regular business hours. Scheduling has been especially difficult because he can find only one therapist who speaks Spanish.

Miguel has been feeling increasingly isolated. He wishes he wasn't so dependent on Ana but has trouble using the bathroom and showering when she's not home. He would really like to contribute more to his household, such as by doing the grocery shopping and other errands, but he can't do those things on his own anymore. He also dreams of working again, but prior to the accident he was a truck driver, and is now unsure what marketable skills he has to offer a new employer.

Ana and Miguel read about the services offered by One Care and decided he should sign up for it.

The Bidder must answer the following questions:

1. What features of the Bidder's One Care Plan Provider Network would ensure Miguel's preferences for Providers and their service locations meet both his accessibility as well as language preferences?

2. How will the Bidder ensure that Providers are accepting new patients?

3. How should the One Care Plan ensure that Miguel is able to actively participate in his assessment and care plan development? Describe the specific approaches the Bidder's One Care Plan would take, as well as how the standardized processes for assessment and care plan development would be modified to ensure a person-centered approach that meets both Miquel's individual and family needs.

4. Assume that during the assessment, the Assessor and Miguel agree Personal Assistance Services would greatly support and facilitate Miguel's care and personal goals. Miguel shares how his partner has informally provided support to date. The Assessor refers Miguel for a formal PCA evaluation. Describe the Medical Necessity guidelines the Bidder would employ to evaluate Miguel's needs, and how the partner's availability and contributions would be figured into the determination. Describe how the guidelines provide for adjustments to the support schedule if Ana is unavailable at a time, she usually would provide informal supports.

5. How would the Bidder's One Care Plan work with Miguel to identify his needs and goals, especially related to how he wants to engage in parenting for his two children, and what specific options would it provide to him to help him to address and achieve them?

6. How would the Bidder's One Cre Plan ensure Miguel's communication access needs are met for his assessment and care planning, and for ongoing engagement with his Providers?

7. Describe any potential flexible benefits that are available for an Assessor to share with Miguel and his family. What should the Assessor share about the Bidder's One Care Plan policies and procedures for the review and authorization processes, including in the case of a denial?

B. Scenario B: Joy (**SCO Scenario #1**)

Joy (she/her) is a 65 year-old woman with a condition that causes her difficulty in getting around physically, and that has also impacted her mental health. She walks with the assistance of a cane. She now lives in subsidized housing for older adults but has had times in the past when she was homeless. She has also struggled increasingly in recent years with mental health issues.

Joy receives some services in her home to help with bathing, and recently also with dressing. Joy's physical health seems to be deteriorating and she is now finding it increasingly difficult to move around. In particular, she is now having difficulty getting out of chairs and up and down stairs. She recently missed an appointment with her Behavioral Health Provider, Lulu. She was afraid to leave her apartment because she was concerned that she would fall down the stairs. She's terrified that she'll need to start using a wheelchair, which would be a problem because her apartment is on the 2nd floor, and the elevator in her building hasn't always worked in the past year. In addition, she has had severe mouth pain, but doesn't have a dentist. She has considered going to the emergency room but is afraid that they will admit her, and she will lose her apartment. These issues have caused her to be increasingly overwhelmed and depressed.

There is a Resident Service Coordinator onsite in the building named Ted. Ted is employed by the property management firm and is available to all residents. He assists with referrals to services, translating materials, helping residents solve daily problems, and is the "go to" person for most building residents when they have a question or problem. He also organizes social, educational, and cultural events and activities in the building. He is in the building Monday – Friday from 8-4 and knows each resident by name. Joy trusts Ted and often approaches him when she has concerns; in the past she liked to spend time in the lobby with Ted chatting and hanging out.

In general, Joy maintains a positive relationship with both Ted and Lulu, her Behavioral Health Provider. They have been instrumental in helping Joy maintain her housing, which has helped stabilize her mental health condition over the past year. Joy's relationship with Lulu is especially important to her because Lulu is culturally Chinese, like Joy. Joy has had several different PCPs, none of whom she's ever really liked, in part because she has been unable to find anyone who she feels understands her cultural background. It's been about a year since she's had a PCP.

Recently, she got a MassHealth Birthday Card in the mail telling her about Senior Care Options, and she decided to sign up, excited by the idea of care coordination, better dental benefits, and no copays. However, the week after her SCO plan enrollment began, Joy went to Lulu's office for her regular appointment, but Lulu sent Joy home saying she could no longer see Joy because Lulu is not part of the SCO Plan's Provider Network. Normally, Joy would approach Ted with these kinds of concerns, but she is too afraid to

leave the apartment because she is so unsteady. Joy is beside herself and doesn't know what to do. She has several messages from someone with her new SCO Plan who's trying to get in touch with her, but she's been too distraught to follow up.

The Bidder shall answer the following:

1. Briefly outline the key components of the Bidder's SCO Continuity of Care policies and procedures as they would apply to Joy in this scenario.

2. Because Joy is not taking outreach calls from her new SCO plan, what alternatives could the SCO plan employ to initially engage directly with Joy? What alternatives are available to the SCO plan to leverage Joy's current positive relationships with her Care Team Providers to establish initial engagement?

3. For the SCO plan to anticipate the priority clinical conditions, issues and problems Joy is experiencing, what clinical information would be most pertinent for the SCO plan to have received from Joy's previous Health Plan to meet the requirements for Continuity of Care?

    a. If, in fact, the pertinent information was not provided during the Continuity of Care, what policies and procedures would the Bidder use to follow-up with Joy's former MassHealth plan? Does the Bidder's SCO plan have staff specifically assigned to do this type of follow-up?

4. How would the SCO plan ensure Joy's preferences for Providers and their service locations meet both her accessibility and cultural needs?

5. Assume that Lulu declines to contract with Joy's SCO Plan. What options should the SCO plan offer Joy to meet her needs for continuing Behavioral Health treatment?

6. Since Joy trusts Ted and he is located onsite in the building, is there something that the SCO Plan could do to support and leverage their relationship?

C. Scenario C: Kathy (**One Care Scenario #2**)

Kathy is 27 years old and very proud of her Puerto Rican heritage. She speaks what many people call "Spanglish". She does not read or write very well but is proud of her math skills.

Kathy has been living on the streets, traveling between Springfield, where she was born, and Boston since she was 14. Kathy's mother often invited men to spend the night in their apartment at the end of the month when money was running low. The first time Kathy remembers being raped by one of these men was when she was four years old. Rape and sexual violence have been too common in Kathy's life.

At 14 she became pregnant by one of her rapists and had an abortion, the first of three. She has two children, one when she was 17 and the other at 22, but both children were taken from her by the state. Kathy's earliest memory of using alcohol was age 9. Kathy is

now addicted to alcohol, and when things are really bad, she will use oxycodone or crystal meth. Kathy avoids homeless shelters, preferring the street or couch surfing.

Despite having spent time incarcerated for misdemeanor crimes and one nonviolent felony, with the help of a friend, Kathy always had a seasonal holiday job folding clothing in the back of one of the large retail outlets. However, most of her income comes from begging on the streets and prostitution. She has a boyfriend, Rick, who is also addicted to drugs and alcohol and living with her on the streets. The relationship is a violent one with many a night spent in the emergency room after having been beat up by Rick or having beaten up Rick. Kathy now has a limp after having broken a leg in multiple places. She never followed up to get physical therapy ("PT"). It was too much of a hassle getting to the PT appointments and she did not want to have to deal with people staring at her in the waiting room or have the PT Providers look down at her. Kathy also avoids well-known homeless services Providers because they are "do-gooders and always putting their noses in people's business."

About 14 months ago when Kathy was in detox, they helped her enroll into a One Care Plan. Kathy has never spoken with anyone from her One Care Plan but is glad it is less of a hassle when she goes to the emergency department. Kathy heard from someone that people were going to lose One Care if they did not do paperwork. She believes this does not apply to her, because she has always been on MassHealth from the time she was a kid. Kathy does not have SNAP benefits because of the way people looked at her and her mother when she was a kid.

The Bidder shall answer the following:

1. Because Kathy is not engaging with her One Care Plan, what actions would the Bidder take to engage with her?

2. Briefly describe what steps the Bidder would take if Kathy refused ongoing engagement, but did not what to disenroll from the plan?

3. What services would the Bidder offer Kathy for ongoing medical, substance use, and social determinant of health needs?

D. Scenario D: Lyle (**SCO Scenario #2**)

Lyle (he/him) is a 70 year-old male with COPD and bipolar disorder, and recently began to show signs of dementia. He receives Targeted Case Management services from DMH. He now lives by himself in an apartment after his wife, Hazel, of 45 years suddenly passed away. Hazel was Lyle's primary caregiver, making sure that he attended medical and Behavioral Health appointments, that his medications were refilled, that he was taking his medications as prescribed, and ensuring his daily needs (bathing, grooming, laundry, eating, etc.) were being met. Prior to her passing, Hazel adopted a Chihuahua to help Lyle get more exercise. Lyle's dog is extremely important to him because it reminds him of his late wife, and he feels that the dog is the closest thing he has to family or friends. After a recent meeting with his DMH Targeted Case Manager, Lyle signed up for a SCO Plan. At first, he seemed satisfied with his GSSC after she completed his

Comprehensive Assessment and care plan, and authorized homemaker services to assist with laundry, cleaning, and meal prep and a VNA to assist with medication management.

Lately, however, Lyle has become increasingly unhappy and more argumentative over the phone. Two weeks ago, Lyle had told Stephanie, his GSSC, that he was having a hard time reading the Member Handbook and that he found it confusing. In addition, he was having trouble understanding a recent notice he received from the SCO Plan. Stephanie offered to come to his home to help explain the materials to him in person, but when she arrived for his appointment, Lyle was extremely agitated and refused to let her inside. As it turned out, Lyle had thought the appointment with Stephanie was not until the following day and did not believe it was Stephanie at his door. Due to Stephanie subsequently being out of office for family issues, Lyle has not been seen by a SCO Plan staff person or a GSSC.

In addition to Lyle having a hard time reading and understanding certain SCO materials, Lyle had also been complaining on the phone to Stephanie about how cigarette smoke from his upstairs neighbors is seeping into his apartment, causing him to cough. He is adamant that these same neighbors are also stealing his mail. Lyle is unhappy with Stephanie, as he feels that she has done nothing to follow up on these complaints, and that no one seems to take his concerns seriously.

Over the past week, Lyle has begun contacting Stephanie almost every day. If he is not able to reach her immediately, then he contacts the SCO Plan's Enrollee Services Department.

In his most recent conversation with Enrollee Services, Lyle mentioned that his dog is sick. This has been causing him extreme distress because he does not understand what steps he needs to take to get her to the vet. Lyle is reporting that he has been so anxious about her that he has not been eating, has had trouble sleeping, and has forgotten to take his medications.

The Bidder shall answer the following questions:

1. Describe the initial and ongoing training a GSSC receives about the Bidder's SCO Plan's specific policies and procedures for assessing an Enrollee like Lyle for current/baseline cognitive functioning and impact on ADLs, IADLs, and status.

2. Describe the clinical oversight/supervision a GSSC receives as a member of the Bidder's SCO Plan care team, including roles, training, and allocation of time to discuss individual Enrollees.

3. Describe what communication paths, documentation, and internal communications exist in the Bidder's SCO Plan between Enrollee Services and members of the clinical care team when an Enrollee's behavior, concerns, and frequency of calls are escalating, as they are for Lyle.

4. If the SCO plan determines Lyle's presentation and difficulties (including their combined impact on Lyle), require a clinical assessment by a licensed clinician, how would the Bidder arrange an assessment for Lyle? Conversely, if the SCO

plan determines the assigned GSSC is not performing up to its contract standards or is not the best fit for the member, describe the how the Bidder would address the situation with the GSSC, the GSSC's employer (the ASAP), and with Lyle.

5. How would the Bidder involve Lyle's DMH case manager in his care plan development?

6. How would the Bidder ensure Lyle is at the center of the care planning process, and able to participate despite his cognitive and emotional symptoms?

Section 6. Programmatic Response: Operational and Technical Elements

In accordance with EOHHS' goals described in Section 1 of this RFR, the Bidder's programmatic Responses shall demonstrate the Bidder's understanding of, respect for, and commitment to:

1. The care models for each of One Care and SCO;

2. The populations served in each of One Care and SCO;

3. The Commonwealth's goals for achieving the most advanced possible level of Medicare and Medicaid integration; and

4. The operational capacity and expertise to implement and operate its proposed One Care Plan, SCO Plan, or both, effectively and consistently with EOHHS requirements and programmatic goals.

Section 6.1 Program Integrity

(6.1.A should not exceed 2 pages; 6.1.B may be submitted as an attachment and should not exceed 4 pages)

A. The Bidder shall describe how it will satisfy the requirements for Program Integrity for SCO and/or One Care, set forth in **Section 2.3.6** of **Attachments A and B.** Such description shall include:

   1. The Bidder's proposed staffing;

   2. How the Bidder's existing policies and procedures, if any, comply with said Sections, or how they will be modified to comply; and

   3. The disciplinary guidelines for enforcement of standards.

B. Submitted as an attachment, the Bidder shall provide a summary report listing any complaints of suggested Fraud or Abuse against the Bidder, its parent, subsidiary, affiliate, proposed Material Subcontractors, contracted Provider, or Member filed between January 1, 2020, and the date of the Bidder's Response. Such listing shall include, for each such complaint:

1. A summary of the complaint of suggested Fraud or Abuse;

2. The actions taken by the Bidder to investigate the complaint;

3. The resolution of the complaint;

4. A statement of whether any Fraud or Abuse was proven; and

5. If any Fraud or Abuse was proven, any corrective or disciplinary action taken as a result, and any policies implemented by the Bidder to safeguard against any similar Fraud or Abuse from occurring in the future.

Section 6.2 Provider Network

(Not to exceed 8 pages in total)

A. Access to Services

(6.2.A not to exceed 4 pages)

1. The Bidder shall describe how it will satisfy the requirements of **Section 2.10.4** (Proximity Access Requirements) of **Attachments A and B.** Specifically, the Bidder shall:

   a. Complete **Attachments F1-F9,** demonstrating that its Provider Network complies with **Sections 2.8 of Attachments A** and **B** of the One Care and/or SCO Contract for each county the Bidder is seeking to serve under the One Care and/or SCO Contract.

   b. The Bidder shall use network adequacy software to complete **all nine (9) Attachments F1- F9**.

   c. For the member population to be evaluated, Bidders shall base estimates on MassHealth members ages 21-64 for One Care and/or 65+ for SCO for each county the Bidder proposes to cover and their residential zip code. The Bidder shall demonstrate adequacy for both One Care and SCO to the extent the eligible population density varies between the two programs.

   d. Assess its current or proposed Provider Network for each county for which it seeks to serve for One Care and/or SCO, including by at a minimum:

      i. Identifying any current Network deficiencies where the Bidder's proposed Provider Network for any county does not currently comply with **Sections 2.10 of Attachments A and B** and describe its plans for addressing such deficiencies prior to the Operational Start Date;

      ii. Describing the Bidder's approach and methodology for determining whether its Provider Network is sufficient to deliver One Care and/or SCO

Services as described in **Section 2.7** and in accordance with **Sections 2.9** and **2.10 of Attachments A and B**;

iii. Describing how the Bidder will ensure it meets the requirements of **Sections 2.10.2** (Timely Access) and **2.10.3** (Availability) **o**f **Attachments A and B**; and

iv. Describing the Bidder's approach to monitoring and managing the number of PCPs and Specialists with open and closed panels, including how it will:

a. Monitor which PCPs and Specialists have open panels and its capacity,

b. Proactively communicate any concerns to EOHHS,

c. Ensure a sufficient number of PCPs and Specialists are accepting new Enrollees at all times; and

d. Address capacity concerns if they arise.

2. If the Bidder does not have an existing Provider Network in any county for which the Bidder proposes to serve One Care and/or SCO Enrollees in its Response, the Bidder shall:

a. Describe the process by which it will develop a Provider Network sufficient to meet all the requirements of **Section 2.10. of Attachments A** and/or **B** in each county in which the Bidder intends to operate a One Care and/or SCO Plan by no later than August 1, 2025.

b. For each proposed county in which the Bidder intends to operate a One Care and/or SCO Plan, describe the Bidder's approach for ensuring that its proposed One Care and/or SCO Provider Network will have the appropriate experience serving the populations identified in **Section 2.4 of Attachments A and/or B**.

c. Provide the names of all Providers, grouped by Provider type, with which the Bidder intends to pursue contracts for One Care and/or SCO (submitted as an attachment)

3. Describe its plans for ensuring ongoing Network monitoring and compliance, including how the Bidder will:

a. Monitor availability to ensure compliance with **Section 2.10.3** of **Attachments A and B**;

b. Monitor Enrollee access and wait times to ensure compliance with **Section 2.10.2** of **Attachments A and B** including for symptomatic and non-symptomatic Primary Care, Specialty Care, LTSS, and Behavioral Health Services;

c. Verify the accuracy of its One Care and/or SCO Provider Directory and the ability of its One Care and/or SCO Enrollees to obtain appointments, using 'secret shoppers' or other proactive strategies;

d. Ensure One Care and/or SCO Providers do not close or otherwise limit their One Care and/or SCO Enrollees unless the same limitations apply to all commercially insured members;

e. Identify and address One Care and/or SCO Network deficiencies or any situations in which expanding the One Care and/or SCO Network would be advisable given impending concerns or One Care and/or SCO Enrollee need; and

f. Respond to identified deficiencies for One Care and/or SCO, including short term interventions (e.g., if a large practice leaves the One Care and/or SCO network) and on-going recruitment.

B. Non-network Providers

(6.2.B not to exceed 2 pages)

The Bidder shall:

1. Describe its policies and procedures for when and how it will authorize and allow arrangement of services provided by Non-network Providers, including addressing particular access or accommodation concerns of One Care and/or SCO Enrollees.

2. Describe its criteria, policies, and procedures for entering into single-case agreements for One Care and/or SCO.

3. Describe how single-case agreements will be implemented and how the Bidder will track data on single-case agreements for reporting purposes.

C. Network Management

(6.2.C not to exceed 2 pages)

The Bidder shall describe how it will comply with the requirements of the Contract for Network management, as described in **Section 2.9** of **Attachments A and B.** The Bidder shall:

1. Describe its process for credentialing/re-credentialing activities for its planned One Care and/or SCO Provider Network, and how such process will comply with **Section 2.9.8** of **Attachments A** and **B**;

2. Specify any components of its Provider Network that the Bidder will either purchase outright (rendering it part of the Bidder's organization) or that will be managed or otherwise contracted through a Material Subcontractor; and

3. Describe the processes the Bidder will use to ensure its Provider Directory is accurate and complete for all Covered Services described in **Appendix C of Attachments A and B**, in accordance with **Section 2.8.7 of Attachments A and B**. The description shall minimally include the frequency of and process for information updates, validating with Provider contract changes, how the Bidder will maintain open vs. closed panel information, and how the Bidder will collect and validate accessibility information.

D. Value-based Purchasing (VBP)

(6.2.D not to exceed 2 pages)

The Bidder shall:

1. Describe how it will use Value-based Purchasing strategies and Alternative Payment Methodologies in its Provider Network and Provider Contracting.

2. Describe its interest in participating in or aligning with federal Medicare VBP approaches, such as the Making Care Primary (MCP) model, Value-Based Insurance Design (VBID), and other current and future models.

Section 6.3 Enrollments

(Not to exceed 9 pages in total; 2 pages for each of 6.3.A, 6.3.B, and 6.3.D; 3 pages for 6.3.C)

A. Enrollment Operations

The Bidder shall:

1. Summarize how the Bidder will conduct Enrollment and Disenrollment functions for its One Care and/or SCO Plan.

2. Describe how the Bidder will track and align Medicaid and Medicare enrollment segments (as applicable) and resolve discrepancies.

3. Describe how the Bidder will obtain and document Member requests and consent to Enroll or Disenroll from its One Care, SCO Plan, or both (as applicable).

4. Provide a flow chart of the Bidder's Enrollment and Disenrollment functions (submitted as an attachment).

B. Plan Employed Agents

The Bidder shall:

1. Describe its staffing and structure for Member Enrollment functions performed by individuals directly employed by the Bidder (hereinafter referred to as "Employed Agents") The description shall specify whether staff handling enrollments and disenrollments from the Bidder's One Care and/or SCO Plan (as applicable) are

dedicated to performing such functions for the Bidder's One Care and/or SCO Plan, or if they also handle enrollments and disenrollments for other products the Bidder offers.

2. Describe the compensation structure for such Employed Agents.

C. External Brokers

The Bidder shall:

1. Indicate whether the Bidder expects to request approval to contract with third-party captive agents or independent agents and brokers (collectively, "External Brokers") for each program below. If the Bidder is not submitting a Response for either One Care or SCO, indicate "N/A" for that program:

   a. One Care

   b. SCO

2. What percentage of annual One Care and/or SCO enrollment volume does the Bidder expect would be handled by:

   a. Employed Agents

   b. External Brokers

3. Would External Brokers contracted with the Bidder for One Care and/or SCO enrollments also be contracted with the Bidder, or an affiliate, parent organization, or subsidiary of the Bidder (collectively, "Bidder-related Organizations"), for enrollment into other Medicare products for which One Care or SCO-eligible individuals are eligible?

4. If responding "yes" to Question 6.3.C.3, list the applicable products and describe how compensation and incentive structures for One Care and/or SCO (as applicable) would compare to compensation and incentive structures for the Bidder's or Bidder-related Organizations' products. (Mark as "N/A" if inapplicable)

5. Describe the Bidder's process for monitoring the activities of Employed Agents and External Brokers with which it contracts for marketing, education, and enrollment activities for other non-SNP Medicare (i.e., not One Care or SCO) products offered by the Bidder or Bidder-related Organizations in Massachusetts, including:

   a. How the Bidder will track and analyze the volume of Eligible Members that enroll into non-SNP Medicare products offered by the Bidder or a Bidder-related Organization;

   b. How the Bidder will prevent, monitor for, and remediate the provision of misleading or inaccurate information to Eligible Members by Employed Agents and External Brokers; and

c. How the Bidder will prevent, monitor, and remediate outlier trends of Eligible Members disenrolling from any One Care or SCO Plan into non-SNP Medicare products offered by the Bidder or a Bidder-related Organization.

D. Agent and Broker Training

The Bidder shall:

1. Summarize the Bidder's required training (beyond DOI-required training) for the Bidder's Employed Agents and External Brokers. Include the required topics, duration, frequency of training, the frequency of updates to training content and materials, and competency monitoring.

2. Summarize any differences in training topics, duration or frequency of training, and competency monitoring for Employed Agents and External Brokers for such Employed Agents and External Brokers for One Care or SCO compared to those for other Medicare non-SNP products.

Section 6.4 Provider Training

(Not to exceed 2 pages)

The Bidder shall:

A. Describe how it will ensure that Care Coordination staff, Key Personnel, and contracted Care Coordination resources, including LTS Coordinators (One Care) and GSSCs (SCO) will have adequate time and resources to complete required trainings in a timely manner.

B. Describe how it will track and document staff and Material Subcontractor completion of required trainings and competencies.

C. Identify the staff role(s) that will be accountable for ensuring compliance with training requirements, including any related documentation and data or compliance reporting.

Section 6.5 Enrollee Services

(Not to exceed 3 pages)

The Bidder shall:

A. Describe how its proposed Enrollee Services department and functions will comply with the requirements of **Section 2.11 of Attachments A and/or B**. The Bidder shall note whether the proposed Enrollee Services department shall be dedicated to the Contract or whether it is a shared function with other public or commercial programs. If

shared, the Bidder shall describe how it shall ensure that the Bidder dedicates the necessary resources to ensure compliance with the Model Contract(s).

B. Describe its proposed telephone system and staffing for Enrollee Services Representatives (ESRs) including:

1. ESRs' multilingual and multicultural capability and how access to Enrollee Services shall be provided to Enrollees for whose primary language is not English and/or who have diverse cultural needs; and

2. A description of any services or technologies that ESRs shall use to effectively communicate with Enrollees who are Deaf or hard of hearing, and/or have speech disabilities, including:

    a. The Bidder's plan for ensuring that such services or technologies are high in quality and meet the communication needs of Enrollees; and

    b. The Bidder's plan for ensuring that ESRs are trained and maintain competency in using these communication strategies.

3. The Bidder's ESRs' ability to assist Enrollees who have other communication access needs related to a disability, including for individuals with cognitive impairments.

4. The Bidder's after-hours procedures and services, including:

    a. Enrollee services, including for Enrollees whose primary language is not English;

    b. Routing of Emergency Services requests appropriately to Emergency Services Providers;

    c. Provider services, including procedures for verifying enrollment; and

    d. Responsibilities of Enrollee Services staff, if any, in addition to responding to Enrollee calls (e.g., responding to non-MassHealth member calls, responding to Provider calls, etc.).

5. Any proposed system redundancies or workarounds to ensure that access to the Bidder's ESRs is not disrupted during a telephone service outage.

6. The Bidder's plan to provide relevant Enrollee information in Alternative Formats.

Section 6.6 Quality Management and Quality Improvement (QM/QI)

(Not to exceed 4 pages)

The Bidder shall describe how it will satisfy the requirements of the appropriate Model Contract regarding quality management and quality improvement. These requirements are found in **Section 2.14 of Attachments A and B.**

Specifically, the Bidder shall:

A. Describe its Quality Management/Quality Assurance and Program Improvement program. This description shall include:

    1. The Bidder's current QM/QI organizational plan description, goals, and schedule of QM activities.

    2. A description its proposed QM/QI program, including the number of FTEs on the Bidder's staff dedicated to and responsible for administering and operating the Bidder's QM/QI program.

    3. An organizational chart of its proposed QM/QI program (submit as an attachment).

    4. A description of the proposed relationship of the Bidder's Chief Medical Officer and the Quality Key Contact in overseeing and leading the Bidder's overall organizational QM goals and activities, including through Quality Assurance Performance Improvement (QAPIs) Plans.

B. Describe its strategy regarding Performance Measurement and Improvement Projects, as specified in **Section 2.14.3 of Attachments A and B**. Such description shall include performance measurement initiatives, performance improvement projects (PIPs), resourcing for such initiatives, and other measurement and data-driven initiatives (e.g., RELD and SOGI data reporting, performance measure stratification by REL, Medicare Advantage Stars reporting).

C. Describe its ability to participate in EOHHS' annual HEDIS® and CMS Adult Core Set initiatives.

D. Describe its proposed processes for supporting the External Quality Review Organization (EQRO), and any associated subcontractors, contracted by EOHHS to conduct External Quality Review (EQR) Activities, in accordance with 42 C.F.R. Part 438 Subpart E, and as described in the Contract.

E. Submit its proposed approach to Provider and Enrollee Performance Incentives as described in **Sections 2.14.7.3 of Attachments A and B**. If the Bidder has implemented either Provider or Enrollee incentive programs, such description shall include an evaluation of the effectiveness of such incentives and any lessons the Bidder learned that it intends to apply to the Contract(s).

Section 6.7 Health Information Technology and Health Information Exchange

(Not to exceed 5 pages)

The Bidder shall describe how it will satisfy the requirements of the appropriate Model Contract regarding health information technology and health information exchange. These requirements are found in **Section 2.15** of **Attachments A and B**.

A. Website and Portals

1. The Bidder shall describe in detail its proposed Enrollee-facing website and proposed Provider-facing website, including:

    a. A summary of proposed content (e.g., Covered Services information, Provider Directory, Formulary, etc.);

    b. A site map and description of how the proposed website for the One Care Plan and/or SCO Plan relates to the Bidder's organization site and sites for other lines of business;

    c. The Bidder's ability to track Enrollee and Provider utilization of Web-based information and tools;

    d. Accessibility and language tools for the website;

    e. Any proposed links, for example, to the website of a Subcontractor; and

    f. Submit (as attachments) screenshots for the proposed website, or alternatively, screenshots for existing websites supporting other Medicaid or Medicare programs.

2. The Bidder shall describe in detail online portal functions for Enrollees and Providers, including:

    a. Self-service functionality, including a description of proposed functions related to training, and Enrollee and Provider support for such functionalities;

    b. Information available to Enrollees through the portal (e.g., access to the care plan, clinical data, Plan coverage and details);

    c. Functionality for secure electronic communication between care coordinators and Enrollees;

    d. Functionality for secure communications between care team members;

    e. Enrollee Notices and Letters; and

    f. Ability to submit an Appeal or Grievance through the Portal, specifically:

        i. The Bidder shall describe the process to ensure that Enrollee and Provider web portal functions and phone-based functions are available to Enrollees and Providers 24 hours a day, seven days a week; and

        ii. Policies and procedures that demonstrate how the Bidder will preserve the integrity of Enrollee-sensitive data that resides in both a live and archived environment.

B. Electronic Health Records and Event Information

The Bidder shall:

1. Describe how it will establish and implement policies and procedures to increase utilization of health information exchange services operated or promoted by the Mass HIway (e.g., Direct Messaging, Statewide Event Notification Service Framework, Query and Retrieve).

2. List the different Electronic Health Record (EHR) systems used by the Bidder's Network Providers.

3. If more than one EHR system, describe the systems currently in place to integrate Enrollees' information across these EHR systems, and how the Bidder will address any gap areas to ensure integrated EHR data and interoperability by the Contract Operational Start Date.

4. How all individuals and organizations involved in providing care coordination supports (e.g., care coordinators, clinical care managers, LTS Coordinators, GSSCs, delegated care coordination or care management entities) currently have access to EHR system(s) used by Primary Care Providers in the Bidder's Provider Network. If any of the individuals or organizations do not currently have access, describe plans to provide them access by the contract operational start date.

5. Describe how the Bidder has established, or will establish, Electronic Clinical Data Systems (ECDS), with the capability to collect data to calculate Electronic Clinical Quality Measures (eCQMs) or Digital Quality Measures (dQMs).

6. Describe how the Bidder will establish and implement policies and procedures to ensure that all its Network PCPs, enable and utilize Query and Retrieve functionality that is natively available in their EHRs.

7. Attest that at least 75% of the Bidder's Eligible Clinicians will have adopted and integrated interoperable Electronic Health Records (EHR) certified by the Office of the National Coordinator (ONC) using ONC's 2015 certification edition, along with subsequent edits to the 2015 certification edition pursuant to the 21st Century Cures Act, by the Contract Effective Date. If the Bidder cannot provide this attestation, the Bidder shall explain its work plan for meeting the 75% requirement described here no later than the Contract Operational Start Date.

8. Describe how the Bidder and PCPs in its Provider Network will access or receive event notifications from an EOHHS-Certified ENS Vendor participating in the Statewide ENS Framework, as well as integrate such event notifications into its care management and care coordination workflows.

9. Describe how the Bidder will be notified that the Enrollee has presented at a hospital emergency department or at an emergency Behavioral Health service (including Adult Mobile Crisis Intervention services), specifically:

    a. How the Bidder will notify the Enrollee's care team of an Enrollee emergency;

b. How the Bidder will activate and initiate care coordination activities related to the emergency, short-term and post-discharge services and supports, and required follow-up activities and visits;

c. How the Bidder will measure and evaluate the timeliness of such follow-up;

d. How the Bidder will work with the Enrollee's PCP and other Providers in emergency situations;

e. How the Bidder will ensure the Enrollee's assessments and Care Plans are updated accordingly and as required in **Section 2.5 of Attachments A and/or B**; and

f. How the Bidder's approach differs for Enrollees presenting with pre-existing and known vs. newly emerging conditions.

Section 6.8 Claims and Encounters

(Not to exceed 4 pages)

A. Claims Processing

The Bidder shall describe how it will comply with requirements of **Section 2.15.7 of Attachments A and B.** Specifically, the Bidder shall:

1. Describe its proposed Claims processing, adjudication, and payment processes and systems, including how the Bidder will comply with **Section 2.15.7 of Attachments A and B**, and a description of procedures used to review, verify, and pay a Claim.

2. For Calendar Year 2022, describe its actual turnaround times for requests for prior authorization of services and responses to Member and Provider inquiries.

3. Describe the Bidder's internal appeals process for claims denials between the Bidder and Providers.

4. Describe what percentage of the LTSS Provider Network has the capability to submit electronic Claims vs. paper Claims and what steps the Bidder will take to increase electronic revenue cycle capacity. Include any specifics on funding, providing hardware and software, training, etc. to Providers.

5. Complete (**and submit as an attachment**) the template (**Attachment D, Exhibit 6.8.A, Q1-Q4**) for Claims processing volume and timely payment (submit the completed template as an attachment). See instructions within **Attachment D** to determine the program(s) claims Bidders should use to complete the Exhibits.

B. Encounter Data

The Bidder shall describe how it will satisfy the requirements in **2.15.2 and Appendix E** of **Attachments A and B.** Specifically, the Bidder shall:

1. Describe its proposed approach and experience with collecting, validating, and submitting complete and accurate Medicaid and Medicare Encounter Data in a timely manner. Such description shall include:

    a. Experience and success submitting such data to the MassHealth Data Warehouse;

    b. Capacity and proposed approach for meeting the EOHHS standards set forth in **Section 2.15.2** and **Appendix E** of **Attachments A and/or B;**

    c. The Bidder's internal standard for completeness and accuracy of Encounter Data; and

    d. The Bidder's plan to adopt national HIPAA 837 standards for Encounter Data submissions to EOHHS, which EOHHS expects to implement in or around 2025; for any Bidder currently submitting Encounter Data to EOHHS using the EOHHS-specific standards set out in **Appendix H** of **Attachments A and B**, also include how the Bidder will ensure the transition between such standards is accomplished smoothly and completed prior to implementation of the Model Contract(s) for One Care and or SCO resulting from this RFR.

2. Key staffing and leadership roles that support the governance and management of Encounter Data, supporting systems and interfaces. This shall also include expected percent allocation to support the work described.

3. The process the Bidder uses to capture Encounters with Providers that are paid on a capitated basis.

4. If the Bidder is currently contracted with EOHHS as a One Care and/or SCO Plan, a statement describing whether the Bidder experienced any Encounter Data quality issues (completeness, accuracy, timeliness, other if applicable) during calendar years 2022 and 2023. For any such quality issues, the Bidder shall describe what actions the Bidder has taken to date to remediate those issues, and the associated outcomes, including any supporting data. In addition, the Bidder shall:

    a. Describe the monitoring reports and processes the Bidder has instituted to ensure those quality issues do not re-occur.

    b. State the duration of time from issue identification to resolution. If that duration of time was greater than 60 days, the Bidder shall describe how it will improve issue resolution times if selected for a Contract under this RFR, including improving specific processes, diverting staffing and resources, and names of leadership accountable to ensuring issues resolved in a timely fashion.

Section 7. Programmatic Response: Material Subcontractors

Section 7.1 Material Subcontractors (Instructions)

For **each** entity with which the Bidder expects to contract as a Material Subcontractor (as defined in **Section 1** of **Attachments A and B**) for its One Care Plan, SCO Plan, or both, the Bidder shall complete questions in **Sections 7.2, 7.3, 7.4,** and the organization questions in **Section 8.9** (Business Response).

For avoidance of doubt, the Bidder shall not provide a Response to this **Section 7.1**.

Note that selected Bidders will be required to submit **Appendix K, Material Subcontractor Checklist** of **Attachments A and B** (the Model Contracts) for all Material Subcontractors as part of Readiness Review as described in **Section 2.2** of the Model Contracts, and as otherwise required in accordance with **Section 2.3.5** of the Model Contracts**.**

Section 7.2 Material Subcontractor Index

(Not to exceed 2 pages)

A. The Bidder shall provide a numbered list of all proposed Material Subcontractors.

B. If the Bidder does not propose to use any Material Subcontractors for its One Care Plan, SCO Plan, or both, the Bidder shall state in response to this **Section 7.2**: "Section 7 Not Applicable."

Section 7.3 Supplemental Questions

Bidders shall respond to each applicable subsection of this **Section 7.3** when the Bidder proposes to subcontract the listed function.

If the Bidder is not proposing to use a Material Subcontractor for any of these functions, respond to that item with "N/A."

A. Behavioral Health Network

(Not to exceed 4 pages)

1. Describe the Bidder's oversight and monitoring processes for the Behavioral Health Network Material Subcontractor. This description shall include, but is not limited to, the following:

    a. How the Bidder will monitor the development of the provider network, payment of claims, and credentialing;

    b. How the Bidder will hold the Behavioral Health Material Subcontractor responsible if it does not meet requirements;

c. How the Bidder will conduct a formal review process of the Behavioral Health Material Subcontractor; and

d. How the Bidder will utilize corrective action plans or predetermined sanctions in the event of noncompliance.

2. Describe how the Behavioral Health Network Material Subcontractor will support the integration of physical and behavioral care management and how care management will be structured for Enrollees with both medical and Behavioral Health needs that require care management. This description shall include, but shall not be limited to, the following:

   a. Quality improvement efforts;

   b. How integration will be measured, monitored, and evaluated; and

   c. The current capacity of the Bidder's PCPs to address Behavioral Health needs.

3. Describe the process by which the Bidder and the Behavioral Health Network Material Subcontractor will monitor the Behavioral Health Network to ensure compliance with all access and availability standards, including appointment wait times.

B. Pharmacy Benefit Manager (PBM)

(Not to exceed 5 pages)

1. Describe the process that will be used to minimize the risk of drug diversion, including the respective roles of the PBM Material Subcontractor and the Bidder in this process, and the nature of communication and collaboration between the Material Subcontractor and the Bidder in this process.

2. Describe the process that will be used to provide emergency access (i.e., weekends, after hours, etc.) if an Enrollee does not receive a prescription drug in a timely manner. Describe the respective roles of the PBM Material Subcontractor and the Bidder and the nature of communication and collaboration between the PBM Material Subcontractor and the Bidder in this process.

3. Describe the process that will be used to ensure that an Enrollee will not be denied medications as a result of being charged an erroneous copayment. Describe the respective roles of the PBM Material Subcontractor and the Bidder and the nature of communication and collaboration between the PBM Material Subcontractor and the Bidder in this process.

4. Verify that the proposed PBM Material Subcontractor understands and is able to implement timely changes to conform with the MassHealth Drug List.

5. Attest that the Bidder's arrangement with its proposed PBM Material Subcontractor meets the requirements set forth in **Section 2.7.6.2.1.3** of Attachment A and **Section 2.7.6.2.4** of Attachment B.

6. Pharmacy Networks:

    a. Describe plans for continuity of care for an Enrollee if the Enrollee's prior pharmacy will no longer be in the Bidder's Provider Network (e.g., how the Bidder or PBM Material Subcontractor will transfer Prior Authorizations (PAs) from the Enrollee's prior pharmacy or PBM to the Bidder's PBM Material Subcontractor and assist Enrollees in finding a new pharmacy if their current pharmacy will no longer be in the network).

    b. Demonstrate that the proposed Pharmacy Provider Network meets applicable access and availability requirements as set forth in the Contract.

C. Aging Services Access Points (ASAPs) (SCO Only)

(Not to exceed 4 pages)

This subsection shall be completed by all Bidders proposing to operate a SCO Plan. Bidders shall describe any differences in the subcontracting arrangements with various ASAPs but may submit a single response to this subsection for the set of Material Subcontracting ASAPs.

1. List the ASAPs proposed as Material Subcontractors for the Bidder's SCO Plan.

2. In addition to the required GSSC case management, describe any additional functions the ASAP(s) will be providing for the bidder.

3. Describe the oversight plan and payment arrangement for any additional functions.

4. Describe the oversight plan and payment arrangement for the provision of GSSCs.

5. Describe the validation checks by which the Bidder and its contracted ASAP(s) will monitor and validate the ASAP's management of its LTSS provider network (if applicable).

6. Describe whether/how the Bidder will utilize the ASAP(s) provider network to provide Covered Services to Enrollees.

7. Describe the Bidder's plans to contract directly with community LTSS providers for State Plan services.

8. Describe the Bidder's plans to contract directly (e.g. not through an ASAP) with any LTSS providers for Frail Elder Waiver services described in Appendix B of the Frail Elder Waiver (**Appendix R** of **Attachment B**).

9. All providers of FEW Services to FEW Enrollees are required to meet the provider

qualification certifications and other requirements set forth in Appendices C-1 and C-3 of the Frail Elder Waiver (**Appendix R** of **Attachment B**.) Describe how the Bidder will fulfill these requirements, including ongoing monitoring activities for:

a. Directly contracted providers;

b. Providers contracted through an arrangement with one or more ASAPs.

D. LTSS Network (Other)

(Not to exceed 4 pages)

This subsection shall be completed by Bidders proposing to operate 1) a One Care Plan with subcontracted LTSS Network management functions, and/or 2) a SCO Plan with LTSS Network management functions subcontracted to a non-ASAP entity for those activities not included in the SCO Bidder's response to ASAP Material Subcontractors in ***Section 7.3.C*** *above.*

1. Describe the activities the Material Subcontractor would perform related to LTSS Provider Network Management.

2. Describe the oversight plan and payment arrangement for such functions.

3. If applicable, list the Covered Services for which the LTSS Provider Network Manager will subcontract.

4. Describe the validation checks by which the Bidder and the LTSS Provider Network Manager will monitor and validate management of the LTSS provider network.

E. Care Coordination/Care Management

(Not to exceed 4 pages)

1. Describe the process that will be used to transfer the active caseloads of Enrollees currently receiving Care Management to the Bidder's proposed Care Coordination/Care Management Material Subcontractor.

2. Describe the process that will be used to ensure minimal disruption to new Enrollees and their prior care management arrangements. Describe the respective roles of the Care Coordination/Care Management Material Subcontractor and the Bidder and the nature of communication and collaboration between the Care Coordination/Care Management Material Subcontractor and the Bidder in this process.

3. Describe the process that will be used to ensure effective communication and coordination between the Care Coordination/Care Management Material Subcontractor, PCPs of Enrollees in care management, and the Bidder. Describe the respective roles of the Care Coordination/Care Management Material Subcontractor and the Bidder and the nature of communication and collaboration

between the Care Coordination/Care Management Material Subcontractor and the Bidder in this process.

4. Describe the local (Massachusetts) footprint, resources, and staffing of any Care Coordination/Care Management Material Subcontractor.

F. Utilization Management

(Not to exceed 2 pages)

1. Describe the mechanisms the Bidder will use to ensure that the Utilization Management Material Subcontractor-managed levels of service utilization are appropriate, ensure high quality care, and apply the broader Medical Necessity definition and scope of Covered Services required in One Care (**Attachment A**) and/or SCO (**Attachment B**).

2. Describe the local (Massachusetts) footprint and staff resources of any such Utilization Management Material Subcontractor.

G. Claims Processing

(Not to exceed 2 pages)

1. Explain what steps will be taken to ensure that the new claims system can properly perform all required interfaces with MMIS.

2. Describe how the Bidder will ensure the Claims Processing Material Subcontractor's compliance with time standards for claims processing, and how the Bidder will identify and mitigate outlier claims denials.

H. Call Center

(Not to exceed 3 pages)

1. Describe the process for handling various types of calls from Enrollees and prospective Enrollees.

2. If a separate entity is responsible for handling calls from Enrollees and prospective Enrollees for the Bidder's proposed One Care Plan or SCO Plan than the entity that handles calls for other product lines, describe the nature of referral and coordination between the Call Center Material Subcontractor(s) and Bidder.

3. Describe how the Bidder will ensure that all required Enrollee notifications occur in a timely and effective manner.

Section 7.4 Description of Arrangements

(Not to exceed 3 pages per Material Subcontractor)

A. For **each** Material Subcontractor, the Bidder shall provide the following information: The program(s) (One Care, SCO, or both) the Material Subcontractor will serve;

B. The Material Subcontractor's Name;

C. The Subcontracted Function (e.g., Pharmacy Benefits Manager);

D. A description of the arrangement with the Material Subcontractor, including the Bidder's role, the Material Subcontractor's role, and the scope of responsibilities and functions the Material Subcontractor will perform;

E. An explanation of why the Bidder plans to subcontract this service or function;

F. The processes the Bidder will implement to monitor and evaluate the performance of the Material Subcontractor to ensure that all contract requirements are met and to determine the return on investment;

G. A summary of how the Material Subcontractor's onboarding/training program will ensure that the Material Subcontractor's staff's expectations align with the program and policy goals outlined in the RFR;

H. How the Bidder will ensure that Covered Services, including any provided through Material Subcontractors, are coordinated, integrated, and delivered in a person-centered manner to maximize independent living, community-based care, and the health and well-being of Enrollees;

I. How the Bidder will ensure that its Material Subcontractors are appropriately involved in clinical decision-making, including but not limited to the Bidder's Utilization Management, Prior Authorization, and Medical Necessity activities;

J. How the Bidder will ensure its responses to EOHHS requests concerning contract management performance and responsiveness (as described in **Section 2.3.2** of **Attachments A and B**) include data and information from the Material Subcontractors;

K. How the Bidder will manage and integrate operational functions with its Material Subcontractors to ensure that all Contract requirements are met, including:

   1. Data sharing and system integration;

   2. Delegated and/or shared decision making;

   3. Ability to create a consistent Enrollee experience across Providers;

   4. Benefits integration; and

   5. Authorization of services consistent with the Enrollee's care plan.

L. How the Material Subcontractor will engage with or impact Enrollees, specifically:

1. Whether the Material Subcontractor will be visible to and interface with Enrollees, or whether it will work with and visible to only the Bidder;

2. An estimate of how many or what percentage of the Bidder's projected Enrollees the Material Subcontractor would serve;

3. How and when the Bidder will identify and notify Enrollees about the Material Subcontractor's role; and

4. Whether Enrollee ID cards will include the Material Subcontractor's name and contact information.

Section 8. Business Response Requirements

The Bidder shall meet all standards and must comply with all Business Response submission requirements in this Section.

Section 8.1 Cover Letter

(Not to exceed 3 pages)

The Bidder must include with its Response a Cover Letter that clearly states the name of the Bidder and the Bidder's principal address. The letter shall be signed by an individual authorized to bind the Bidder and to negotiate to execute a Contract resulting from this RFR on behalf of the Bidder. Specifically, the letter shall include the following information:

A. An indication of which Program(s) the Bidder is submitting a Response to operate (i.e., One Care, SCO, or both).

B. For each Program, the Counties for which the Bidder is submitting a proposal, and an affirmation that the Bidder shall accept all Counties in which they are selected in accordance with **Section 3.4.C**.

C. That the Bidder meets all qualifications included in **Section 3.8.**

D. A statement that clearly articulates that the Bidder accepts the terms of this RFR and of the applicable Model Contract(s) provided in **Attachment A or B**, without substantive change.

E. A statement that the Bidder's Response will remain in effect until a Contract resulting from this RFR is executed.

F. The name, address, email address, and telephone number of the individual who should be contacted for the purpose of discussing any aspect of the Bidder's Response.

Section 8.2 Organization Information

(Not to exceed 2 pages)

A. Organizational Overview **(Not to exceed 2 pages)**

The Bidder shall provide the following information:

1. The Bidder's legal name, trade name(s), and any other name(s) under which the Bidder does, or has done, business;

2. The Bidder's Federal Employer Identification Number (FEIN);

3. The Bidder's ownership status (whether the bidding organization is publicly traded or privately held). If privately held, identify the owner(s) with 5 percent or more financial interest in the organization;

4. The type of legal entity (for example, corporation [profit or not for profit], limited partnership, general partnership, or trust), and the state where the entity is organized, including any parent organization;

5. The Bidder's contact and location information, including:

    a. The business address, telephone number, email address, website URL, and business hours of the Bidder's principal place of business; and

    b. The business address, telephone number, email address, website URL, and business hours of any site(s) other than the Bidder's principal place of business that will be used for directing or administering the Covered Services to be provided under the Contract.

6. The Bidder's date of first incorporation;

7. The Bidder's organizational goals or mission statement;

8. The relevance of Medicare-Medicaid integrated managed care to the mission of the Bidder's organization; and

9. The percent of total lives covered by the Bidder who are:

    a. Medicaid lives;

    b. Medicare lives;

    c. Adults under age 65 with disabilities;

    d. Older adults (ages 65+); and

    e. Dual Eligible individuals.

B. Organization Performance History (complete and submit templates as attachments)

The Bidder shall provide:

1. Annual Medicare Advantage Star Ratings for each of Part C and Part D, and overall, for all Medicare Advantage Plans, Medicare Advantage Part D Plans, and Medicare Advantage D-SNPs that the Bidding entity or its parent or subsidiary organization has operated since the 2019 Plan Year. List each such item using the template in **Attachment H**, **Exhibit 1**.

2. Medical Loss Ratios: for all organizations listed in response to **Section 8.2.B.1**. above, also list the Medicare Medical Loss Ratio (MLR) for each year using the template in **Attachment H, Exhibit 1** (last column on the Star Ratings & MLR tab).

Section 8.3 Legal Actions

(Not to exceed 5 pages in total)

A. Compliance with Laws (Not to exceed 2 pages)

1. The Bidder shall state whether the Bidder, its parent, subsidiary, affiliate, or Material Subcontractor:

   a. Is the subject of any current litigation or investigations into potential non-compliance under state or federal law;

   b. In the past three years, has had any claims, judgments, injunctions, liens, fines, or penalties secured by any governmental agency as the result of litigation or an investigation into non-compliance;

   c. Has any outstanding liabilities to the Internal Revenue Service or any other government agency (state or federal); or

   d. In the past three years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements, and/or laws and regulations or any material disallowances.

2. If the Bidder responds affirmatively to any item above, the Bidder shall briefly describe the circumstances including, but not limited to:

   a. The regulatory agency(ies) or authority(ies) involved;

   b. A description of the deficiency, corrective actions, findings of non-compliance, and/or sanctions; and

   c. An explanation of which of these actions or fines, if any, were related to Medicaid, Medicare, or CHIP programs.

B. Compliance with Contracts **(Not to exceed 2 pages)**

1. The Bidder shall state whether, since January 1, 2017, the Bidder, parent company, subsidiary, or affiliate for any offered Medicare or Medicaid products:

a. Has had a contract terminated or not renewed for poor performance or non-performance; and/or

b. Has had any warnings, sanctions or corrective action requirements imposed for non-compliance with Contract terms.

2. If the Bidder responds affirmatively to any item above, briefly describe the circumstances including, but not limited to:

a. The name of the state and contracting entity involved;

b. The product line (i.e., Medicaid or Medicare);

c. The date and description of the violation or findings of non-compliance; and

d. A description of the action taken (e.g., warning, fine, contract termination).

3. Compliance Actions **(complete and submit templates as attachments; if none, state as "N/A")**

a. The Bidder shall list any and all monetary penalties that have been applied to the Bidder, parent company, and any subsidiary, or affiliate for any Medicare or Medicaid products since January 1, 2017. For each such item, list using the template in **Attachment H, Exhibit 2**.

b. The Bidder shall list any and all actions that have been applied to the Bidder's legal entity that have or will result in points related to Medicare compliance actions pursuant to Section 422.502(b)(e)(1) and 422.503(b)(e)(1). For each such item, list using the templates in **Attachment H, Exhibit 3** and **Exhibit 4**.

C. Conflict of Interests **(Not to exceed 1 page)**

1. Neither the Bidder nor any Material Subcontractor may have any interest that will conflict, as determined by EOHHS, with the performance of services required under this RFR. To demonstrate freedom from conflicting interests, the Bidder shall submit the following:

a. A statement describing any and all of the financial, legal, contractual, and other business interests of the Bidder and any Material Subcontractor, its affiliates, partners, parent(s), subsidiaries, and related organizations, if any, that may affect or impact its performance under the Contract. In cases where such relationships or interests exist or appear to exist, the Bidder shall describe how a potential or actual conflict of interest will be avoided or remedied; and

b. Any other information that may be relevant to the Bidder's or any Material Subcontractor's financial, legal, contractual, or other business interests as they relate to the RFR and Contract.

Section 8.4 Financial Condition

(Not to exceed 1 page)

A. The Bidder shall submit documentation to demonstrate to the satisfaction of EOHHS that the Bidder's organization (and the Bidder's parent organization and Material Subcontractors, if any), is in sound financial condition and that any significant financial problems are being addressed with appropriate corrective measures. The documents submitted must include at least the following:

   1. A disclosure of any financial audit of the Bidder that is either ongoing or concluded in the last two years, and a copy of the auditor's report (submit the report as an attachment). The Bidder shall also submit such information with respect to the Bidder's parent organization and any Material Subcontractors; and

   2. (Submit as an attachment) A certificate from the taxing authority of the state in which the Bidder has its principal office, attesting that the Bidder is not in default of any obligation under its tax laws. Corporations with principal offices in Massachusetts may satisfy this requirement may be satisfied by submitting a "Certificate of Good Standing" issued by the Massachusetts Department of Revenue (DOR). For instructions on obtaining the DOR certificate, click https://www.mass.gov/info-details/dor-certificate-of-good-standing-andor-corporate-tax-lien-waiver-faqs.

B. EOHHS may disqualify a Bidder if the Bidder fails to submit the documents required by this Section, or if the documents indicate to EOHHS, in its reasonable discretion, that the Bidder's, the Bidder's parent organizations, or the Bidder's Material Subcontractors' (if any), financial condition is unsatisfactory.

Section 8.5 Qualified Bidder

The Bidder shall attest to each of the following:

A. The Bidder has the capacity and willingness to perform all functions in this RFR and in the appropriate Model Contract (**Attachment A and B** to this RFR);

B. The Bidder is located within the United States;

C. The Bidder does not have, nor may any of the Bidder's Material Subcontractors have, any financial, legal, contractual, or other business interest in EOHHS's enrollment broker, or in such vendor's Material Subcontractors, if any;

D. The Bidder does not have, nor may any of the Bidder's Material Subcontractors have, any financial, legal, contractual, or other business interest in EOHHS's External Quality Review Organization Contractor, or in such vendor's Material Subcontractors, if any;

E. The Bidder currently holds, or is on track to hold by January 1, 2026, a Division of Insurance (DOI) license to operate as a health maintenance organization (HMO) in Massachusetts, consistent with the requirements of 211 CMR 43.00;

F. If selected, the Bidder will apply to CMS to operate a Medicare Advantage Special Needs Plan (Parts A, B, and D) for 2026 for persons dually eligible for Medicare and Medicaid for each county in which the Bidder is selected by EOHHS to operate a One Care Plan or to newly operate a SCO Plan; and/or

G. The Bidder will align an existing SCO Medicare Advantage D-SNP Contract with the counties in which the Bidder is selected by EOHHS to operate a SCO Plan as of 2026, including through a Service Area Expansion or Service Area reduction, as necessary;

H. The Bidder has no knowledge of any reason for which they would be excluded from participation;

I. If the Bidder is submitting a Response for the One Care Program, the Bidder meets the definition of a One Care Plan as defined in **Section 1 of Attachment A**;

J. If the Bidder is submitting a Response for the SCO Program, the Bidder meets the definition of a SCO Plan as defined in **Section 1 of Attachment B**; and

K. The Bidder is not an excluded individual or entity as described in 42 CFR 438.808(b).

Section 8.6 IT Systems and Security Policies and Procedures

(Not to exceed 8 pages)

A. MMIS and General Requirements

The Bidder shall describe:

1. The Management Information System (MIS) it proposes to use in performance of its Contract obligations and how the MIS shall comply with all the requirements described in **Section 2.15 of Attachments A and B**. At a minimum, the description shall address:

    a. The length of time the Bidder has been utilizing the MIS proposed for the Contract(s). If the Bidder has used the proposed MIS for fewer than two years, describe how it will assure system stability;

    b. Hardware and system architecture specifications for all systems that would be used to support the Bidder's operational processes (i.e., enrollment, Claims processing, customer service systems, Utilization Management/service authorization, care management/care coordination, and financial systems);

    c. A flow chart or other visual representation of all proposed data interfaces and process flows for all key business processes (submit as attachments); and

d. A Data management plan including, but not limited, to a summary of:

i. Technology platforms;

ii. Data Quality Management (DQM) processes; and

iii. Department resourcing.

2. Data quality plan detailing how the Bidder manages and ensures data quality.

3. A summary of its disaster recovery plan, describing in the case of a catastrophic event how systems will be back up and running within three calendar days.

4. How functional areas are integrated and how the Bidder's system will interface and exchange data with EOHHS, Network Providers, and care coordination organizations and individuals.

5. Proposed resources dedicated to MMIS exchanges.

6. Attest to the availability and capability of the IT systems and data elements required to produce required management reports; and

7. Describe its capacity and process for sending and receiving data in HIPAA-compliant transactions and processes and controls the Bidder has in place to maintain data integrity.

B. System Architecture

The Bidder shall:

1. Describe in detail the capabilities and capacity of the Bidder's IT system to support the requirements in **Section 2.15.5 and 2.15.6 of Attachments A and B**.

2. Describe its ability to interface with EOHHS's systems as described in **Section 2.15.5.5 of Attachments A and B**. This shall include:

a. A detailed description of the Bidder's experience establishing and maintaining electronic interfaces with other entities (purchasers or other program contractors); and

b. Submitting (as attachments) diagrams that illustrate

i. Point-to-point interfaces;

ii. Information flows; and

iii. The networking arrangement ("network diagram") associated with the information systems described above.

C. Security and Risk Mitigation Policies and Procedures

The Bidder shall:

1. Describe how it will ensure HIPAA-compliant equipment, systems, policies, and procedures are in place;

2. Provide a description of its own and its proposed Material Subcontractors' respective internal data security procedures and policies applicable to work performed by them for customers;

3. Describe how it will identify, provide timely communication on, and address potential and confirmed risks, breaches, and service disruptions, including how a system or network outage would be addressed; and

4. For any circumstances over the past five (5) years in which the Bidder or its proposed Material Subcontractor(s) has reported or otherwise been involved in a breach of the security, confidentiality, or integrity of a customer's data, provide (submit as a single attachment):
   a. A summary of the breach, the number of members impacted, and how many days after the incident date the Bidder/Subcontractor notified the appropriate state or federal agency;
   b. For incidents impacting customer data within Massachusetts, also provide a summary of preventive steps taken to address system gaps after the incident.

Section 8.7 Required Forms and Certifications (submit as attachments)

A. The Bidder shall complete, sign, and submit the following forms which may be downloaded from COMMBUYS:

   1. Massachusetts Substitute W-9 form – Request for Taxpayer Identification Number and Certification;

   2. Contractor Authorized Signatory Verification Form;

   3. MassHealth Federally Required Disclosure Form (**Attachment I**): Disregard the submission instructions on the last page of this form and instead submit it with the Bidder's Response;

   4. Supplier Diversity Program (SDP) Plan Form as described in **Section 10.15**; (Bidders may attach to this SDP Plan Form an SDP Focus Statement as described in **Section 10.15.E)**; and

   5. EOHHS-Required Bidder's Certification (see **Section 8.7.B)**.

B. The following two documents are included among the required forms for review purposes only. Bidders will certify acceptance of the terms and conditions in these documents in the EOHHS-Required Bidder's Certifications.

1. Standard Contract Form (Bidders do not need to complete this form); and

2. Commonwealth Terms and Conditions.

Instruction: Responses to each Section that follows shall be labeled as applying to either One Care or SCO. For Bidder proposals to operate both a One Care and a SCO Plan, these Sections of the Business Response shall be completed and submitted twice – once for the proposed One Care Plan, and once for the proposed SCO Plan.

Section 8.8 Key Personnel and Staffing

A. Organizational charts (submit as attachments) of:

1. The Executive Management Staff of the Bidder's organization;

2. The Key Personnel performing duties described in **Attachment A**, **Attachment B**, or both, including functional titles and names of incumbent individuals; and

3. The Bidder's overall operating structure, depicting the key teams or units, and the numbers of FTEs for each, involved in performing the Bidder's activities under the Contract, including organizational staffing for Behavioral Health and for LTSS.

B. Personnel (Not to exceed 5 pages)

For all Key Personnel Roles described in **Section 2.3.1.2.2** of **Attachments A** and/or **B**, submit the following for each individual in one of these roles:

1. The individual's name, résumé (submit résumés as attachments; remove personal contact information from the résumé), and Key Personnel role(s) filled by the individual, as well as the individual's time allocated to the role expressed as full-time equivalents (FTEs);

2. The individual's County of primary residence in Massachusetts;

    a. For Massachusetts residents (full-time or part-time), the Massachusetts County of primary residence;

    b. For individuals residing in a state other than Massachusetts:

        i. the County and State of primary residence;

        ii. the Massachusetts County or Counties in which the individual physically works, and the amount of their work time conducted from Massachusetts on the One Care Plan or SCO Plan, expressed as Full-Time Equivalents (FTEs); and

        iii. the amount of their work time conducted from outside Massachusetts on the One Care Plan or SCO Plan, expressed as FTEs.

3. If the individual also spends substantial work time outside of Massachusetts, list the state(s) from which the individual also works, and the percentage of their time allocated to each state, including Massachusetts (e.g., MA: 85%; [State 2]: 5%; [State 3]: 10%);

4. A brief description of the individual's role in the Bidder's governance and operating structure;

5. A description of the Bidder's plans, including timelines, to recruit staff for any Key Personnel positions not currently filled and what experience and skills the Bidder would be looking for in the staff it would recruit;

6. A description of the operating structure's leadership and how this leadership reports to and otherwise interacts with the Bidder's governance structure; and

7. A listing of its Governing Board members, if any, of the Bidder's Organization and of the Bidder's parent organization, if any, including the number of voting MassHealth Consumers or MassHealth Consumer advocates in accordance with **Section 2.3.1.1.2.** of **Attachments A** and/or **B**.

Section 8.9 Material Subcontractors

(Not to exceed 1 page per Subcontractor)

A. The Bidder shall state whether Material Subcontractors will be used to perform any services under the Contract, and if so, shall identify each such Material Subcontractor by:

   1. Corporate or other legal entity name;

   2. Principal address and telephone number, and Massachusetts address and telephone number;

   3. Federal Employment Identification Number (FEIN); and

   4. Status as a Supplier Diversity Office (SDO) certified Minority Business Enterprises (MBEs), Women Business Enterprises (WBEs), Minority and Women Nonprofit Organizations (M/WNPOs), Veteran Business Enterprises (VBEs), Veteran Non-Profit Organizations (V/NPOs), Service-Disabled Veteran-Owned Business Enterprises (SDVOBEs), Disability-Owned Business Enterprises (DOBEs), and Lesbian, Gay, Bisexual and Transgender Business Enterprises (LGBTBEs).

B. For each Material Subcontractor, the Bidder shall submit, along with the EOHHS-Required Bidders Certification, a Certification with Regard to Material Subcontractor. If a proposed Material Subcontractors has not yet formalized an agreement with the Bidder, the Bidder shall submit a letter of intent signed by each proposed Material

Subcontractor and indicate the timeline on which the Bidder and Material Subcontractor shall formalize their agreement.

Section 8.10 Product Financial Projections

(Complete and submit templates as attachments)

The Bidder shall submit Summarized financial projections, Frailty Adjuster assumptions, and Star Rating assumptions for the Plan(s) the Bidder proposes to operate for the first three (3) contract years, using the template in **Attachment H, Exhibit 5**. If the Bidder is proposing to operate both a One Care Plan and a SCO Plan, submit the completed exhibit twice – once for each Plan.

Section 9. Response Evaluation Process

Section 9.1 Response Review and Evaluation

A. Response Review

The Evaluation Committee (Committee) will evaluate all Responses that comply with this RFR's Response submission instructions (**Section 4**) and that include a Programmatic Response (**Sections 5, 6, and 7**) and a Business Response (**Section 8**). The Committee will not provide further consideration to Responses that do not satisfy these requirements. The Committee may invite subject matter experts, including individuals contracted as Consumer Reviewers, to review Responses to this procurement.

Bidders selected by EOHHS for contract negotiations must be eligible to operate a Medicare Advantage D-SNP only Contract in Massachusetts in 2026, and meet all the CMS Medicare Advantage Plan Application and Contract renewal requirements for 2026, including for Medicare Part D.

B. Evaluation Criteria

The Committee will determine whether the Bidder has satisfied all Business requirements and will evaluate each element of the Bidder's Programmatic Response for comprehensiveness, appropriateness, feasibility, clarity, effectiveness, innovation, and responsiveness to the needs and goals of EOHHS.

EOHHS favorably considers Bidders with higher Supplier Diversity Commitments (See **Section 10.15**). EOHHS may also consider any relevant information about the Bidder known to EOHHS, including a Bidder's previous performance in Medicare and Medicaid and other programs administered by EOHHS or CMS, and any compliance actions, monetary penalties, corrective actions, or restrictions imposed by EOHHS or CMS. EOHHS will select the Responses which, in its sole discretion, it determines demonstrates best overall value to EOHHS and the Commonwealth.

C. Response Rating

The Committee will (1) evaluate Programmatic Responses in accordance with the criteria described in **Section 9.1.B**; (2) give a composite rating of "Excellent", "Very Good", "Good", "Fair", "Poor", or "Non-Responsive" for each Section evaluated; (3) assign an overall rating to each Response; (4) compare the Responses to one another; and (5) rank the Responses in order of preference.

D. Preferences

1. EOHHS may prefer Responses submitted by a Bidder proposing to operate both a One Care Plan and a SCO Plan with aligned Provider Networks.

2. EOHHS may prefer Responses that propose to cover at least six (6) counties.

E. Oral Presentation/Staff Interview

The Committee may, in its sole discretion, invite those Bidders whose Responses have been judged competitive and responsive in the course of the evaluation to attend an Oral Presentation. At that time, the Bidder's proposal may be discussed and clarified, but not changed or corrected in any way. Such presentations may be held either in person, at a location of EOHHS' choosing, or virtually.

The Committee may invite subject matter experts, including individuals contracted as Consumer Reviewers, to review Responses to this procurement, and to attend part or all the Bidder's Oral Presentation.

The Committee reserves the right to apply restrictions to the structure and content of the Oral Presentation, and to instruct the Bidder regarding attendees.

Oral Presentations shall not be open to the public nor to any competitors.

Failure of a Bidder to agree to a date and time for an Oral Presentation may result in rejection of the Bidder's Response.

F. Site Visit/Inspection

EOHHS may, in its sole discretion and at its convenience, elect to visit or inspect any of a Bidder's offices, facilities or resources prior to executing a Contract under this RFR. Such a visit or inspection could include a detailed review of the Bidder's operations and systems relevant to this RFR. Failure to agree to such an inspection may result in rejection of the Bidder's Response.

G. Best and Final Offer

Each Response should be submitted on the most favorable terms the Bidder can offer. EOHHS reserves the right to request a best and final offer (BAFO) from any Bidder.

H. Recommendation to Enter into Contract Negotiations

After the Committee completes its evaluation, comparison, and ranking of all proposals, and, if applicable, oral presentation(s), site visit(s), and BAFO, the Committee may recommend to the Assistant Secretary for MassHealth or their designee a Bidder or Bidders with which to enter into Contract negotiations to operate a One Care Plan, a SCO Plan, or both. The Assistant Secretary's decision shall consider the Committee's recommendation and the best interests of the Commonwealth. EOHHS is under no obligation to award a Contract pursuant to this RFR.

1. Bidders may submit Responses to this RFR to operate a One Care Plan; a SCO Plan; or both a One Care Plan and a SCO Plan.

2. EOHHS may select a Bidder to operate a One Care Plan; a SCO Plan; both a One Care Plan and a SCO Plan, or neither.

    a. Program Awards

        i. Contracts shall be awarded separately for each of One Care and SCO. Bidders shall accept Contract awards to operate the Program(s) (i.e., One Care, SCO, or both) for which they are selected, whether or not they are selected for all Program(s) for which the Bidder submitted a Response.

    b. County-based Awards

        i. All Contract awards shall be by county. For each of One Care and SCO, a Bidder may be awarded a Contract in all, some, or none of the counties for which it submitted a proposal. For each county, EOHHS may contract with fewer than the total number of selected Respondents.

        ii. Respondents shall accept Contract awards in all counties for which they are selected, whether or not they are selected for each county for which they bid.

I. Best Value Selection and Negotiation

1. EOHHS shall select the Responses which, in its sole discretion, it determines demonstrate best overall value to EOHHS and the Commonwealth.

2. EOHHS, in its sole discretion, may negotiate with a selected Bidder a change in any element of Contract performance or cost identified in the original RFR, or the selected Bidder's Response, that results in lower costs or a more cost-effective or better value than was presented in the selected Bidder's original Response. The Contract award shall be contingent upon successful negotiation of contract terms. Should EOHHS and any selected Bidder fail to reach an agreement on Contract terms, EOHHS, in its sole discretion, may negotiate with and award a Contract to any other Bidder it selects.

J. Contract Award

The award of a Contract or Contracts under this RFR shall be subject to sufficient appropriation, availability of state and federal funds, all necessary state and federal approvals, and successful negotiation of Contract terms.

Section 9.2 Non-Qualifying Proposals

A. Rejection of Responses

EOHHS reserves the right to reject a Bidder's proposal at any time during the evaluation process if the Bidder:

1. Fails to demonstrate to EOHHS' satisfaction that it meets the Bidder Qualifications set forth in **Section 3.7**;

2. Fails to demonstrate to EOHHS' satisfaction that it meets all other RFR requirements;

3. Fails to demonstrate that it holds, or is on track to hold by January 1, 2026, a Division of Insurance (DOI) license to operate as a health maintenance organization (HMO) in Massachusetts, consistent with the requirements of 211 CMR 43.00;

4. Fails to satisfy all Response Submission Instructions described in **Section 4.1**, to submit a Response organized in accordance with all instructions, or to submit a Response that is complete in all respects;

5. Fails to submit all required information and to otherwise comply with all requirements of the Business Response described in **Section 8**;

6. Fails to submit all required information and to otherwise comply with all requirements of the Programmatic Response described in **Section 5**;

7. Receives a rating of "Non-Responsive" or "Poor" in the evaluation of one or more Sections of the Bidder's Programmatic Response;

8. Has any interest that may, in EOHHS' sole determination, conflict with performance of services for the Commonwealth or is anti-competitive;

9. Fails to demonstrate to EOHHS' satisfaction that it and all Material Subcontractors are in sound financial condition (see **Section 8.4**);

10. Fails to make an oral presentation/demonstration pursuant to **Section 9.1.E** or allow for a site visit/inspection pursuant to **Section 9.1.F** requested by EOHHS at a time, place, and manner satisfactory to EOHHS;

11. Has an oral presentation/demonstration or site visit/inspection that, in EOHHS' sole determination, indicate the inability of the Bidder to adequately perform the services sought under the RFR;

12. Rejects or qualifies its agreement to any of the mandatory provisions of the RFR; or

13. Fails to reach an agreement with EOHHS on all Contract terms, including, but not limited to, payment provisions.

B. Option to Allow Partial Resubmission

Notwithstanding **Section 9.2.A**, above, in the event that the Committee's evaluation shows that a Bidder's proposal received a rating of "non-responsive" or "poor" in not more than one category, but was submitted by a Bidder proposing to serve a county where EOHHS determines there may be insufficient availability of Covered Services, EOHHS may, at its sole discretion, provide to that so-evaluated Bidder one opportunity to resubmit only that portion(s) of the proposal which EOHHS initially rated "non-responsive" or "poor."

If EOHHS elects to exercise this partial resubmission option, it shall provide said resubmission opportunity to all so-evaluated Bidders and shall allow each such Bidder the same amount of time to resubmit the affected Section of its proposal. Such resubmitted proposal components shall be evaluated in the same manner as original proposals.

C. Other Actions

EOHHS may, in its sole discretion, determine that non-compliance with any RFR requirement is not material. In such cases, the Committee may:

1. Seek clarification from a Bidder;

2. Allow the Bidder to make technical corrections;

3. Apply appropriate adjustments to scoring in the evaluation; or

4. Utilize any other remedial action EOHHS deems appropriate.

Section 9.3 CMS Medicare Advantage Application Process

A. Overview

As described in **Section 3.2**, to operate a One Care Plan, a SCO Plan, or both, Bidders shall:

1. Be selected through the EOHHS procurement process described in this RFR for One Care, SCO, or both, as applicable; and

2. Meet all application and contracting requirements established by CMS to be eligible to participate with Medicare under a D-SNP only contract or contracts to operate a One Care Plan, a SCO Plan, or both (as applicable), in the same Counties (Service

Area) as selected by EOHHS for each of One Care and SCO, respectively, as further described in **Section 9.3.B**.

The Contract(s) resulting from this procurement (i.e., **Attachments A and/or B**) will be the State Medicaid Agency Contract (SMAC) for Medicare Advantage D-SNPs operating in Massachusetts. See additional information about the SMAC in **Section 9.3.B.4.** below. The Medicare Advantage contracts described in **Table 9.3-1** and **Table 9.3-2** are D-SNP only contracts. Medicare Advantage contracts for Bidders to operate a One Care Plan shall only contain plan benefit packages for One Care and shall comply with the One Care SMAC requirements. Medicare Advantage contracts for Bidders to operate a SCO Plan shall only contain plan benefit packages for SCO and shall that comply with the SCO SMAC requirements.

B. Medicare Application and Contracting Requirements

Bidders shall refer to CMS for information related to the Medicare Advantage application process; this **Section 9.3** is meant to be informational.

1. Selected One Care Plan Bidders - CMS Medicare Requirements

   a. Notice of Intent to Apply (NOIA) for 2026

      i. Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a One Care Plan beginning in 2026, shall submit a NOIA to CMS in November 2024 for plan year 2026. The NOIA shall be for the purpose of operating a Medicare Advantage D-SNP only Contract in Massachusetts for One Care.

      ii. The NOIA shall be submitted in accordance with timelines and instructions established by CMS. CMS releases information annually describing the NOIA process in or around October. CMS is expected to release the guidance for the 2026 application cycle in October 2024, including the relevant dates.

      iii. Any Service Area indicated in the NOIA shall match the One Care Service Area for which the Bidder has been selected by EOHHS.

      iv. The NOIA is non-binding but is a pre-requisite to initiating the contracting process with CMS to operate a Medicare Advantage Plan in the designated plan-year.

Table 9.3-1: CMS Contracting and Application Requirements for 2026 for One Care

Medicare Contracting Process Requirements	All One Care Plan Applicants
Application Requirements	
Notice of Intent to Apply (NOIA)*	Required
2026 Medicare Advantage Application*	Required
Network Submission	Required
Annual Submission Requirements	
Medicare Bid	Required
Plan Benefit Package	Required
Formulary	Required
Medication Therapy Management Program	Required
Transition Opioid Policy	Required
Network Submission	Required

b. 2026 Medicare Advantage Application

i. Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a One Care Plan beginning in 2026 shall submit a 2026 Medicare Advantage Application to CMS.

ii. All 2026 Medicare Advantage Applications shall be submitted in accordance with the timelines established by CMS. CMS releases

information annually in or around January. CMS is expected to release the application for new applicants for plan year 2026 in January 2025.

iii. The Service Area indicated in the Application shall match the One Care Service Area for which the Bidder has been selected by EOHHS.

iv. Applicants shall follow all CMS instructions for the 2026 Medicare Advantage Application and Contracting processes.

c. Applicants shall submit their proposed Model of Care to NCQA as part of the Medicare Advantage Application process. In addition to CMS requirements, the Model of Care submission shall include all elements required in **Section 2.6 of Attachment A** (the SMAC).

2. Selected SCO Plan Bidders - CMS Medicare Requirements

a. Organizations Currently Operating a SCO Plan in Massachusetts:

i. Notice of Intent to Apply (NOIA) for 2026

a) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026, that are currently operating a SCO Plan in Massachusetts, and which are selected to continue operating a SCO plan in a Service Area consistent with that Plan's 2025 SCO Service Area, are not required to submit a NOIA to CMS.

b) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026, that are currently operating a SCO Plan in Massachusetts, but which are selected through this RFR to operate its SCO plan in an additional county or counties compared with that SCO Plan's 2025 SCO Service Area shall submit a NOIA in November 2024 indicating that Plan's intent to expand its Service Area for 2026, as specified by CMS. The NOIA shall be submitted in accordance with the timelines established by CMS. CMS releases information annually describing the NOIA process in or around October and CMS is expected to release the guidance for the 2026 application cycle in October 2024, including the relevant dates.

c) The NOIA is non-binding but is a pre-requisite to initiating the contracting process with CMS to operate a Medicare Advantage Plan in the designated plan year.

Table 9.3-2: CMS Contracting and Application Requirements for 2026 for SCO

Medicare Contracting Process Requirements	Currently Contracted with CMS as a SCO Plan	Not Contracted with CMS as a SCO Plan
Application Requirements		
Notice of Intent to Apply (NOIA)*	N/A	Required
2026 Medicare Advantage Application*	N/A	Required
Network Submission	*May be required based on date of last submission*	Required
Annual Service Area Expansion (SAE) Requirements – If Expansion Requested		
Notice of Intent to Apply (NOIA)*	Required	N/A
2026 Medicare Advantage Application*	Required	
Network Submission	Required as part of the Medicare Advantage SAE application	
Annual Submission Requirements		
Medicare Bid	Required	Required
Plan Benefit Package	Required	Required
Formulary	Required	Required
Medication Therapy Management Program	Required	Required
Transition Opioid Policy	Required	Required

*See additional detail below

ii. 2026 Medicare Advantage Application

a) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026 that are currently operating a SCO Plan in Massachusetts, and which are selected to continue operating a SCO plan in a Service Area consistent with their 2025 SCO Service Area are not required to submit a 2026 Medicare Advantage Application to CMS.

b) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026 that are currently operating a SCO Plan in Massachusetts, but which are selected through this RFR to operate its SCO Plan in an additional county or counties compared with their 2025 SCO Service Area shall submit a 2026 Medicare Advantage Application and complete the Medicare Advantage Plan Service Area Expansion (SAE) Section. For such Service Area expansion, selected Bidders shall submit their Provider Networks for pending expansion counties as part of the 2026 Medicare Advantage Application.

c) Bidders selected by EOHHS to operate a SCO Plan in 2026 with a reduced number of counties relative to their 2025 SCO Service Area shall notify CMS both in HPMS and through the DMAO portal.

iii. All 2026 Medicare Advantage Applications shall be submitted in accordance with the timelines established by CMS. CMS releases information annually in or around January and is expected to release the application for new applicants and for Service Area expansions for plan year 2026 in January 2025.

iv. Applicants shall follow all CMS instructions for the 2026 Medicare Advantage Application and Contracting processes.

v. EOHHS may require currently contracted SCO applicants to submit an updated Model of Care to NCQA to include all elements required in **Section 2.6.7 of Attachment B**.

b. Organizations Not Currently Operating a SCO Plan in Massachusetts:

i. Notice of Intent to Apply (NOIA) for 2026

a) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026 that do not currently operate a SCO Plan in Massachusetts shall submit a NOIA to CMS in November 2024 for plan year 2026. The NOIA shall be for the purpose of operating a Medicare Advantage D-SNP only Contract in Massachusetts for SCO.

b) The NOIA shall be submitted in accordance with timelines established by CMS. CMS releases information annually about this process in or around October and is expected to release the guidance for the 2026 application cycle in October 2024, including the relevant dates.

c) Any Service Area indicated in the NOIA shall match the SCO Service Area for which the Bidder is selected by EOHHS.

d) The NOIA is non-binding but is a pre-requisite to initiating the contracting process with CMS to operate a Medicare Advantage Plan in the designated plan year.

ii. 2026 Medicare Advantage Application

a) Bidders to this RFR that are selected by EOHHS for contract negotiations to operate a SCO Plan beginning in 2026 shall submit a 2026 Medicare Advantage Application to CMS.

b) 2026 Medicare Advantage Applications shall be submitted in accordance with the timelines established by CMS. CMS releases information annually in or around January and is expected to release the application for new applicants and for Service Area expansions for plan year 2026 in January 2025.

c) The Service Area submitted to CMS in the Application shall match the SCO Service Area for which the Bidder is selected by EOHHS.

iii. Applicants shall follow all CMS instructions for the 2026 Medicare Advantage Application and Contracting processes.

iv. Applicants will submit their proposed Model of Care to NCQA as part of the Medicare Advantage Application process. In addition to CMS requirements, the Model of Care submission shall include all elements required in **Section 2.6 of Attachment B** (the SMAC).

3. Submit Marketing Materials for Approval.

Bidders selected by EOHHS for contract negotiations to operate a One Care and/or SCO Plan shall submit Marketing materials as indicated by CMS. Marketing materials shall also be subject to EOHHS review and approval as indicated by EOHHS, prior to the use of those Marketing materials.

4. State Medicaid Agency Contract (SMAC)

a. As referenced in **Section 9.3.A** above, the Contract(s) resulting from this procurement (i.e., **Attachment A and/or Attachment B**) shall be the State Medicaid Agency Contract (SMAC) for Medicare Advantage FIDE SNPs operating in Massachusetts.

b. CMS will only enter into a D-SNP contract for coverage in Massachusetts with an entity that holds a SMAC with EOHHS for 2026.

c. For the avoidance of doubt, EOHHS shall only enter into a Contract/SMAC with organizations selected through this procurement to operate a One Care Plan, a SCO Plan, or both. EOHHS shall only enter such Contract(s) for the applicable program(s) (One Care, SCO, or both) that an entity is selected to operate through this procurement.

d. EOHHS shall not enter into a new SMAC for either One Care or SCO for coverage that would be effective prior to January 1, 2026.

Section 10. Additional Requirements

Section 10.1 Issuing Office

Executive Office of Health and Human Services

Office of Medicaid

One Ashburton Place, 11th Floor

Boston, MA 02108

Section 10.2 Requirements of 801 CMR 21.00

The terms of 801 CMR 21.00: Procurement of Commodities and Services are incorporated by reference into this RFR. Words used in this RFR shall have the meanings defined in 801 CMR 21.00. Additional definitions may also be identified in this RFR. Unless otherwise specified in this RFR, all communications, Responses, and documentation must be in English, all measurements must be provided in feet, inches, and pounds and all cost proposals or figures in U.S. currency. All Responses must be submitted in accordance with the specific terms of this RFR.

Section 10.3 Commonwealth of Massachusetts Standard Contract Form and Commonwealth Terms and Conditions

Any Bidder selected as the Contractor shall agree to and abide by the terms of the Commonwealth of Massachusetts Standard Contract Form and Commonwealth Terms and Conditions (See **Section 3.4)**. EOHHS is prohibited from amending these documents or agreeing to any change in the language. Any Bidder suggestion or requirement altering these documents will be disregarded.

Section 10.4 COMMBUYS Market Center

COMMBUYS is the official source of information for this procurement (known as a Bid in COMMBUYS terminology) and is publicly accessible at no charge at www.commbuys.com. Information contained in this RFR document and in COMMBUYS, including file attachments, and information contained in the related Questions and Answers (Q&A), if any, are all components of the procurement.

Bidders are solely responsible for obtaining all information distributed for this procurement via COMMBUYS.

It is each Bidder's responsibility to check COMMBUYS for:

- Any amendments, addenda, or modifications to this procurement; and
- Any Q&A records related to this procurement.

The Commonwealth accepts no responsibility and will provide no accommodation to Bidders who submit a Response to this RFR (known as a Quote in COMMBUYS terminology) based on out-of-date information received from any source other than COMMBUYS. Instructions for creating a Quote can be found in the document titled "How to Create a Quote in COMMBUYS" available by clicking the link "Job Aids for Vendors" on the COMMBUYS landing page at www.commbuys.com.

COMMBUYS Registration. Bidders may elect to register for a free COMMBUYS Vendor account which provides value-added features, including automated email notification associated with postings and modifications to COMMBUYS records. However, in order to submit a Response, Bidders must register and maintain an active COMMBUYS Vendor account.

All Bidders submitting a Quote (also referred to as Response) in response to this Bid (also referred to the RFR) agree that, if awarded a contract: (1) they will maintain an active vendor account in COMMBUYS; (2) they will comply with all requests by the procuring entity to utilize COMMBUYS for the purposes of conducting all aspects of purchasing and invoicing with the Commonwealth, as added functionality for the COMMBUYS system is activated; and (3) in the event the Commonwealth adopts an alternate market center system, successful Bidders will be required to utilize such system, as directed by the procuring entity.

COMMBUYS uses terminology with which Bidders must be familiar to conduct business with the Commonwealth. To view this terminology and to learn more about COMMBUYS, visit the Learn about COMMBUYS Resources page on www.mass.gov.

Questions specific to COMMBUYS should be made to the OSD Help Desk at OSDHELPDESK@mass.gov.

Section 10.5 Bidder Communications

A. RFR Contact

Bidders are prohibited from communicating directly with any employee of EOHHS regarding this RFR, except as specified in this RFR, and no other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFR, except as specified in this RFR. Bidders may contact the RFR Contact in the event this RFR is incomplete.

RFR Contact:

Amy Butcher, Procurement Coordinator

Executive Office of Health & Human Services

One Ashburton Place, 11th Floor

Boston, MA 02108

Email: Amy.Butcher@mass.gov

B. Electronic Communication/Update of Bidder's/Contractor's Contact Information.

It is the responsibility of the prospective Bidder and awarded Contractor to keep current the email address of the Bidder's contact person and prospective Contract Manager, if awarded a Contract, and to monitor that email inbox for communications from the EOHHS, including requests for clarification. EOHHS and the Commonwealth assume no responsibility if a prospective Bidder's/awarded Contractor's designated email address is not current, or if technical problems, including those with the prospective Bidder's/awarded Contractor's computer, network, or internet service Provider (ISP) cause email communications sent to/from the prospective Bidder/awarded Contractor and EOHHS to be lost or rejected by any means including email or spam filtering.

C. Reasonable Accommodation

Bidders with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFR information in an Alternative Format, must communicate such requests in writing to the contact person. Requests for accommodation will be addressed on a case-by-case basis. A Bidder requesting accommodation must submit a written statement that describes the Bidder's disability and the requested accommodation to the contact person for the RFR. EOHHS reserves the right to reject unreasonable requests.

D. RFR Copies

Bidders should download all RFR documents from COMMBUYS. No paper copies of the RFR or any of its components will be supplied unless the request satisfies the conditions specified in **Section 10.5.C**. If a Bidder is having trouble obtaining any required attachments electronically through COMMBUYS, the Bidder should contact the COMMBUYS Help Desk at OSDHelpDesk@mass.gov or call the Help Desk during

normal business hours (8am-5pm ET Monday - Friday) at 1-888-627-8283 or 617-720-3197.

E. RFR Questions

Bidders may submit written questions concerning this RFR until no later than the date and time specified in the timetable in **Section 10.27** of this RFR. Written questions must be sent to the RFR Contact Person at the email address listed in **Section 10.5.A**. The Bid Solicitation Q&A functionality in COMMBUYS will **not** be used for this RFR.

Questions should be in a Word document, numbered but **not** in a table format, or in a plain text email. Questions received after the deadline may be disregarded. EOHHS will review questions received before the deadline and at its discretion prepare written responses to questions which EOHHS determines to be of general interest. Any written response will be posted on COMMBUYS. Only written responses will be binding on EOHHS.

F. Letter of Intent

All entities intending to submit a Response to this RFR are encouraged to send notice of their intent within the timeframe identified in **Section 10.27**, in accordance with the instructions **in Section 4.1.D**. Such letters of intent shall be submitted to the RFR Contact listed in **Section 10.5.A**.

G. Bidders' Conferences

Prospective Bidders are invited to attend Bidders' conferences to be held virtually at the dates and times listed in **Section 10.27**, Procurement Timetable.

Zoom links will be posted on COMMBUYS at least 48 hours prior to each Bidders' conference.

EOHHS will address topics of interest raised at Bidders' conferences and through questions submitted in response to the RFR. Any materials related to the Bidders' conferences will be posted publicly on COMMBUYS following the meetings. Oral responses will be given when possible. Written responses will be prepared as determined appropriate by EOHHS and posted on COMMBUYS. Only written responses will be binding on EOHHS. See also **Section 10.5.D** above.

Section 10.6 Amendment or Withdrawal of RFR

If EOHHS decides to amend or clarify any part of this RFR, including the Model Contracts, any written amendment will be posted on COMMBUYS. EOHHS reserves the right to amend the RFR at any time prior to the deadline for submission of Responses and to terminate this procurement in whole or in part at any time. In the event this RFR contains errors, EOHHS may correct such errors at any time prior to contract execution. Corrections to this RFR will be posted on COMMBUYS.

Section 10.7 Costs

The Commonwealth will not be responsible for any costs or expenses incurred by Bidders responding to this RFR.

Section 10.8 Closing Date

The Response due date and time are specified in the timetable in **Section 10.27**. Individual requests for extension of the time for submitting Responses will be denied. All Responses become the property of the Commonwealth of Massachusetts.

Section 10.9 Acceptance of Response Content

The entire contents of the Bidder's Response shall be binding on the Bidder. The specifications and contents of a successful Bidder's Response may be incorporated into the Contract. Neither EOHHS nor the Commonwealth is obligated to procure or contract for services or supplies. EOHHS reserves the right to accept or reject any or all applications received as a result of this RFR. Neither EOHHS nor the Commonwealth is under any obligation to return any materials submitted by a Bidder in response to this RFR.

Section 10.10 Alterations

Respondents may not alter (manually or electronically) the RFR language, or any procurement component files, except as directed in the RFR. Modifications to the body of the RFR, specifications, terms and conditions, or any other alterations which change the intent of this solicitation are prohibited and may disqualify a Response.

Section 10.11 Public Records

All Responses and related documents submitted in response to this RFR are public records and are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7 Subsection 26 (as it may be amended, restated, or superseded). Any statements in submitted Responses that are inconsistent with these statutes will be disregarded.

To the extent the personal data and/or private information required by the MassHealth Federally Required Disclosures Form is exempt or protected from disclosure, it will be redacted and/or withheld in accordance with the Public Records Law.

Section 10.12 Response Duration

The Bidder's Response shall remain in effect until any Contract with the Bidder is executed.

Section 10.13 Contract Expansion

If additional funds become available during the Contract Term, EOHHS reserves the right to increase the maximum obligation to the Contract executed as a result of this RFR or to

execute contracts with Contractors not funded in the initial selection process, subject to available funding, satisfactory contract performance and need.

Section 10.14 Program Modifications and New Initiatives

A. EOHHS shall have the option at its sole discretion to modify, increase, reduce or terminate any activity related to the Contracts resulting from this RFR whenever, in the judgment of EOHHS, the goals of the project have been modified or altered in a way that necessitates such changes. In the event that the scope of work or portion thereof must be changed, EOHHS shall provide written notice of such action to the Contractor and the parties shall negotiate in good faith to implement any such changes proposed by EOHHS.

B. EOHHS additionally reserves the right, at its sole discretion, to amend the Contracts resulting from this RFR to implement state or federal statutory or regulatory requirements, judicial orders, settlement agreements, or any state or federal initiatives or changes affecting EOHHS or the Contracts resulting from this RFR.

C. Notwithstanding the generality of the foregoing, EOHHS reserves the right to amend the Contracts resulting from this RFR to implement new initiatives or to modify initiatives related to:

    1. Modifying One Care and/or SCO Covered Services, including but not limited to incorporating new MassHealth services, or for directed payment requirements;

    2. Modifying access and availability requirements;

    3. Implementing standardized Provider credentialing policies and procedures;

    4. Implementing new Encounter Data reporting formats, including HIPAA Section 837;

    5. New EOHHS or CMS programs or information technology systems, including managed care programs, enrollment policies, and other advanced integration initiatives;

    6. Changing the populations, services, or Providers for which PA is required, incorporating utilization controls other than PA, and including services paid for through Home and Community-based Services Waivers;

    7. Implementation of state or federal law changes; and

    8. Modifying the scope of this Contract to implement other initiatives in its discretion consistent with MassHealth policy or goals.

The parties shall negotiate in good faith to implement any such initiatives proposed by EOHHS. The Contractor's responsibilities are subject to change due to implementation of such initiatives. EOHHS reserves the right to modify the Contract due to program modifications. In addition, the Contractor may request an opportunity to enter into negotiations with EOHHS over amendments to the Contract related to new initiatives or

modified initiatives as described in this Section. EOHHS may grant such a request in its sole discretion.

Any changes under this Section shall be subject to appropriate approvals.

Section 10.15 Supplier Diversity Program (SDP)

A. Program Background

Pursuant to Executive Order 599, the Commonwealth's Supplier Diversity Program (SDP) promotes business-to-business relationships between awarded Contractors and diverse businesses and non-profit organizations ("SDP Partners") certified or recognized (see below for more information) by the Supplier Diversity Office (SDO).

B. Financial Commitment Requirements

All Bidders responding to this solicitation are required to make a significant financial commitment ("SDP Commitment") to partnering with one or more SDO-certified or recognized diverse business enterprise(s) or non-profit organization(s). This SDP Commitment must be expressed as a percentage of contract sales resulting from this solicitation that would be spent with the SDP Partner(s).

After contract award (if any), the Total SDP Commitment shall become a contractual requirement to be met annually on a Massachusetts fiscal year basis (July 1 – June 30) for the duration of the contract. The minimum acceptable Total SDP Commitment in response to this solicitation shall be 1%. Bidders shall be awarded additional evaluation assessment for higher SDP Commitments.

No contract shall be awarded to a Bidder without an SDP Commitment that meets the requirements stated herein. This requirement extends to all Bidders regardless of their own supplier diversity certification.

C. Eligible SDP Partner Certification Categories

SDP Partners must be business enterprises and/or non-profit organizations certified or recognized by the SDO in one or more of the following certification categories:

- Minority-Owned Business Enterprise (MBE)
- Minority Non-Profit Organization (M/NPO)
- Women-Owned Business Enterprise (WBE)
- Women Non-Profit Organization (W/NPO)
- Veteran-Owned Business Enterprise (VBE)
- Veteran Non-Profit Organizations (V/NPOs)

- Service-Disabled Veteran-Owned Business Enterprise (SDVOBE)
- Disability-Owned Business Enterprise (DOBE)
- Lesbian, Gay, Bisexual, and Transgender Business Enterprise (LBGTBE)

D. Eligible Types of Business-to-Business Relationships.

Bidders and Contractors may engage SDP Partners as follows:

- **Subcontracting**, defined as a partnership in which the SDP partner is involved in the provision of products and/or services to the Commonwealth.
- **Ancillary Products and Services**, defined as a business relationship in which the SDP partner provides products or services that are not directly related to the Contractor's contract with the Commonwealth but may be related to the Contractor's own operational needs.

Other types of business-to-business relationships are not acceptable under this contract. All provisions of this RFR applicable to subcontracting shall apply equally to the engagement of SDP Partners as Material Subcontractors.

E. Program Flexibility

The SDP encompasses the following provisions to support Bidders in establishing and maintaining sustainable business-to-business relationships meeting their needs:

- SDP Partners are **not** required to be Material Subcontractors.
- SDP Partners are **not** required to be Massachusetts-based businesses.
- SDP Partners **may be changed or added** during the term of the contract, provided the Contractor continues to meet its SDP Commitment.

It is the responsibility of the Contractor to ensure that their proposed SDP Partners obtain such certification or recognition by the SDO after contract award (if any). The issuing department and the SDO will not conduct outreach to proposed SDP Partners to ensure their certification. Furthermore, no guarantee may be made that a proposed SDP Partner will be certified, or regarding the time it may take to process a proposed SDP Partner certification. Contractors may direct partners to the SDO's homepage, www.mass.gov/sdo and the Certification Self-Assessment Tool for guidance on applying for certification.

It is **desirable** for Bidders to provide an SDP Focus Statement that describes the Bidder's overall approach to increasing the participation of diverse businesses in the provision of products and services under this proposal/contract (subcontracting) and in the Bidder's general business operations (ancillary products and services). (See **Section 8.7.A**) Such a description may include but not be limited to:

- A clearly stated purpose or goal;
- Specific types of diverse and small businesses targeted;
- Which departments/units within the business are responsible for implementing supplier diversity;
- Types of opportunities for which diverse and small businesses are considered;
- Specific measures/methods of engagement of diverse and small businesses;
- An existing internal supplier diversity policy; and
- Public availability of the Bidder's supplier diversity policy.

It also is **desirable** for Bidders to use the SDP Plan Form to describe additional creative initiatives (if any) related to engaging, buying from, and/or collaborating with diverse businesses. Such initiatives may include but not be limited to:

- Serving as a mentor in a mentor-protégé relationship;
- Technical and financial assistance provided to diverse businesses;
- Participation in joint ventures between nondiverse and diverse businesses; and
- Voluntary assistance programs by which nondiverse business employees are loaned to diverse businesses or by which diverse business employees are taken into viable business ventures to acquire training and experience in managing business affairs.

F. Evaluation of the Supplier Diversity Program (SDP) Plan

EOHHS will favorably consider Bidders with higher SDP Plan commitments. Bidders' SDP Plans shall be reviewed and ranked based on each Bidder's percentage commitment to their SDP Partner(s) and the quality of the narrative Response. Bidders will be ranked using rankings of "highest among Bidders", "middle" and "lowest/lower end". Because the purpose of the SDP is to promote business-to-business partnerships, the Bidders' workforce diversity initiatives will not be considered in the evaluation.

G. SDP Spending Reports and Compliance

After contract award, Contractors shall be required to provide reports demonstrating compliance with the agreed-upon SDP Commitment as directed by the department, which in no case shall be less than annually.

Only spending with SDP Partners that appear in the SDO Directory of Certified Businesses or in the U.S. Dept of Veterans Affairs VetBiz Vendor Information Pages directory shall be counted toward a Contractor's compliance with their SDP

Commitment. Spending with SDP Partners that do not appear in the directories above shall not be counted toward meeting a Contractor's SDP Commitment.

It is the responsibility of the Contractor to ensure they meet their SDP Commitment, and the SDO and the issuing department assume no responsibility for any Contractor's failure to meet its SDP Commitment.

H. SDP Spending Verification

The SDO and the contracting department reserve the right to contact SDP Partners at any time to request that they attest to the amounts reported to have been paid to them by the Contractor.

I. Program Resources and Assistance

Contractors seeking assistance in the development of their SDP Plans or identification of potential SDP Partners may visit the SDP webpage, www.mass.gov/sdp, or contact the SDP Help Desk at sdp@mass.gov.

Section 10.16 Incorporation of RFR

This RFR and all Response documents submitted in Response to it by a selected Bidder will, at EOHHS' discretion, be incorporated by reference into any Contract awarded as a result of this RFR to that Bidder.

Section 10.17 Debriefing

Upon notification of EOHHS' award decision, any non-selected Bidder may make a written request for debriefing. A debriefing meeting provides the Bidder an opportunity to discuss the evaluation of its Response, identify any weak areas and suggest improvements for future procurements. A request for debriefing must be received by the RFR Contact Person at the address specified in **Section 10.5.A**, within 14 calendar days after the email notification of EOHHS' award decision notification to the Bidder. Debriefing meetings shall be held at the discretion of EOHHS after execution of any contracts resulting from this RFR.

Section 10.18 Authorizations and Appropriations

Any contract awarded under this RFR is subject to all necessary federal and state approvals, as applicable, and is subject to appropriation of sufficient funding, as determined by EOHHS.

Section 10.19 Subcontracting

Prior approval of EOHHS is required for any Material Subcontractor's service under the Contract. Bidders that are selected to serve as One Care Plans, SCO Plans, or both, are responsible for the satisfactory performance and adequate oversight of its Material Subcontractors.

Section 10.20 Sovereign Immunity

Nothing in this RFR will be construed to be a waiver by the Commonwealth of Massachusetts of its rights under the doctrine of sovereign immunity and the Eleventh Amendment to the United States Constitution.

Section 10.21 Loss of Licensure

If, at any time during the term of the Contract, a Bidder that is selected to serve as One Care Plans, SCO Plans, or both, or any of its Material Subcontractors incurs loss of licensure at any of the Contractor's facilities or loss of necessary Federal or State approvals, the Bidder that is selected to serve as One Care Plans, SCO Plans, or both, shall report such loss to EOHHS. Such loss may be grounds for termination of the Contract.

Section 10.22 Byrd Anti-Lobbying Amendment

If a Bidder that is selected to serve as One Care Plans, SCO Plans, or both, receives $100,000 or more of federal funds through a contract, by signing that contract it certifies it has not and will not use federal appropriated funds to pay any person or organization 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 obtaining any federal contract, grant or any other award covered by 31 U.S.C. § 1352. A Bidder that is selected to serve as One Care Plans, SCO Plans, or both, shall disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award.

Section 10.23 Electronic Funds Transfer

All Bidders responding to this RFR must agree to participate in the MassHealth Electronic Funds Transfer (EFT) program for receiving payments, unless the Bidder can provide compelling proof that it would be unduly burdensome. EFT is a benefit to both Contractors and the Commonwealth because it ensures fast, safe, and reliable payment directly to Contractors and saves both parties the cost of processing checks.

Successful Bidders, upon notification of contract award, will be required to enroll in EFT as a contract requirement by completing and submitting the MassHealth Electronic Funds Transfer (EFT) Enrollment/Modification Form to this department for review, approval and forwarding to EOHHS's Director of Accounting. If the Bidder is already enrolled in the program, it may so indicate in its Response. Because the MassHealth Electronic Funds Transfer (EFT) Enrollment/Modification Form contains banking information, this form, and all information contained on this form, shall not be considered a public record and shall not be subject to public disclosure through a public records request.

The requirement to use EFT may be waived by EOHHS on a case-by-case basis if participation in the program would be unduly burdensome on the Bidder. If a Bidder is claiming that this requirement is a hardship or unduly burdensome, the specific reason must

be documented in its Response. EOHHS will consider such requests on a case-by-case basis and communicate the findings with the Bidder.

Section 10.24 Privacy and Security (Including HIPAA)

The selected Bidder shall, if awarded a Contract to operate a One Care Plan and/or a Contract to operate a SCO Plan (**Attachment A** and/or **Attachment B**, respectively), be a Covered Entity.

The selected Bidder shall be required to comply with all provisions of the Privacy and Security Rules applicable to the Bidder as a Covered Entity or a Business Associate (and, if applicable, the terms of its business associate agreement or arrangement), all other state and federal laws and regulations applicable to the privacy and security of personal and other confidential information, including, without limitation, federal regulations governing the confidentiality of information about Medicaid applicants and beneficiaries (42 CFR Part 431, Subpart F) and substance use disorder treatment (42 CFR Part 2), and any other legal obligations regarding the privacy and security of such information to which the selected Bidder is subject.

By signing the Standard Contract Form, the selected Bidder also certifies and agrees to certain obligations regarding the protection of personal information, as defined in M.G.L. c. 93H, and personal data, as defined in M.G.L. c. 66A, owned or controlled by EOHHS that the Bidder may access in connection with its performance under the Contract.

The selected Bidder shall also comply with the additional terms, conditions, and obligations relating to the privacy, security, and management of personal and other confidential information set forth in **Attachment A and/or B**, as applicable. If the selected Bidder is determined to be EOHHS' Business Associate with respect to any function or activity involving protected health information, such terms, conditions, and obligations shall include those required for a business associate agreement under the Privacy and Security Rules.

EOHHS reserves the right to add any requirement during the course of the Contract that it determines necessary or appropriate to include in the contract in order for EOHHS to comply with the applicable state and federal laws and regulations relating to privacy and security, including but not limited to, the Privacy and Security Rules, 42 CFR Part 431, Subpart F, 42 CFR Part 2 and M.G.L. c. 66A, and any contractual obligation regarding privacy or security to which EOHHS is subject.

Section 10.25 Acceptable Forms of Signature

Effective June 15, 2021, for all (1) Office of the Comptroller (CTR) forms, including the Standard Contract Form, W-9s, Electronic Funds Transfer (EFT) forms, ISAs, and other CTR-issued documents and forms, or (2) documents related to state finance and within the statutory area of authority or control of CTR (i.e., contracts, payrolls, and related supporting documentation), CTR will accept signatures executed by an authorized signatory in any of the following ways: (1) Traditional "wet signature" (ink on paper); (2) Electronic signature that is either: (a) Hand drawn using a mouse or finger if working from a touch screen device; or (b)

an uploaded picture of the signatory's hand drawn signature; (3) Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign. If using an electronic signature, the signature must be visible, include the signatory's name and title, and must be accompanied by a signature date. Be advised that typed text of a name not generated by a digital tool such as Adobe Sign or DocuSign, even in computer-generated cursive script, or an electronic symbol, are not acceptable forms of electronic signature.

Section 10.26 Restriction on the Use of the Commonwealth Seal

Bidders are not allowed to display the Commonwealth of Massachusetts Seal in their Response package or subsequent Marketing materials if they are awarded a contract because use of the coat of arms and the Great Seal of the Commonwealth for advertising or commercial purposes is prohibited by law.

Section 10.27 Procurement Timetable

The following RFR Schedule of Events represents EOHHS' best estimate of the schedule that shall be followed. **EOHHS may adjust this schedule as it deems necessary.** Notification of any adjustment to the RFR Timetable shall be posted on COMMBUYS.

EVENT	**DATE/TIME**
RFR Issued	**Thursday, November 30, 2023**
Bidders' Conference #1 Topic: General Overview of One Care Plan and SCO Plan Procurement	**December 7, 2023** **2:00pm EST**
Bidders' Conference #2 Topic: Finance and Encounter Data	**December 14, 2023** **2:00pm EST**
Bidders' Written Questions Due	**January 11, 2024** **5:00pm EST**
Letter of Intent Due	**February 29, 2024** **5:00 pm EST**

EVENT	DATE/TIME
Electronic Responses (Quotes) Due in COMMBUYS **(**Note: COMMBUYS refers to this deadline as the "Bid Opening Date")	**April 5, 2024** **4:00pm EST**
Anticipated Plan Selection Date	**By November 1, 2024**
Anticipated Contract Execution Date	**By May 1, 2025**
Medicare Open Enrollment	**October 15, 2025 – December 7, 2025**
Coverage Begins	**January 1, 2026**