

Minnesota Department of Human Services Purchasing and Service Delivery Division

Request for Proposals (RFP) for a Grantee to provide prepaid health care services to eligible individuals through the Families and Children Medical Assistance and MinnesotaCare contracts in 80 Greater Minnesota counties

Date of Publication in State Register: January 18, 2022

Minnesota's Commitment to Diversity and Inclusion:

It is State of Minnesota policy to ensure equity, diversity and inclusion in making competitive grant awards. See Executive Order [19.01](#).

The Policy on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities. See [OGM Policy 08-02](#).

Americans with Disabilities Act (ADA) Statement:

This information is available in accessible formats for people with disabilities by calling 651-431-3612 or by using your preferred relay service. For other information on disability rights and protections, contact your agency's Americans with Disabilities Act (ADA) coordinator.

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Request for Proposal - Summary of Important Dates

State Register Notice/RFP Published on DHS Website – January 18, 2022

Questions Due for Responders' Conference – January 31, 2022

Registration for Responders' Conference Deadline – February 3, 2022

Responders' Conference – February 7, 2022

Final RFP Questions Due – Anticipated March 4, 2022

All RFP Questions Answered and Posted on DHS Website – Anticipated March 11, 2022

Complete RFP Proposals Due – April 1, 2022

Notice of Intent to Contract – Anticipated June 24, 2022

Contract Negotiations – August 2022

Non-Award of Contract Letter – October 2022

Start of Contract – January 1, 2023

State Contact: Ms. Pam R. Olson

1. INTRODUCTION

1.1 Objective of RFP

The Minnesota Department of Human Services (DHS), through its Purchasing and Service Delivery (PSD) Division (State), is seeking Proposals from qualified Responders to provide prepaid health care services to eligible individuals through the Families and Children Medical Assistance (MA) (the State's Medicaid program) and MinnesotaCare (the State's Basic Health Program (BHP)) contracts in the following 80 Greater Minnesota counties: Aitkin, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnomon, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

This Request for Proposals does **not** include procurement for the seven (7) county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington), nor the following programs: Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO), or Special Needs BasicCare (SNBC) programs.

The term of any resulting contract is anticipated to be for one (1) year, from January 1, 2023 until December 31, 2023. Thereafter, the State may choose to renew any contract awarded under this RFP annually for up to five (5) years (in accordance with Minnesota Statutes, section 16B.98 subdivision (5)(b)). The State reserves the right to initiate a new procurement at its discretion.

All Responders must meet the requirements as referenced in section 1.3 (7) Qualified Responders. Currently contracted Managed Care Organizations (MCOs) must respond to this RFP in order to be considered for selection to continue providing benefits through the Families and Children Medical Assistance and MinnesotaCare contract in the 80 counties listed above.

Responders must respond for all counties in their Minnesota licensed or approved service area for both Medical Assistance and MinnesotaCare individuals. Responders that provide health care to the Medical Assistance population must also provide health care to MinnesotaCare individuals in the same county, to the extent possible, in order to assure a seamless transition for enrollees that move between programs. Responders may submit a single proposal for both Medical Assistance and MinnesotaCare. **Only successful Responders to this RFP will be eligible to provide health care to Medical Assistance and MinnesotaCare individuals. To serve the above populations in these counties, a Responder must be selected to contract with and complete contract negotiations with the State.**

For Medical Assistance and MinnesotaCare, a minimum of two (2) MCOs will be selected in each of the 80 counties covered in this RFP.

Any County Based Purchasing plan as defined by Minnesota Statutes, section 256B.692 that responds to this RFP will be selected as one of the health plans to contract with the STATE if they meet the minimum

requirements of the RFP, and subject to the Commissioner's authority under Minn. Stat. § 256B subd. 6, which include:

- Passing all "pass/fail" elements of the RFP,
- Receiving a score of 50 or higher,
- Passing any solvency review or other readiness review for which they are required, and
- Not including any exceptions to Model Contract and RFP terms and conditions as part of this RFP.

1.2 Proposal Due Date

Proposals must be submitted on April 1, 2022 by 4:00 p.m. Central Time. This Request for Proposal (RFP) does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest. All costs incurred in responding to this RFP will be borne by Responder.

1.3 Background

1. General

Under the authority of Minnesota Statutes, sections 256B.69, 256B.692 and 256L.12, the State is soliciting proposals for the provision of specified health care services to serve individuals in Families and Children Medical Assistance (MA) and MinnesotaCare in the following counties: Aitkin, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnommen, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

2. Managed Care Enrollment Process

Responders contracted by the State under this RFP will be offered as a health plan choice for managed care enrollment effective January 1, 2023. This includes being offered as a health plan choice in the Annual Health Plan Selection (AHPS) during October 2022 with an effective managed care enrollment date of January 1, 2023.

3. Eligible Populations

Only those eligible persons who are enrolled in Medical Assistance or MinnesotaCare residing within the counties of the State of Minnesota identified in this RFP, are eligible for managed care enrollment. "Eligible individuals" means those persons eligible for Medical Assistance benefits or MinnesotaCare as defined in Minnesota Statutes, sections 256B.055 and 256B.056, or 256L.04. See also sections 4 (a) and (b) below for exclusion of specific subpopulations.

Eligibility/presumptive eligibility for Medical Assistance and participation in the Prepaid Medical Assistance Program (PMAP) will be determined by the Local Agency (generally, the county), and any other entity designated by the STATE to make eligibility/ presumptive eligibility determinations.

- a) Medical Assistance/Pregnant Woman - Women who are pregnant and meet Medical Assistance eligibility requirements.
- b) Medical Assistance/Children Under 21 - Children who meet Medical Assistance eligibility requirements.
- c) Medical Assistance/Adults with Children – Parents and relative caretakers of children under age 19 who meet Medical Assistance eligibility requirements.
- d) Medical Assistance/Adults without Children – Adults age 21 through 64 who meet Medical Assistance eligibility requirements.
- e) MinnesotaCare Enrollees – Individuals must qualify under Minnesota Statutes, Chapter 256L, meet income criteria and satisfy all other eligibility requirements that comply with the requirements of the State’s BHP. Most MinnesotaCare enrollees are required to pay a premium to the State. Children under age 21 do not pay a premium. All MinnesotaCare eligible enrollees are required to participate in managed care and there is no basis for exclusion for this population. Additional requirements include:
 - Must be a U.S. citizen or a lawfully present noncitizen.
 - Must not qualify for Medical Assistance and must have projected annual income at or below 200% Federal Poverty Guidelines (FPG).
 - Must not have Medicare or be enrolled in other minimum essential coverage as defined by the Affordable Care Act. Coverage through a Qualified Health Plan is not a barrier to MinnesotaCare.
 - Must not have access to employer-subsidized insurance that meets the Affordable Care Act minimum value standards and is considered affordable.

4. Excluded Populations

- (a) The following Medical Assistance eligible beneficiaries are excluded from enrollment in managed care:
 1. Beneficiaries receiving Medical Assistance due to blindness or disability as determined by the U.S. Social Security Administration or the State Medical Review Team (SMRT), except if age 65 years or older.
 2. Beneficiaries receiving the Refugee Assistance Program pursuant to 8 U.S.C. § 1522(e).
 3. Beneficiaries who are residents of state regional treatment centers or a state-owned long term care facility.
 4. Beneficiaries who are terminally ill as defined in Minnesota Rules, part 9505.0297, subpart 2, item N and who, at the time of enrollment in Prepaid Medical Assistance Program (PMAP), have an established relationship with a primary physician who is not a Network Provider in the MCO.
 5. Beneficiaries who at the time of notification of mandatory enrollment in managed care have a communicable disease whose prognosis is terminal and whose primary physician is not a Network Provider in the MCO, and that physician certifies that disruption of the existing physician-patient relationship is likely to result in the patient becoming noncompliant with medication or other health services.

6. Beneficiaries who are Qualified Medicare Beneficiaries (QMB), as defined in section 1905(p) of the Social Security Act, 42 U.S.C. § 1396d (p), and who are not otherwise receiving Medical Assistance.
7. Beneficiaries who are Specified Low-Income Medicare Beneficiaries (SLMB), as defined in section 1905(p) of the Social Security Act, 42 U.S.C. § 1396a(a)(10)(E)(iii) and 1396d(p), and who are not otherwise receiving Medical Assistance.
8. Beneficiaries who are eligible while receiving care and services from a non-profit center established to serve victims of torture.
9. Non-citizen beneficiaries who receive emergency Medical Assistance under Minn. Stat. § 256B.06, subd. 4.
10. Beneficiaries receiving Medical Assistance on a medical spend-down basis.
11. Beneficiaries with private health care coverage through a HMO certified under Minn. Stat. Ch. 62D, not including Medicare Supplements. Such Beneficiaries may enroll in PMAP on a voluntary basis if the private HMO is the same as the MCO the person will select under PMAP.
12. Beneficiaries with cost-effective employer-sponsored private health care coverage, or who are enrolled in a non-Medicare individual health plan determined to be cost-effective according to Minn. Stat. § 256B.69, subd. 4(b) (9).
13. Enrollees who are absent from Minnesota for more than thirty (30) consecutive days but who are still deemed a resident of Minnesota by the STATE. Covered services for these Enrollees are paid by FFS.
14. Women receiving Medical Assistance through the Breast and Cervical Cancer Control Program.
15. Persons eligible for the Minnesota Family Planning Program (MFPP) in accordance with Minn. Stat. § 256B.78.
16. Incarcerated persons; *see* Minn. Stat. § 256B.055, subd. 14.

(b) The following populations are excluded from mandatory enrollment, but may elect to enroll in PMAP on a voluntary basis:

1. Adults who are determined to have serious and persistent mental illness (SPMI) and eligible to receive Medical Assistance covered mental health targeted case management services (MH-TCM) pursuant to Minn. Stat. § 245.4711.
2. Children diagnosed as having Severe Emotional Disturbance (SED) and eligible to receive Medical Assistance covered mental health targeted case management services pursuant to Minn. Stat. § 245.4881.
3. Children who are receiving Medical Assistance through adoption assistance according to Minn. Stat. § 256B.69, subd. 4(b)(1)).

(c) Eligibility Determinations for MinnesotaCare.

Eligibility for MinnesotaCare will be determined by the STATE or Local Agency. All persons who receive MinnesotaCare will participate in managed care. An exception is Deferred Action for Childhood Arrivals (DACA) recipients who will receive MinnesotaCare benefits through fee-for-service coverage in accordance with Minn. Stat. § 256L.04, subd. 10.

5. Financial Considerations

Responders contracted with the State will be paid a fixed monthly payment per enrolled member (capitation payment) for the provision of all services covered by the contract. Such Responders will be at full risk for provision of the covered services. Responders will be expected to have access to sufficient

reserves and/or reinsurance to bear the risk of unexpected medical claims which may occur. The State and its contracted actuaries will develop actuarially sound capitation rates which will be paid to the Responder. This is a requirement of the Centers for Medicare & Medicaid (CMS) under 42 C.F.R. § 438.4.

6. Medical Assistance/MinnesotaCare Participation Requirements in Minnesota

Pursuant to Minnesota Statutes, section 256B.0644, health maintenance organizations (HMOs) and vendors of medical care as defined in section 256B.02, subdivision 7 must participate as providers or contractors in the Medical Assistance and MinnesotaCare programs as a condition of participating in State and local government employee health insurance programs, the workers' compensation system, and insurance plans provided through the Minnesota Comprehensive Health Association (MCHA).

Minnesota Statutes, section 256L.12, subdivision 5, requires qualified MCOs to participate in the MinnesotaCare program in service areas where they participate in the Medical Assistance program. The Responder must qualify as an MCO to serve both Medical Assistance and MinnesotaCare.

In addition, HMOs, Community Integrated Service Networks (CISNs), county-based purchasing (CBP) entities, and other qualified provider types must participate in the Minnesota Health Care Programs (MHCP), Medical Assistance and MinnesotaCare programs, as a condition of licensure/certification by the Minnesota Department of Health pursuant to Minn. Stat. §§ 62D.04, subd. 5; 62N.25, subd. 2.

In accordance with Minnesota Statutes, section 62D.04, subdivision 5, HMOs shall submit a proposal for all counties in which they are licensed to serve the entire county. **Any request for a waiver must be negotiated with the Minnesota Department of Health.**

7. Qualified Responders to this RFP

A Responder is required to submit a proposal in good faith that meets the requirements of this RFP provided that the requirements can be reasonably met by the Responder to serve individuals eligible for the programs in a geographic region of the State. To be eligible to respond to this RFP, Responders must meet all of the following criteria and fulfill all of the requirements included in this RFP.

(a) Managed Care Organization Definition

To be considered a qualified Managed Care Organization (MCO) for purposes of responding to this RFP, a successful Responder must meet the definition of an MCO. Under the federal rule governing managed care, MCO means an entity that has, or is seeking to qualify for, a comprehensive risk contract, and that is:

- i. A Federally Qualified HMO that meets the advance directives requirements of 42 C.F.R. § 489.100-104; or
- ii. Any public or private entity that meets the advance directives requirements and is determined to also meet the following conditions: a) makes the services it provides to its Medicaid Enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid enrollees covered under the fee-for-service program within the area served by the entity, and b) meets the solvency standards of 42 C.F.R. § 438.116.

In determining whether an entity meets the definition of a qualified MCO, the Commissioner has discretion to explore various provider options that will be most advantageous to the population eligible for enrollment in the managed care programs. Providing the above requirements are met, the Commissioner may contract with any organization that meets the definition of a demonstration provider or participating entity under Minn. Stat. §§ 256B.69 subd. 2; 256L.01, subd. 7 respectively.

(b) Health Maintenance Organization

Health maintenance organization (HMO) means a foreign or domestic corporation or a local governmental unit as defined in Minnesota Statutes, section 62D.02, subdivision 11, controlled and operated as provided in Minn. Stat. § 62D.01-30, which provides, either directly or through arrangements with providers or other persons, comprehensive health maintenance services, or arranges for the provision of these services, to enrollees on the basis of a fixed prepaid sum without regard to the frequency or extent of services furnished to any particular enrollee.

8. Information about the MHCP Population and Service Area

Following is a list of additional resources Responders may find helpful in understanding the Minnesota Health Care Programs (MHCP) and the population covered under these programs. This section also includes information on county demographics and specific county information for the counties included in this RFP. Please see the Appendix for the following resources if a link is not provided.

2022 Families and Children Model Contract - [Model Contract](#)

County Demographics

Preferred Spoken Language for DHS Programs

County Specific Information

Find a Local Health Department or Community Health Board
<https://www.health.state.mn.us/communities/practice/connect/findlph.html>

Find a Local Health Department or Community Health Board
<https://findahealthcenter.hrsa.gov>

Managed Care Enrollment Guide
<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-8041-ENG>

Managed Care Enrollment Numbers
http://www.dhs.state.mn.us/main/dhs16_141529

Medicaid Matters – The Impact of Minnesota’s Medicaid Program
<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7659-ENG>

Minnesota Health Care Programs Brochure
<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3182-ENG>

Rates for Specific Programs – Please submit a request to DHS.PSD.Procurement@state.mn.us.

2. SCOPE OF WORK

2.1 Overview

This RFP provides background information and describes the services desired by the State. It describes the requirements for this procurement and specifies the contractual conditions required by the State. Although this RFP establishes the basis for Responder Proposals, the detailed obligations and additional measures of performance will be defined in the final negotiated contract.

The Responder must provide access to cost-effective, quality health care to eligible individuals covered under the Families and Children Medical Assistance (MA) and MinnesotaCare contract. The Model Contract includes comprehensive, preventive, diagnostic, therapeutic and rehabilitative health care services as specified in Article 6 of the contract. The Model Contract includes requirements for enrollment, MCO and enrollee communications, marketing and enrollee education, reporting requirements, access standards, transition services, service authorization, quality assessment and performance improvement, denials, terminations and reductions of service (DTRs), grievances, appeals, and state fair hearings, and other required provisions including compliance with various state and federal laws and regulations. The Responder must comply with the program contract requirements specified in the Model Contract.

2.2 Tasks and Deliverables

The Families and Children Medical Assistance (MA) and MinnesotaCare Model Contract contains the substantive tasks and deliverables that Responders must perform under the contract resulting from this RFP. Responders should carefully review the [Families and Children \(F&C\) Model](#) Contract. A link to the Model Contract is provided in section **1.8. Information about the MHCP Population and Service Area**. The State reserves the right to change tasks and deliverables in the contract during the negotiation period listed in the table **“Summary of Important Dates.”**

3. PROPOSAL REQUIREMENTS

Proposals must conform to all instructions, conditions, and requirements included in this RFP. Responders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal is at the Responder’s risk and may, at the discretion of the State, result in disqualification of the Proposal for nonresponsiveness. Acceptable Proposals must offer all services identified in Section 2, “Scope of Work,” agree to the contract conditions specified throughout the RFP, and include all of the items referenced in the Required Statements and Applicable Forms sections. Responder must also agree to the terms and conditions in the Model Contract unless specifically making an exception pursuant to the Exceptions to Terms and Conditions Form (DHS-7019) document found in Section 3.3, “Required Statements and Forms.”

3.1 Proposal Contents

Responses to this RFP must consist of all of the following components (see following sections for more detail on each component). Each of these components must be separate from the others. All proposals submitted under this RFP must address, in sufficient detail, how the Responder will fulfill the expected outcomes outlined in this RFP. Simply repeating the outcomes and asserting that they will be performed is not an acceptable response.

Proposal Components	RFP Section
1. Table of Contents	3.2(1)
2. Service Delivery Plan	3.2(2)
3. Professional Responsibility and Data Privacy	3.2(3)
4. Provider Network Adequacy Review	3.2(4)
5. Performance and Service Deliverables	3.2 (5)
6. Required Statements and Forms	3.2 (6)

3.2 Detail of Proposal Components

The following will be considered minimum requirements of the Proposal. The emphasis should be on completeness and clarity of content.

1. Table of Contents

2. **Service Delivery Plan:** The service delivery plan should describe the Responder's organizational structure for delivery of health care services. The service delivery plan should include, but is not limited to, the following components:

- A. **Executive Summary:** The executive summary should demonstrate the Responder organization's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work. It should include the Responder's overall design to achieving the deliverables, solutions to the problems presented, and knowledge of the requested services.
- B. **Description of the Applicant Organization:** Provide a summary of the programs and activities of the Responder organization, the number of people served, and the geographic areas served. Include information that demonstrates the Responder's capability to effectively deliver the services outlined in the RFP and serve the populations covered by the RFP as well as strengths considered to be an asset to your programs.
- C. **Administrative Services:** Administrative services support but do not directly provide services to enrollees. These are services such as; human resource functions, daily plan operations, contract management, data and information management, continuous improvement, business and strategic plans, annual budget oversight, legal department, risk management, facilities management, etc. List and describe who has responsibility for and the Responder organization's approach to oversight and coordination of administrative services.

- D. Appeals and Grievances:** Provide a description of how the Responder organization ensures all components of its grievance system adhere to contract, State, and federal requirements regarding the handling of enrollee appeals and grievances. Include a summary of any monitoring protocols your organization has in place that evaluate your organization's policies and procedures related to appeals and grievances.
- E. Care Management:** The Responder organization is responsible to coordinate all covered services for its enrollees and must promote and assure service accessibility, attention to individual needs, continuity of care, comprehensive and coordinated service delivery, the provision of culturally appropriate care, and fiscal and professional accountability. Describe how your organization coordinates all covered services for your enrollees including dental, pharmacy benefits, physical health, behavioral health, mental health and substance use disorder (SUD) services. Include how your care management approach intersects with your population health management program and health equity goals.
- F. Claims and Encounter Data:** The Responder organization should provide how claims are paid and encounter data are submitted. Include whether any processes have been subcontracted out and if so, how the subcontractor is kept up to date on changing information and requirements. Describe and provide any standards the organization has put in place to ensure timely payment of all claims. Indicate whether the organization completes any post payment claims review. Identify how often the organization audits its claims payment and encounter data submission processes. Detail how the organization ensures the accuracy and appropriateness of claims payments as well as how the organization coordinates any third party liability (TPL) benefits.
- G. Compliance/Internal Auditing/Fraud Prevention/Restricted Recipient Program (RRP):** Provide a description of the Responder organization's established program integrity functions and activities to reduce the incidence of fraud, waste, and abuse. Describe how your organization has coordinated your RRP with program integrity functions. Provide a summary of the Responder organization's subcontractor delegation review for the past year including information regarding any corrective action plans (CAP) and how any issues in the CAP were resolved.
- H. Enrollment/Customer Service/Marketing/Communication:**
- Enrollment: Describe the Responder organization's process for loading enrollment files for Families and Children (PMAP) and MinnesotaCare. Include any standards established by your organization for how quickly enrollment files are passed through to any subcontractors, e.g. pharmacy benefit managers (PBM), dental, etc. Explain any delays experienced in forwarding these files during the past year.
- Customer Service: Provide a summary of the Responder organization's enrollee call center assistance. Include where the call centers are located, how enrollees learn where to call, call center hours of operation differentiating between seasonal hours, accommodations other than English, lines of business, and how many different call centers are used for which services, e.g. transportation, medical, etc. Include your customer call center staffing ratio for membership size and whether that is adjusted

“seasonally.” Describe any established call center standards such as acceptable call center wait times and customer service quality.

Marketing/Communications: Describe the Responder organization’s approach to communicating with enrollees, counties, tribes, community or social service organizations, and providers. Include whether the Responder organization offers an enrollee portal, uses subcontractors for any marketing or enrollee communication responsibilities, and if so, which parts. Explain what area of the Responder organization maintains oversight of these functions and how each of these functions work within your organization.

- I. **Financial Management:** Describe how the Responder organization determines and sets your Medicaid payment rates for providers. Provide how the Responder organization determines those rates to be the most appropriate payment rates.
- J. **Information Technology:** Describe the Responder organization’s approach to information technology. List the information systems the Responder organization utilizes and what each system is used for. Include whether the Responder organization’s main administrative system interacts with your clinic care systems and in what ways, as well the frequency of any exchange.
- K. **Medical Director(s):** Describe the role and responsibilities for all medical directors in the Responder organization. Provide the Responder organization’s medical directors’ vision for the MCO and how the Responder organization plans to achieve that vision.
- L. **Population Health Management:** Provide the Responder organization’s population health management (PHM) strategy, program structure, population assessment, health activities, health experience, and foundation of the Responder organization’s role in local initiatives, quality of care, and delivery. Identify what area of the Responder organization is responsible for implementing these strategies.
- M. **Provider Network Administration:**
 - Describe how the Responder organization captures the information required for the Provider Directory regarding cultural capabilities, facility and equipment accommodations available for enrollees with disabilities, and information regarding which providers are accepting new patients.
 - Describe provider standards that have been established in the above areas.
 - Describe how gaps are identified and addressed. Include any documentation completed over the past calendar year that evaluated whether those standards were met and how any gaps were addressed.
 - Include the reporting frequency, tracking of the provider responses and the percentage of the providers that respond to the survey. What does the Responder’s organization do to encourage the provider response?

N. Quality Management:

Provide the following information in reference to the Responder organization's quality management program (if applicable):

- Accreditation Status
- Mechanisms to address special health care needs if the Responder organization has an alternative mechanism to what is described in 7.1.5.1 of the [Model Contract](#).
- Paragraph summary of Performance Improvement Projects (PIPs)
- Description of the Responder organization's participation in any enrollee satisfaction surveys as described in 7.4 of the [Model Contract](#)
- Description of the Responder organization's efforts to assess enrollee satisfaction and address the results of those efforts.

O. Utilization Management: Provide a description of the Responder organization's utilization management (UM) program. Include a description of the Responder organization's service authorization and referral requirements. Explain which services require prior authorization, requests for second opinions, out-of-network referrals, and procedures for continuity of care. Also explain how the Responder organization ensures parity between physical and behavioral health services.

3. Professional Responsibility and Data Privacy: 5 points;

The State will determine if the severity of the underlying infraction(s) warrants a rejection of the proposal or a reduction of up to five (5) points per sanction from the overall score.

- i. Professional Responsibility:** It is crucial the State locate reliable grantees to serve our clients. Therefore, Responders must be professionally responsible and include satisfactory information regarding their professional responsibility in their Proposals. Per Minnesota Office of Grant Management (OGM) Policies [08-02](#)¹ and [08-13](#),² Responder's past performance as a grantee of State will be considered when evaluating a grant application.

Professional responsibility information includes information concerning any complaints filed with or by professional, State and/or federal licensing/regulatory organizations within the past six years against your organization or employees relating to the provision of services. If such complaints exist, please include the date of the complaint(s), the nature of the complaint(s), and the resolution/status of the complaint(s), including any disciplinary actions taken.

All Proposals must also include information about pending and/or resolved litigation within the past two years that relates to the provision of services by your organization and/or its employees. Please include the date of the lawsuit, nature of the lawsuit, the dollar amount

¹ https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf

² https://mn.gov/admin/assets/08%2013%20grants%20policy%20revision%20Dec%202016%20final_tcm36-265658.pdf

being requested as damages, and if resolved, nature of the resolution (e.g., settled, dismissed, withdrawn by plaintiff, verdict for plaintiff with amount of damages awarded, verdict for Responder, etc.). If no litigation is pending, please make a note of this in the narrative for this section.

Responder may submit information which demonstrates recognition of their professional responsibility, including references and/or letters of recommendation. This may also include awards, certifications, and/or professional memberships.

The information collected from these inquiries will be used in the State's determination of the award of the contract. It may be shared with other persons within the Minnesota Department of Human Services and Department of Health who may be involved in the decision-making process and/or with other persons as authorized by law. You are not required to provide any of the above information. However, if you choose not to provide the requested information, your organization's Proposal may be found nonresponsive and given no further consideration. The State reserves the right to request any additional information to assure itself of a Responder's professional status.

- ii. **Data Privacy:** The Responder should include a response to all of the components listed in the document, entitled [Data Privacy](#). As stated in the Data Privacy attachment, Responders will need to complete three parts: (1) A narrative description of their privacy program, (2) The Minnesota Information Technology Services (MN.IT) Vendor Security & Compliance Questionnaire, and (3) Listing of Sensitive Data Breaches.

4. Provider Network Adequacy Review

Before the State can sign a contract with any Responder, the Responder must have the Minnesota Department of Health (MDH) approval of its service area and network.

All Responders must provide the following (see the **Appendix to this RFP, titled Documents, Forms and Links**, section **6 a-c** for a link to the following resources):

- i. **2023 Provider Network Adequacy Attestation**

- ii. **2023 Provider Network Listing**

Responders must submit the completed provider network listing template as an excel file in a separate folder on each of the USB drives listed in Section **4.5 Proposal Submission**. It is imperative that the Responder follow the specifications for the submission of the network. The provider network listing should include up-to-date comprehensive provider information.

Report Specifications:

Follow the Provider Network Listing template that includes a Data Dictionary and instructions.

The Provider Network Listing must include Essential Community Providers (ECPs) available within the designated service area as required by Minnesota Statutes, section 62Q.19.

Responders may submit the provider network listing as a Zip file to minimize the file size.

iii. Geographic Access Maps

Responders must plot the provider locations on each map. Review the Geographic Access map Specifications for instructions on what geographic access maps are required. Include the following information on each map:

- Provider Type indicated in the title of the map (e.g., General Hospital facilities, Primary Care providers).
- Product Name indicated in the title of the map (e.g. Medical Assistance or MinnesotaCare).
- The name of each county in your service area must be identified on each map.
- Proposed service areas must be clearly highlighted on each geographic access map.
- Maps must be clear and easy to read such that all provider locations, county names, and access markers are visible. The background color must be neutral (white, pale yellow, or pale tan).

iv. Gap Analysis Summary

Provide a comparative analysis of the network by identifying any gaps shown on the maps (by county) for any of the required provider types. The Responder must demonstrate that its Provider network is geographically accessible to Enrollees in its Service Area. In determining the Responder's compliance with the access standards, the STATE may consider an exception granted to the Responder by MDH for areas where the Responder cannot meet these standards. [42 C.F.R. §§ 438.206(c); 438.207; Minn. Stat. § 62D.124]

Analysis documentation should describe where access is not sufficient, including when geographic mileage access criteria are not met, the reason access is not sufficient and how the Responder will ensure access to services covered under the current Model Contract. Responders may be asked to submit a "Request for Waiver" documenting the reasons that all access criteria cannot be met.

5. PERFORMANCE AND SERVICE DELIVERABLES

The following sections include questions that will receive a numerical score. The responses to these questions should demonstrate the Responder's understanding of the Minnesota Health Care Programs (MHCP) population, challenges and opportunities related to health care delivery, and unique approaches to providing the MHCP services to the populations covered under the Families and Children Medical Assistance (MA) and MinnesotaCare contract [Model Contract](#) throughout the 80 Greater Minnesota counties. Responses should demonstrate the potential for innovation and increased value inherent in

the managed care structure and not available in the fee-for-service (FFS) delivery system. These questions reflect both State and County priorities and should address, where applicable, racial disparities, county and community collaboration, and person-centered design even if the question does not expressly state those themes. Responders should indicate differences in how they might approach a problem posed in the questions below in the various parts of their service areas.

DHS intends for the term "stakeholders" to mean a wide range of groups and individual that interact with MHCP including, but not limited to, program enrollees and caregivers, community organizations, Counties, and providers.

If the Responder does not currently have a Families and Children Medical Assistance (MA) and MinnesotaCare contract with the State, the Responder should select a current market or product to use in the responses to questions regarding current policies, procedures, or experiences and name the market and product selected.

The response to each question below should be no longer than 10 pages. Any attachments included in the response to the questions below will be counted towards the 10 page limit.

1. What has your organization determined is the most effective method or methods of communicating with your enrollees in Greater Minnesota? Describe how your organization made that determination and how you will continue to assess the success of efforts going forward. (4 points)
2. Describe how your organization trains your enrollee customer service staff to understand the population you serve. Provide one example of training provided that addresses the changing demographics across Greater Minnesota. Describe how your organization helps your population navigate and understand our complex health care system. (4 points)
3. Describe how your organization uses grievance data to improve services delivered to your enrollees. Provide examples of trends identified and what you implemented to improve enrollee outcomes. Provide details on how you are measuring the improvements. (4 points)
4. What do you believe are the greatest health care challenges facing rural Minnesota and how do you propose to address them? Describe how you have engaged stakeholders to determine what those challenges are. Describe one initiative you have implemented or plan to implement to address those learnings. (4 points)
5. Describe your organization's approach to addressing social drivers of health to improve population health and prevention. Describe your organization's work regarding community collaboration efforts, provider and other stakeholder partnerships, and data collection including social drivers of health and analysis. If applicable, provide examples for populations in the various regions of your current or proposed service area covered by this RFP. (4 points)

- 6.** How are you engaged with communities served by this RFP in co-creation of policies and programs that improve health equity? What social drivers of health have you identified that are unique to these communities who experience the greatest health inequities and how are you planning to address them? (4 points)
- 7.** What is your organization doing to improve access to routine prenatal care for enrollees? How are you ensuring enrollees have access to a birthing facility? (4 points)
- 8.** What steps are you taking to ensure access to culturally-specific perinatal care through community-based providers like doulas or community health workers? How are you supporting the development of this workforce in areas where enrollees do not have access? (4 points)
- 9.** Describe your process for determining medical necessity for children's residential mental health treatment. How are you identifying the need for and providing support to children and their families/caregivers before, during and after children's residential mental health treatment? (4 points)
- 10.** How is your organization working to increase the number of Licensed Alcohol and Drug Counselors operating in Greater Minnesota and contracting with your health plan to ensure timely access to SUD services? (4 points)
- 11.** Describe steps your organization has taken and/or will commit to taking in order to understand the housing status of your enrollees in Greater Minnesota. Please explain how you work with providers to support people who are homeless, regardless of the services they receive. (4 points)
- 12.** How does your organization use Housing Stabilization Services to improve enrollees' overall health? Specifically describe how your organization will use Housing Stabilization services to reduce disparities and grow access to other needed services for people who have historically been underserved by Medicaid services. What efforts will be taken to grow and retain the provider base for the services and ensure adequate access in the area(s) your organization serves? (4 points)
- 13.** Describe your approach to ensuring that your population is receiving primary and preventive care during the COVID pandemic. Describe some of the challenges you have identified in ensuring care is received and what strategies your organization will use going forward that will help to improve access and care delivery now and into the future. (4 points)
- 14.** Describe how your plan administers autism early intervention services to ensure early access. Please include information about establishing your provider network, screening, referrals, services, and other supports available to enrollees. (4 points)

- 15.** Describe how your organization solicits and/or receives feedback from county staff regarding service delivery, provider networks, and health plan operations. (4 points)

 - a. Describe how that feedback is used in your organization's operations to improve outcomes for groups that experience disparities and to support county health care activities.
 - b. Describe how county staff become aware of changes implemented after raising their concerns or why changes were not made after raising their concern.
 - c. Give an example of a change in the health care operations the Responder made based on county feedback. Describe how the Responder measured the impact of that change.

- 16.** Describe your involvement in the development of the County Public Health Community Needs Assessment. How have you supported activities related to the goals and objectives identified from the County Public Health Community Needs Assessment or the expressed needs of the counties or local districts? (4 points)

- 17.** Aside from your engagement with Counties and enrollees, describe how you engage with the community to assess broader health care needs? How do you determine who to reach out to and identify gaps? How do you develop relationships and partnerships? (4 points)

- 18.** Scenario: A current enrollee of the Responder calls customer service indicating that they have searched through the provider directory and search tool, have called the providers listed and still are unable to find a mental health provider for psychotherapy visits who is accepting new patients. Describe how you assist this enrollee. In your response also address how you identify which providers are accepting new patients, have limits on the number of MHCP enrollees they are accepting, and how you make that information available to your enrollees. (4 points)

- 19.** How does your organization triage calls received from providers to ensure that calls are addressed by the appropriate staff at your organization? Describe how you train provider customer service staff to handle questions related to new or complex services. Describe any tools used to assess provider satisfaction and feedback as well as how those results are used to improve your provider customer service operations. (4 points)

- 20.** How is your organization working to ensure its provider network reflects the changing demographics of the Families and Children MA and MinnesotaCare populations in Greater Minnesota? What steps are you taking to assess the impact of discrimination in health care settings and address the health outcomes that stem from racial trauma? (4 points)

- 21.** Scenario: An enrollee calls customer service expressing an urgent need to see a provider later that day or the next day for a non-emergency service. Describe your process for ensuring the enrollee is able to arrange non-emergency medical transportation on short notice and access any follow-up appointments that might be scheduled as a result of the initial visit. Describe how you ensure that enrollees who live far from health care providers have a sufficient network of NEMT providers. (4 points)

22. Are there services and/or provider specialties for which the provider network is closed to new providers? Describe how the determination was made to leave your network open or closed to new providers. If you do close your network to new providers, how do you continue to ensure adequate access to those services that have a closed network? (4 points)
23. Describe your organization's approach to reimbursement rate development for physician and clinic services, behavioral health services, and services that are unique or especially important to the MHCP population. (4 points)
24. How does your organization use value-based purchasing or other incentive arrangements to improve racial equity and geographic disparities in quality of care and health outcomes? (4 points)
25. Describe how you define, evaluate, and ensure the adequacy of your provider networks, beyond what is required under Minnesota Statutes § 62D.124 and the MHCP contracts. Describe how you ensure that the providers essential to residents who experience gaps in provider access due to geographic limitations are included in your network. (4 points)

6. REQUIRED STATEMENTS AND FORMS

Complete the correlating forms found in [eDocs](#)³ by searching for the form numbers referenced below, or by pasting the form file path name found in the footnotes below to your browser, and submitting the completed forms in the "Required Statements and Forms" section of your Proposal. You must use the current forms found in eDocs. Failure to submit a Required Statement or to use the most current forms found in eDocs is at the Responder's risk and may, at the discretion of State, result in disqualification of the Proposal for nonresponsiveness.

a. Responder Information and Declarations

1. [Responder Information/Declarations Form DHS-7020-ENG](#)⁴: Complete the "Responder Information and Declarations" form available at the above link and submit it with the Proposal. If you are required to submit additional information as a result of the declarations, include the additional information as part of this form. Responder may fail the Required Statements Review in the event that Responder does not affirmatively warrant to any of the warranties in the Responder Information and Declarations. Additionally, State reserves the right to fail a Responder in the event the Responder does not make a necessary disclosure in the Responder Information and Declarations or makes a disclosure which evidences a conflict of interest.
2. [2023 Greater MN County List](#): Check the applicable boxes for the counties within this Responder's current licensed service areas, and the counties this Responder is proposing to serve in this proposal.

³ <http://mn.gov/dhs/general-public/publications-forms-resources/edocs/index.jsp>

⁴ <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7020-ENG>

b. Disclosure of Ownership and Management Information

Federal law (42 C.F.R. § 455.104) requires Responders to disclose ownership and control interest. Responders must not have a director, officer, partner, agent, managing employee or other person with a 5% or more Ownership or Control Interest in their business entity, either directly or indirectly, if the person is excluded from participation in Medicaid under sections 1128 or 1128A of the Social Security Act or have been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program.

Responders must complete both the [Disclosure of Ownership Reporting Template](#) and the [Disclosure of Ownership Report Attestation](#):

c. Exceptions to Model Contract and RFP Terms ([Exceptions to Terms and Conditions Form DHS-7019-ENG](#))⁵: The contents of this RFP and the Proposal(s) of the successful Responder(s) may become part of the final contract if a contract is awarded. A Responder who objects to any condition of this RFP or State's: [Model Contract terms and conditions](#) must note the objection(s) on the "Exceptions to Model Contract and RFP Terms and Conditions" form available at the above link and submit it with its Proposal. Much of the language reflected in the Model Contract is required by statute. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation. Responders should also indicate on this form if they are not willing to be the sole contractor awarded default enrollment in any specific county and shall provide rationale for requesting an exception. Responders who are not willing to be the sole contractor awarded default enrollment in a specific county will result in up to a five (5) point reduction from the overall Technical score for the respective county(ies).

Responders are cautioned that claiming either of the following may result in its Proposal being considered nonresponsive and receiving no further consideration:

1. Exceptions to the terms of the standard State contract that give the Responder a material advantage over other Responders; or
2. Exceptions to all or substantially all boilerplate contract provisions.

Responders are cautioned that any exceptions to the terms of the F&C Model Contract which give the Responder a material advantage over other Responders may result in the Responder's proposal being declared nonresponsive or result in the reduction of points from the overall score. **If there are exceptions noted, the State will determine if the exception(s) results in a rejection of the proposal or a reduction of up to five (5) points from the overall Technical score.** Proposals that take blanket exception to all or substantially all boilerplate contract provisions will be considered nonresponsive proposals and rejected from further consideration for contract award.

⁵ <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7019-ENG>

d. Disclosure of Funding Form ([Disclosure of Funding Form- DHS-7018-ENG](#))⁶:

In order to comply with federal law, Responder is required to fill out the “Disclosure of Funding” form available at the above link and submit it with its Proposal. The form requires Responders to provide their Data Universal Numbering System (DUNS) number, which is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. If a Responder does not already have a DUNS number, a number may be obtained from the D&B by telephone (currently 866-705-5711) or online (currently at <http://fedgov.dnb.com/webform>). Responders must have a DUNS number before their Proposal is submitted.

e. Human Rights Compliance:

i. Workforce Certificate Information. ([State of Minnesota Workforce Certificate Information- DHS-7016-ENG](#))⁷: *(Applies if a resulting contract will be in excess of \$100,000)*. Responder is required to complete the “Workforce Certificate Information” document available at the above link and submit it with its Proposal.

As required by Minnesota Rules part 5000.3600, subpart 9, “[i]t is hereby agreed between the parties that Minn. Stat. § 363A.36 and Minnesota Rules parts 5000.3400 - 5000.3600 are incorporated into any contract between these parties based upon this specification or any modification of it. A copy of Minn. Stat. § 363A.36 and Minnesota Rules parts 5000.3400 - 5000.3600 are available upon request from the contracting agency.”

ii. Equal Pay Certificate. ([Equal Pay Certificate Compliance – DHS -7075-ENG](#))⁸: *(Applies if a resulting contract will be in excess of \$500,000)*. Pursuant to Minnesota Statutes, section 363A.44, Responder must complete and submit the form available at the above link with its Proposal if the resulting contract with all amendments will be in excess of \$500,000 and Responder has had 40 or more full-time employees in Minnesota or its principal place of business in a single day during the prior 12 months. It is the Responder’s sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate from the Minnesota Department of Human Rights (MDHR) prior to contract execution. This section does not apply to a contract to provide goods and services to individuals under Minn. Stat. Chs. 43A, 62A, 62C, 62D, 62E, 256B, 256I, 256L, and 268A, with a business that has a license, certification, registration, provider agreement, or provider enrollment contract that is prerequisite to providing those goods and services.

Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or email at compliance.MDHR@state.mn.us. Responder must apply for an equal pay certificate by paying a \$150 filing fee and submitting an equal pay compliance statement to the Minnesota Department of Human Rights (“MDHR”). MDHR’s Equal Pay Certificate instructions and Application Form can be obtained at this [link](#).⁹

⁶ <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7018-ENG>

⁷ <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7016-ENG>

⁸ <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7075-ENG>

⁹ <https://mn.gov/mdhr/certificates/apply-renew/equal-pay-certificate/equalpay-app-form.jsp>

It is Responder’s sole responsibility to submit this statement to MDHR and – if required – apply for an equal pay certification before the due date of this Proposal and obtain the certification prior to the execution of any resulting contract.

If a contract is awarded to a business that does not have an equal pay certificate as required by Minnesota Statutes, section 363A.44, or is not in compliance with the laws identified within Minn. Stat. § 363A.44, MDHR may void the contract on behalf of the State, and the contract may be abridged or terminated by the State upon notice that the MDHR has suspended or revoked the certificate of the business.

f. Documentation to Establish Financial Stability ([Documentation to Establish Financial Stability-DHS-7896-ENG](#))¹⁰: It is the [policy of the State of Minnesota](#) to make grants to organizations that are sufficiently financially stable to carry out the purpose of the grant. The information collected under this section will be used in State’s determination of the award of the contract. Responder must complete the “Documentation to Establish Financial Stability” form and submit the form along with the financial statements required with its Proposal.

4. RFP PROCESS

4.1 Timeline

ACTIVITY	DATE
State Register Notice/RFP Published on DHS Website	January 18, 2022
Questions for Responder’s Conference	January 31, 2022
Responder’s Conference Registration Deadline	February 3, 2022
Responder’s Conference	February 7, 2022
All RFP Questions Answered and Posted on DHS Website	Anticipated March 11, 2022
Complete RFP Proposals Due	April 1, 2022
Notice of Intent to Contract	Anticipated June 10, 2022
Start of Contract	January 1, 2023

4.2 Access to the RFP

To access the RFP, click on the link below and go to the DHS Public Website on January 18, 2022 on/ or after 12:00 p.m. (Central Time).

<https://mn.gov/dhs/partners-and-providers/grants-rfps/>

Additional resources around this RFP such as forms and updates will also be posted at:
[2023-Greater Minnesota Families and children RFP Information](#)

¹⁰ <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7896-ENG>

4.3 Responders' Conference

A Responders' Conference will be held on February 7, 2022, at 1:00 p.m. Central Time. The conference will serve as an opportunity for Responders to ask specific questions of State staff concerning the project. Oral answers given at the conference will be non-binding. Attendance at the Responders' Conference is not mandatory but is recommended. Responders will attend via WebEx call. Responders must register to attend the Responders' Conference.

Click on the following link to register to the "2023 Families and Children RFP Responders' Conference Registration":

[REGISTER HERE](#)

Registration Deadline is February 3, 2022.

An invitation will be sent to all registered attendees no later than close of business (COB) February 4, 2022.

4.4 Responders' Questions

Responders' questions regarding this RFP must be submitted in writing using the 2023 RFP Responders Question Template (located in the Appendix) prior to 4:00 p.m. Central Time on February 3, 2022 in order to be addressed at the Responders Conference. All questions must be emailed to DHS.PSD.Procurement@state.mn.us. Responders must use the RFP Responders Question Template when submitting questions about the RFP.

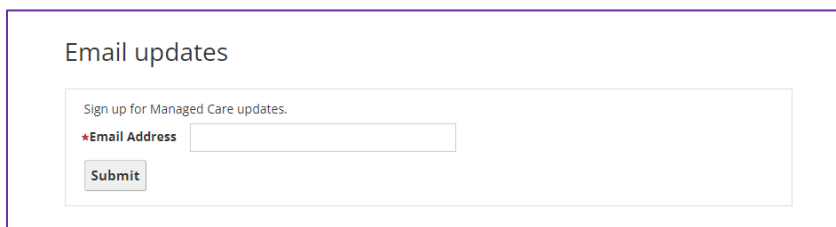
Continue to submit additional questions about the RFP using the 2023 RFP Responders Question Template (located in the Appendix) until March 4, 2022. Every effort will be made to provide written responses, within fourteen (14) days of receiving the question. Responses to all RFP questions will be posted no later than March 11, 2022.

Other State personnel are NOT authorized to discuss this RFP with Responders before the Proposal submission deadline. Contact regarding this RFP with any State personnel not listed above could result in disqualification. The State will not be held responsible for oral responses to Responders.

Questions will be addressed in writing and posted to the DHS Procurement website located at:

[2023-Greater Minnesota Families and Children RFP Information](#)

Sign up for Managed Care Updates at the bottom of the webpage to receive notification when this page is updated with any new procurement information.



The image shows a screenshot of a web form titled "Email updates". The form contains the text "Sign up for Managed Care updates." followed by a label "Email Address" with a red asterisk, a text input field, and a "Submit" button.

The document appears in the Procurement Section under “2023 Greater Minnesota Families and Children RFP Information.”

4.5 Proposal Submission

The proposal submission should include three (3) separate USB drives:

- One (1) complete original non-redacted copy with the USB drive labeled as “2023 F&C RFP Proposal – Original”;
- One (1) complete original redacted copy with the removal of trade secret information (refer to the Trade Secret Data Notification section) with the USB drive labeled as “2023 F&C RFP Redacted Proposal”; and
- One (1) original non-redacted copy with the removal of the Disclosure of Ownership information with the USB drive labeled as “2023 F&C RFP County Proposal” for county distribution.

Responders must submit the completed provider network listing template as an excel file in its own folder on each of the USB drives listed above. The Provider Network File should be labeled as “2023 F&C RFP Provider Network”. The Provider Network File must not be submitted on a separate USB drive.

Proposals must be physically received (not postmarked) on April 1, 2022 by 4:00 p.m. Central Time to be considered. Late Proposals will not be considered and will be returned unopened to the submitting party. Faxed or e-mailed Proposals will not be accepted.

Submit the RFP proposal using an electronic signature program to sign all the required statements and forms, then download them as a PDF in your system and add them into the RFP Response.

The three (3) proposal copies must be submitted in a single sealed package or container and via USB drive only. USB Drives **must not** be encrypted or password protected. Do not submit paper copies.

Starting with the Table of Contents through the duration of the document, the Proposal page numbers must flow continuously in numeric order. The Proposal must also be bookmarked, single spaced, and in one continual complete searchable document. All sections must be labeled as referenced in the RFP. Sections must not be submitted in separate documents or folders on the USB Drive. Scanned documents are not acceptable as responses for the Service Delivery Plan or the Performance and Service Deliverables unless they are fully searchable. Scanned documents may be submitted in response to other sections. The size and/or style of graphics, tabs, attachments, margin notes/highlights, etc. are not restricted by this RFP and their use and style are at the Responder’s discretion.

A minimum font size of 12 point must be used in the main body of responses to the Service Delivery Plan section and the Performance and Service Deliverables section. Responder may use its best judgment in choosing an appropriate font for forms, tables, charts, graphs, footnotes, etc.

The above-referenced packages and all correspondence related to this RFP must be delivered to:

Attention: Pam R. Olson
Health Care Administration, Purchase and Service Delivery Division
Department of Human Services
444 Lafayette Road N.
St. Paul, MN 55155

It is solely the responsibility of each Responder to assure that its Proposal is delivered at the specific place, in the specific format, and prior to the deadline for submission. **Failure to abide by these instructions for submitting Proposals may result in the disqualification of any non-complying Proposal**

Trade Secret Data Notification

All materials submitted in response to this RFP will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract(s) with the successful Responder(s). If a contract is awarded to the Responder, the State must have the right to use or disclose trade secret data to the extent otherwise provided in the MCO contract or by law.

If a Responder submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statutes, section 13.37, and the Responder does not want such data used or disclosed for any purpose other than the evaluation of this proposal, the Responder must:

- a) Clearly mark each page in the proposal that contains trade secret information at the time the proposal is submitted with the words “**TRADE SECRET**” in capitalized, underlined and bolded type that is at least 20 point font. The State does not assume liability for the use or disclosure of unmarked or unclearly marked trade secret data. The State will not consider any information to be trade secret if the entire response is marked as trade secret;
- b) Fill out and submit the “[Trade Secret Data Notice \(DHS-7015\)](#),” specifying the pages of the proposal which are to be restricted and justifying the trade secret designation for each item. If no material is being designated as protected, a statement of “None” should be listed on the form;
- c) Satisfy the burden to justify any claim of trade secret information. In order for a trade secret claim to be considered by the State, detailed justification that satisfies the statutory elements of Minnesota Statutes, section 13.37 and the factors discussed in *Prairie Island Indian Community v. Minnesota Dept. of Public Safety*, 658 N.W.2d 876, 884-89 (Minn. App. 2003) must be provided. Use of generic trade secret language encompassing substantial portions of the proposal or simple assertions of trade secret interest without substantive explanation of the basis thereof will be regarded as nonresponsive requests for trade secret exception and will not be considered by the State in the event a data request is received for proposal information; and
- d) Defend any action seeking release of the materials it believes to be trade secret and/or confidential, and indemnify and hold harmless the State, its agents and employees, from any judgments awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State’s award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in the possession of the State. The State is required to keep all the basic documents related to its contracts, including selected responses to RFPs, for a minimum of six years after the end of the contract. Non-selected RFP proposals will be kept by the State for a minimum of one year after the award of a contract, and could potentially be kept for much longer.

The State reserves the right to reject a claim if it determines the Responder has not met the burden of establishing that the information constitutes a trade secret. The State will not consider prices or costs

submitted by the Responder to be trade secret materials. Any decision by the State to disclose information designated by the Responder as trade secret will be made consistent with the Minnesota Government Data Practices Act and other relevant laws and regulations. If certain information is found to constitute a trade secret, the remainder of the proposal will become public; only the trade secret information will be removed and remain nonpublic.

The State also retains the right to use any or all system ideas presented in any proposal received in response to this RFP unless the Responder presents a positive statement of objection in the proposal. Exceptions to such Responder objections include: (1) public data, (2) ideas which were known to the State before submission of such proposal, or (3) ideas which properly became known to the State thereafter through other sources or through acceptance of the Responder's proposal.

5. PROPOSAL EVALUATION AND SELECTION

5.1 Overview of Evaluation Methodology

1. All responsive Proposals received by the deadline will be evaluated by the State. Proposals will be evaluated on “best value” as specified below. The evaluation will be conducted in three phases:

- a. Phase I Required Statements Review
- b. Phase II Evaluation of Proposal Requirements and Readiness Review
- c. Phase III Selection of the Successful Responder(s)

2. During the evaluation process until the 2023 contracts are executed, all information concerning the Proposals submitted, except for the name of the Responder(s), will remain non-public and will not be disclosed to anyone whose official duties do not require such knowledge.

3. Nonselection of any Proposals will mean that either another Proposal(s) was determined to be more advantageous to State or that State exercised the right to reject any or all Proposals. At its discretion, State may perform an appropriate cost and pricing analysis of a Responder's Proposal, including an audit of the reasonableness of any Proposal.

5.2 Evaluation Team

1. An evaluation team consisting of State and County staff will evaluate Responder Proposals.

2. State and professional staff, other than the evaluation team, may also assist in the evaluation process. This assistance could include, but is not limited to, the initial mandatory requirements review, contacting of references, or answering technical questions from evaluators.

3. State reserves the right to alter the composition of the evaluation team and their specific responsibilities.

4. The State as a participant in the federal Medicaid program must safeguard against conflicts of interest in the Medicaid procurement process. See 42 U.S.C. § 1396a (a) (4) and § 1396u-2(d) (3); Minnesota Statutes, section 256B.0914. The State must ensure that a person who participates in the evaluation of the RFP responses does not have a conflict of interest as described in Minn. Stat. § 16B.98, subd.

3. Therefore, all evaluators and other staff will be required to sign a conflict of interest statement and confidentiality agreement in order to participate as a member of the evaluation team.

Pursuant to Minnesota Statutes, section 256B.0914: Failure to abide by the above restrictions could result in criminal prosecutions or a fine of \$50,000, or both, for each violation.

5. The county role in seeking Responders to provide services to eligible Medical Assistance and MinnesotaCare individuals within the proposed county is important in the development, approval and issuance of the RFP. Each county also has the opportunity to review and score the proposals based on the identification of community needs and county advocacy activities and provide feedback on Responders' provider network(s). Pursuant to Minn. Stat. § 256B.69 subd. 3a (a), the county board shall make recommendations regarding the approval of local networks and their operations to ensure adequate availability and access to covered services.

5.3 Evaluation Phases

At any time during the evaluation phases, State may, at State's discretion, contact any Responder to (1) provide clarification of its Proposal or (2) obtain the opportunity to interview the proposed key personnel. Reference checks may also be made at this time. However, there is no guarantee that State will look for information or clarification outside of the submitted written Proposal. Therefore, it is important that the Responder ensure that all sections of the Proposal have been completed to avoid the possibility of failing an evaluation phase or having its score reduced for lack of information.

Phase I: Required Statements and Forms Review

The Required Statements will be evaluated on a pass or fail basis. Responders must "pass" each of the requirements identified to move to Phase II.

Required Statement and Forms	Total Possible Points
Trade Secret Data Notification	P/F
Responder Information and Declarations	P/F
Disclosure of Ownership and Management Information	P/F
Exception to Model Contract and RFP Terms	P/F
Disclosure of Funding	P/F
Human Rights Compliance	
• Workforce Certificate Information	P/F
• Equal Pay Certificate	P/F
Documentation to Establish Financial Stability	P/F

2. Phase II: Evaluation of Technical Requirements of Proposals and Readiness Review

The Technical Requirements will be evaluated on both a pass/fail basis and point factors.

Points have been assigned to the following component areas. For any item marked "Pass/Fail," if the proposal receives a fail, the proposal will be deemed non-responsive to Phase II and the proposal will not move on for consideration in Phase III.

Component	Total Possible Points
Service Delivery Plan including Executive Summary and Description of the Applicant Organization	P/F
Readiness Review (qualifying Responders only)	P/F
Financial Solvency	P/F
Provider Network Adequacy Review	P/F

The total possible points for these component areas are as follows:

Component	Total Possible Points
Professional Responsibility and Data Privacy	5 points; negative points possible
Performance and Service Deliverables	100 points – 4 points per question
Exceptions to Terms and Conditions	Possible Reduction of up to 5 points

The evaluation team will review the components of each responsive Proposal submitted. Each component will be evaluated on the Responder's understanding and the quality and completeness of the Responder's approach and solution(s) to the problems or issues presented.

After reviewing the Proposals, the members of the evaluation team will rate the Performance and Service Deliverables according to the following scale:

Component Rating	Point Factor
Excellent	1
Good	.75
Satisfactory	.50
Poor	.25
Unacceptable	0

Upon determining which of the above Ratings best describes the component being rated, the total possible points available for the component will be multiplied by the corresponding point factor.

EXAMPLE: A “good” rating (0.75) of a section that is worth 10 points would receive a score of 0.75 times the 10 possible points or 7.5 points.

A proposal must receive a final total score of 50 or greater to pass to Phase III. The State reserves the right to evaluate the strength of the proposal with respect to individual counties and to make a partial award in the event that the quality of Responder’s proposal is poorer in some counties than others.

Up to five (5) points will be deducted from the overall score for any exception to the State’s terms and conditions (including those found in the current Model Contract in [Model Contract](#) that is listed by the Responder in the Exceptions to Terms and Conditions.

All component scores will then be added together to create a Proposal's total score.

Readiness Review

In accordance with Federal Regulation 42 C.F.R. § 438.66(d) (1), the State must assess the readiness of MCO entities when the MCO has not previously contracted with the State or when the MCO will be providing benefits to a new eligibility group. Any Responder that meets these criteria will be subject to a readiness review of the elements outlined in 42 C.F.R. § 438.66(d) (4).

Responders may also be subject to a readiness review if any of the following conditions are met:

- The Responder's total member enrollment would increase by 30% or more by contracting with the State as a result of this RFP.
- The Minnesota Department of Health (MDH) has undertaken regulatory review related to the Responder's solvency status and meets one of the criteria under the Financial Solvency section below that may require a readiness review.

Financial solvency readiness reviews of any Responder will occur during the proposal review process. Further readiness review will continue after selection of successful Responders. Successful completion of all items in the readiness review is required for successful contract negotiations. DHS will contact qualifying Responders to coordinate the readiness review.

Financial Solvency

Responders must meet the solvency standards established by the State for health maintenance organizations (HMOs) or be licensed or certified by the State as a risk bearing entity under Minn. Stat. § 256B.69, subd. 2(b). As part of the RFP review process, DHS will ask the Minnesota Department of Health (MDH) to report on the financial solvency status of all Responders.

Results based on MCO solvency information.

- If the Responder is under no regulatory action, the Responder will pass the solvency review.
- If the Responder is at "mandatory control level RBC" as described in Minnesota Statutes, sections 60A.50-592 or "authorized control level RBC" and is subject to the action under Minn. Stat. § 60A.54, subd. 2(2), it will fail the solvency review.
- If the Responder is under regulatory action and has submitted an RBC plan that has not been approved by MDH before the deadline for responses to this RFP, it will fail solvency review.
- If the Responder is under regulatory action but has an approved RBC plan, it will pass solvency review, and will be subject to a readiness review to determine whether the requirements of the contract can be fulfilled.
- If the Responder is under additional monitoring by MDH related to the Responder's solvency, the Responder will pass solvency review and may be subject to a readiness review to determine whether the requirements of the contract can be fulfilled.

3. Phase III: Selection of the Successful Responder(s)

- a. Only Proposals found to be responsive under Phases I and II will be considered in Phase III.

- b. The evaluation team will review the scoring in making its recommendations of the successful Responder(s). Other factors upon which the proposals will be evaluated by the State include, but are not limited to, the following:
 - The evaluation criteria developed by the State and counties.
 - The Responder's ability to meet all requirements contained in this RFP, which includes providing all health care services and tasks required in the current Model Contract.
 - Number of potential Responders and availability of providers in the Responder's proposed service areas.
 - Consideration of transitions of enrollees between MHCP programs.
- c. The State may submit a list of detailed comments, questions, and concerns to one or more Responders after the initial evaluation. The State may require said response to be written, oral, or both. The State will only use written responses for evaluation purposes. The total scores for those Responders selected to submit additional information may be revised as a result of the new information.
- d. The evaluation team will make its recommendation based on the above-described evaluation process. The successful Responder(s), if any, will be selected approximately seven (7) weeks after the Proposal submission due date.
- e. The final award decision will be made by the Commissioner of Human Services (the Commissioner) or authorized designee. The Commissioner or authorized designee may accept or reject any recommendation of the evaluation team.
- f. Any dispute between the State and the counties about the MCO selection process will be reviewed by a three person mediation panel as provided in Minn. Stat. § 256B.69, subd. 3a (d). The Commissioner will resolve any disputes taking into account the recommendations of this panel.

5.4 Contract Negotiations and Unsuccessful Responder Notice

If a Responder(s) is selected, the State will notify the successful Responder(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the State successfully completes negotiations with the selected Responder(s), all submitted Proposals remain eligible for selection by the State. Data created or maintained by the State as part of the evaluation process (except trade secret data as defined and classified in Minn. Stat. § 13.37) will be public data when contract negotiations have been successfully completed. If the State determines that it is unlikely that a Responder will be selected for contract negotiations, the State may, as a courtesy, notify the Responder that it has not been selected for contract negotiations.

Successful completion of all items in the readiness review is required for successful contract negotiations. In the event contract negotiations are unsuccessful with the selected Responder(s), the evaluation team may proceed with the next highest recommended Responder(s).

After the State and chosen Responder(s) have successfully negotiated a contract, the State will notify the unsuccessful Responders in writing that their Proposals have not been accepted. All public information within Proposals will then be available for Responders or members of the public to review, upon request.

Public data is available to any member of the public. Data requests must be made in writing. A data request may be emailed to dhs.datarequest@state.mn.us or sent by U.S. mail. More information on requesting data from the Minnesota Department of Human Services is available at: [Data requests / Minnesota Department of Human Services \(mn.gov\)](https://www.mn.gov/Data-requests).

Following execution of the 2023 Families and Children contracts, DHS will automatically provide all RFP responders with the following documents: redacted proposals, the scoring criteria used for this RFP, and all scoring documents. The documentation will include all responders' information. DHS will send email notification with instructions to each responder when the files are available for download. Responders will not be required to submit a data request for these documents.

6. REQUIRED CONTRACT TERMS AND CONDITIONS

A. Requirements. Each Responders must be willing to comply with all State and federal legal requirements regarding the performance of the grant contract. The full requirements are set forth throughout this RFP and are contained in the [Model Contract](#). However, if there are State or Federal legal requirements not included in this RFP or appendices, each Responder must be willing to comply with those requirements. The Model Contract should be reviewed for the terms and conditions that will likely govern any resulting contract from this RFP. Although this RFP establishes the basis for Responder Proposals, the detailed obligations and additional measures of performance will be defined in the final negotiated managed care organization contract.

B. Governing Law/Venue. This RFP and any subsequent contract must be governed by the laws of the State of Minnesota. Any and all legal proceedings arising from this RFP or any resulting contract in which the State is made a party must be brought in the State of Minnesota, District Court of Ramsey County. The venue of any federal action or proceeding arising here from in which the State is a party must be the United States District Court for the State of Minnesota in Ramsey County.

D. Preparation Costs. The State is not liable for any cost incurred by a Responders in the preparation and production of a Proposal. Any work performed prior to the issuance of a fully executed grant contract will be done only to the extent the Responder voluntarily assumes risk of non-payment.

E. Contingency Fees Prohibited. Pursuant to Minnesota Statutes, section 10A.06, no person may act as or employ a lobbyist for compensation that is dependent upon the result or outcome of any legislation or administrative action, including the outcome of this RFP or any contract resulting from it.

F. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion. Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Responder must certify the following, as required by the regulations implementing Executive Order 12549.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

Definitions:

- “Lower tier participant” or “participant” for the purposes of this section refers to the Respondent managed care organization.
- “Subcontractor” to a lower tier participant means the definition in 42 C.F.R. § 455.101.

A. Instructions for Certification

1. By signing and submitting this proposal, the Responder (a prospective lower tier participant) is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverages sections of 2 C.F.R. Parts 180 and 376 (rules implementing Executive Order 12549). The Responder may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized in writing by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “A. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions, including subcontractor contracts and solicitations.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. Part 9, Subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction (including subcontractor contracts) with a person who is proposed for debarment under 48 C.F.R. Part 9, Subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

B. Certification

1. The prospective lower tier participant certifies, by signing and submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

G. Contingency of Operations Planning Requirement

Functions identified under this Request for Proposal have been designated as Priority 1 or Priority 2 services under the Minnesota Department of Human Services' Continuity of Operations Plan. Due to this designation, the successful Responder will be required to develop a contingency of operations plan to be implemented in the event of a gubernatorial or Commissioner of the Minnesota Department of Health declared health emergency. The successful Responder will be expected to have a contingency of operations plan available for inspection by the State upon request. The contingency of operations plan shall do the following:

- a. Ensure fulfillment of Priority 1 or Priority 2 obligations under the contract;
- b. Outline procedures for the activation of the contingency plan upon the occurrence of a governor or commissioner of the Minnesota Department of Health declared health emergency;
- c. Identify an individual as its Emergency Preparedness Response Coordinator (EPRC), the EPRC shall serve as the contact for the State with regard to emergency preparedness and response issues, the EPRC shall provide updates to the State as the health emergency unfolds;
- d. Outline roles, command structure, decision making processes, and emergency action procedures that will be implemented upon the occurrence of a health emergency;
- e. Provide alternative operating plans for Priority 1 or Priority 2 functions;
- f. Include a procedure for returning to normal operations; and
- g. Be available for inspection upon request.

H. Accessibility Standards. Any information systems, tools, information content, and/or work products, including the response to this solicitation/contract, applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards effective September 1, 2010, as updated on June 14, 2018. This standard requires in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D.

Information technology deliverables and services offered must comply with the [MN.IT Services Accessibility Standards](#).¹¹ (The relevant requirements are contained under the “Standards” tab at the link above.) Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and may not receive further consideration.

7. STATE’S AUTHORITY

1. The State may:
 - A. Reject any and all Proposals received in response to this RFP;
 - B. Disqualify any Responder whose conduct or Proposal fails to conform to the requirements of this RFP;
 - C. Have unlimited rights to duplicate all materials submitted for purposes of RFP evaluation or mediation, and duplicate all public information in response to data requests regarding the Proposal;
 - D. Select for contract or for negotiations a Proposal which best represents “best value” as defined in Minn. Stat. § 16C.02, subd. 4 and in this RFP document;
 - E. Consider a late modification of a Proposal if the Proposal itself was submitted on time and if the modifications were requested by the State, and the modifications make the terms of the Proposal more favorable to the State, and accept such Proposal as modified;
 - F. At its sole discretion, reserve the right to waive any non-material deviations from the requirements and procedures of this RFP;
 - G. Negotiate as to any aspect of the Proposal with any Responder and negotiate with more than one Responder at the same time, including asking for Responders’ “Best and Final” offers;
 - H. Extend the grant contract, in increments determined by the State, not to exceed the timeline specified in Minn. Stat. § 16B.98, subd. 5(b).
 - I. Cancel the RFP at any time and for any reason with no cost or penalty to the State; and

¹¹ <https://mn.gov/mnit/about-mnit/accessibility/>

- J. The State will not be liable for any errors in the RFP or other responses related to the RFP.
- 2. If federal funds are used in funding a contract that results from this RFP, in accord with 45 C.F.R. § 92.34, for Works and Documents created and paid for under the contract, the U.S. Department of Health and Human Services will have a royalty free, non-exclusive, perpetual and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use, the Works or Documents created and paid for under a resulting contract for federal government purposes.

Remainder of the page intentionally left blank. (Appendix follows)

APPENDIX: DOCUMENTS, FORMS AND LINKS

Many of the documents, forms and links for your RFP submission are available on the: [Managed Care Organizations \(MCO\) contract information, forms and resources](#) website for ease of access. The following list will appear.

Background Information:

1. 2022 Families and Children Model Contract (coming soon) [Model Contract](#)
2. [County Demographics](#)
3. [Preferred Spoken Language for DHS Programs](#)
4. [County Specific Information](#)

Proposal Components:

5. Professional Responsibility and Data Privacy
 - a. [Data Privacy](#)
 - b. [MN-IT Vendor Security Compliance](#)
6. Provider Network Adequacy Review
 - a. [2023 Network Adequacy Attestation](#)
 - b. [2023 Provider Network Listing Template](#)
 - c. [2023 Geographic Access Map Specifications](#)
7. Required Statements and Forms
 - a. Responder Information and Declarations
 - i. [Responder Information/Declarations Form](#)
 - ii. [2023 Greater MN County List](#)
 - b. Disclosure of Ownership and Management Information
 - i. [Disclosure of Ownership Reporting Template](#)
 - ii. [Disclosure of Ownership Report Attestation](#)
 - c. [Exceptions to Model Contract and RFP Terms](#)
 - d. [Disclosure of Funding Form](#)
 - e. Human Rights Compliance:
 - i. [Workforce Certificate Information](#)
 - ii. [Equal Pay Certificate](#)
 - f. [Documentation to Establish Financial Stability](#)
 - g. [Trade Secret Data Notification](#)
8. [2023 RFP Responders Question Template](#)

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