Request for Proposal
Pain Management
Center of Excellence

Superior HealthPlan
5900 E. Ben White Blvd
Austin, TX 78741

2017
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Invitation to Submit Proposal

Superior HealthPlan aspires to create a Pain Management Center of Excellence (COE) to address the complexity and challenges of treating chronic pain by establishing a multidisciplinary team to treat conditions encompassed by the diagnoses of chronic pain and substance abuse.

Provider Eligibility
Providers who meet the following criteria may submit a response to the Pain Management COE Request for Proposal (RFP):

- Currently contracted with Superior* and Envolve PeopleCare (formerly Cenpatico)
- Have a valid National Provider Identifier (NPI)
- Have a valid Texas Medicaid Provider Number (also known as TPI)

*Please note: All parts of the organization, including outsourced labor and subcontractors, must be contracted with Superior for STAR+PLUS, agree to have an open panel and provide timely appointments to Superior members. COEs will be for the care of multiple conditions. Therefore, the evaluation committee will not access responses that exclusively address chronic pain or substance abuse.

Proposal Submission Details
To submit a proposal for consideration, please review all submissions details below:

- Email completed proposal to: SuperiorProviderPrograms@SuperiorHealthPlan.com.
- Include Pain Management COE in the email subject line.
- Submit proposal no later than 5:00 p.m. (CDT) on Friday, August 4, 2017.

This RFP is designed to serve the population with the following Superior product(s):

☐ STAR  ☒ STAR+PLUS (Non-Dual)  ☐ STAR+PLUS (Dual)
☐ STAR Kids  ☐ CHIP  ☐ Medicare

This RFP is designed to address service needs of this population (Superior STAR+PLUS members) who reside in the following Texas Managed Care Service Areas:

☒ Bexar  ☐ Jefferson  ☒ RSA Central
☒ Dallas  ☒ Lubbock  ☐ RSA Northeast
☐ El Paso  ☒ Nueces  ☒ RSA West
☐ Harris  ☐ Tarrant  ☐ Travis
☒ Hidalgo
Project Purpose and Description

The Pain Management COE evolved from the current system of the interventionist pain management model into a patient-centered approach that is a vital part of the chronic (non-cancer) pain ecosystem. Industry research suggests a multidisciplinary approach is the most effective way to reduce medical costs for patients with chronic pain. The end goal for the COE is to give Superior’s membership access to holistic, multidisciplinary, evidence-based chronic pain treatment, by moving to a patient-centered model of care.

Four key attributes that distinguish Pain Management COEs for chronic pain are:

I. A multidisciplinary team-based collaborative approach that is an evidence and guideline-based practice using state of the art modalities involving specialists from a variety of disciplines and backgrounds. The multidisciplinary, integrated care should include some combination of physicians with differing specialties including:
   - Physiatrists (Physical Medicine and Rehabilitation)
   - Anesthesiologists
   - Psychiatrists
   - Addictionologists
   - Neurologists

*Please note: Special consideration will be given to primary care providers who participate in Project ECHO chronic pain and substance use disorder learning communities.*

The team must also include the following services at a minimum:
   - Rehabilitative Services (see Appendix A for examples)
   - Psychological Services (see Appendix B for examples)
   - Addiction Services and/or Substance Use Disorders Support Services (see Appendix C for examples)

*Please note: The winning bid(s) should either provide the services listed above or have a business relationship with a provider that can perform the service(s). Although it is not essential to have team members co-located, team members that are not co-located should function in a coordinated manner. Superior can assist with administrative burdens by providing Case Management services and transportation. Reimbursement exceptions can be made for services not normally paid by Medicaid, if the treatment plan produces benefits and prevents the deterioration of the patient’s health, quality of life and/or prevents the increase of future costs of care.*

II. Safe, evidence-based care that is person-centered, timely, effective, efficient and equitable.

III. Coordinated care with the patient’s primary care provider by using state-of-the-art information technologies.

IV. Outcome-based and data-driven approach to care, with the primary focus of:
   - Increasing functional capacity using existing functional capacity measurement tools.
   - Reducing opiate dosage/dependence with the goal of achieving an opiate-free state via monitoring total morphine equivalent dosages per individual and per provider.
Proposal Guidelines

This RFP for a Pain Management COE represents the requirements for an open and competitive process.

- Superior will accept proposals up to 60 days after the initial posting.
- An official agent or representative of the company authorized to bind the company to the requirements within the proposal must sign the submission.
- Any proposal received after Friday, August 4, 2017, and/or received unsigned, is excluded from consideration due to timeliness and/or completeness.

Once a winning bid(s) is selected, Superior will negotiate the contract terms and conditions with organization(s) that submitted the winning proposal. Superior will review performance at least once yearly. Satisfactory review will qualify the provider to remain in the Pain Management Centers of Excellence Program if choose to. All contractual terms and conditions are subject to review by Superior’s Legal department and will include, but are not limited to, scope, budget, schedule and other necessary items pertaining to the project.

Organizations submit any questions by email to: SuperiorProviderPrograms@SuperiorHealthPlan.com.

The last day to submit questions is Friday, July 21, 2017.

Proposal Scope

The proposal must describe how the respondent treats patients with several difficult diagnoses, in addition to pain, such as substance abuse and/or mental health illness. The evaluation committee will not assess any proposal addressing solely chronic pain or solely substance abuse. Submitted proposals must also address all seven sections listed below for consideration.

I. Introduction
   a. Provide a clearly-worded statement clarifying if the submission is for a single entity or a partnership (within a 10 mile radius), who will work together to provide services.
   b. Include names, resumes and biographies of key clinical and operational staff assigned to the COE including, but not limited to, owners, physicians, managers and any other providers mentioned.

II. Demographic Information
   a. Provide an overview of the Superior products currently contracted with, the start date of each contract and willingness to extend to additional products, such as Medicare.
   b. List the location(s) where service will be rendered.
   c. Supply a table demonstrating the provider’s visit capacity by location and service type and age range served.
   d. Write a detailed description of services provided, including utilization numbers for all locations for the previous calendar year.

III. Experience
   a. Describe the provider’s experience servicing the population Superior serves.
   b. Produce examples of participation in any similar COE arrangements.
   c. Provide testimonials from referring providers regarding the quality of existing pain management services.

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d. Provide outcomes related to pain management and substance abuse services for members served, including evidence of opiate reduction.

IV. **Clinical Philosophy**
   a. Provide the most current copy of clinical policies and procedures.
   b. Detail the organization’s methodology on how patient outcomes determined, and provide samples related to service need evaluation, discharge readiness and quality monitoring. In lieu of a readiness plan, a readiness review 60 days prior to go live is needed.
   c. Describe actions the organization has taken to reduce the level of opioid utilization.
   d. Submit examples of functional capacity criteria.
   e. Include samples of documentation, evaluations, plans and associated tools.
   f. Answer the following questions:
      i. What is the clinical oversight methodology of the organization? If the respondent plans to outsource or use subcontractors, do they follow the same methodology? What safeguards are in place to ensure compliance?
      ii. Is there a communication plan with the primary care physician on diagnosis, treatment and progress? What is the method(s) used to communicate information to other providers? How often is the information communicated to the primary care provider?

V. **Patient Satisfaction**
   a. Provide evidence of member satisfaction.
   b. Supply a detailed description of any complaints against the provider. Please include the steps taken to rectify the complaints and what controls are in place to prevent reoccurrence.

VI. **Financial Projections**
   a. Please submit one of the following:
      i. For single entities, submit an itemized list of rates by CPT code or service type.
      ii. For entities outsourced and/or utilizing subcontractors, submit an itemized list of cost by service type for services provided by the main entity. For services provided by contractors/outsourced entities, provide an all-inclusive amount for each provider/outsourced entity.

VII. **Documentation**
   a. Create a timeline which illustrates the timeframe for implementation of participation as a COE.
   b. Include an updated Superior HealthPlan, Inc. Participating Provider Conflict Of Interest and Health Care Entity Financial Interest Policy and Disclosure Statements. A copy of the form is available on our website and at the following link: https://www.SuperiorHealthPlan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20151192B-Disclosure-Information-Form-P-10132016.pdf.
Request for Proposal Timeline

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP posted date</td>
<td>Monday, June 5, 2017</td>
</tr>
<tr>
<td>Last day to ask questions</td>
<td>Friday, July 21, 2017</td>
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<tr>
<td>Closing date</td>
<td>Friday, August 4, 2017</td>
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<tr>
<td>Evaluation period date*</td>
<td>Friday, August 4, 2017 –</td>
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<tr>
<td></td>
<td>Thursday, August 31, 2017</td>
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<td>Winning bidder(s) notification date</td>
<td>Friday, September 8, 2017</td>
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<tr>
<td>Non-winning bidders notification date</td>
<td>Friday, September 8, 2017</td>
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<tr>
<td>Implementation date</td>
<td>Friday, December 1, 2017</td>
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</table>

*Respondent may receive a request for site visits and an in-person presentation.

Proposal Evaluation Criteria

Superior will evaluate all proposals based on specific criteria. To ensure consideration for the Pain Management COE RFP, submissions must include all of the following criteria:

I. **Overall suitability:** Proposal is presented in a clear and organized manner which meets the scope and requirements included herein.

II. **Organizational experience:** Provided descriptions and documentation of staff technical expertise and experience as it pertains to this project.

III. **Value and cost:** Proposals submitted will be evaluated on the cost of the organization's solution(s), based on the work to be performed in accordance with the scope of this project.
Disclaimer

Superior will not share information submitted in response to the RFP with any entity outside of Centene Corporation (Superior’s parent company) unless otherwise required by law. Superior will award based on the actual proposals received, on the basis of price, qualifications, experience, resources, proposed services, and the proposer’s past record of performance and other factors identified in the RFP. This also includes responses received from references, interviews and any follow-up questions.

An evaluation committee will assess each proposal on the basis of how it corresponds to the factors, information and requirements included in the RFP, and scored according to the criteria included in Proposal Evaluation Criteria section. Based upon evaluation of the submitted proposals, interviews may be conducted with two or more proposers among the highest-scored proposals. Interviews may include a presentation by the proposer and questions regarding the proposal and services to be provided.

In evaluating the proposals and selecting a contractor, Superior reserves the rights to:

I. Reject any and all proposals.
II. Issue subsequent Requests for Proposals for the same or similar goods or services.
III. Not award a contract for the requested services.
IV. Waive any irregularities or informalities.
V. Accept the proposal which Superior deems to the most beneficial.
VI. Negotiate with any proposer to further amend, modify, redefine or delineate its proposal.
VII. Negotiate and accept, without re-advertising, the proposal of the next-higher scored proposer, in the event that a contract is unsuccessfully negotiated with the selected proposer (which may occur prior to the time a final recommendation for award is made for executive approval)
VIII. Further question any proposer to substantiate claims of experience, background knowledge and ability.

Superior may waive minor informalities and correct mistakes discovered after submission where:

I. The intended correct statement or amount is clearly evident or properly substantiated.
II. The intended correct statement or amount is unsubstantiated, or not clearly evident or by accompanying documents.
III. The statement or amount is material to determining compliance with the minimum requirements of the RFP, the proposal may not be accepted.

Superior reserves the right to waive technical defects, discrepancies and minor irregularities, and not award a contract when it finds such action is in the best interest of the public.

Superior reserves the right to cancel a solicitation, or reject any or all proposals in whole or in part when the cancellation or rejection is in Superior’s best interests as determined by Superior.

If all proposals are rejected, Superior may call for new proposals in a new solicitation, or may consider the proposals received with opportunity for supplemental submission. If there is partial rejection, Superior may solicit supplemental information only from those proposers who submitted proposals.

By submitting a proposal, respondent acknowledges that the respondent has read and understands the terms and conditions applicable to this RFP, and accepts and agrees to be bound by the terms and conditions of the contract, including the obligation to perform the scope of work and meet the performance standards. A responder may withdraw its proposal at any time.

Superior will not consider proposals received after the time and date indicated for receipt of proposals.

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Appendix A – Rehabilitative Services

Rehabilitative services are a key component to managing chronic pain. The list below provides examples of rehabilitative services to consider, and is not intended as an exhaustive list of services that a provider can offer.

- Acupuncture
- Aquatic therapy
- Chiropractic
- Exercise programs
- Manipulative therapy
- Massage therapy
- Movement therapy
- Occupational therapy
- Physical therapy
- Yoga

Any rehabilitative service offered must be evidence-based and recognized as a medically accepted practice.
Appendix B – Psychological Services

Psychological services are a key component to managing chronic pain. The list below provides examples of psychological support and counseling services to consider and is not intended as an exhaustive list of services that a provider can offer.

- Stress management strategy
- Cognitive behavioral therapy
- System desensitization
- Aversion therapy
- Counseling
- Psychiatry services

Any psychological service offered must be evidence-based and recognized as a medically accepted practice.
Appendix C – Addiction and Substance Use Disorders Support Services

Addiction services and/or substance use disorders support services are a key component to managing chronic pain. The list below provides examples of addiction services and/or substance use disorders support services and is not intended as an exhaustive list of services that a provider can offer.

- Detoxification
- Recovery support
- Medication-assisted treatment
- Outpatient services (intensive and traditional)
- Peer support

Any addiction service and/or substance use disorders support services offered must be evidence-based and recognized as a medically accepted practice.
Appendix D – Members Treated for Pain Management

The table below displays the current volume of STAR+PLUS Superior members treated for pain management, by Medicaid Service Delivery Area (Region).

<table>
<thead>
<tr>
<th>Region</th>
<th>Count of Members</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>2,826</td>
<td>21.19%</td>
</tr>
<tr>
<td>Central</td>
<td>1,950</td>
<td>14.62%</td>
</tr>
<tr>
<td>Dallas</td>
<td>2,499</td>
<td>18.74%</td>
</tr>
<tr>
<td>Hidalgo</td>
<td>2,061</td>
<td>15.46%</td>
</tr>
<tr>
<td>Lubbock</td>
<td>822</td>
<td>6.16%</td>
</tr>
<tr>
<td>Nueces</td>
<td>971</td>
<td>7.28%</td>
</tr>
<tr>
<td>West</td>
<td>2,205</td>
<td>16.54%</td>
</tr>
<tr>
<td>Total</td>
<td>13,334</td>
<td></td>
</tr>
</tbody>
</table>
References


   http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

4. University of New Mexico School of Medicine Chronic Pain and Headache Management TeleECHO Clinics http://hospitals.unm.edu/pain/specialties/project-echo.html