# APPENDIX D

**APPENDIX D**
**OFFEROR'S MANAGED CARE AND MLTSS EXPERIENCE**

**TO BE COMPLETED BY THE OFFEROR**

**The Offeror must complete a separate APPENDIX D for each state where the Offeror has contracted with a state agency to provide managed care and managed long-term services and supports (MLTSS) since January 2012.**

**State:** _____

**Name of Health Plan in This State*:** _____ The name of the health plan as it appears on the contract with the state agency. If this is a different name than that being used by the Offeror for this Pennsylvania RFP, the Offeror must explain the corporate relationship between these two entities in the Additional Explanation section of this Appendix D. The Offeror must be able to document that both entities are under the control of the same corporate family.

**Name of Offeror:** _____

**Name of Individual Completing This Appendix D:**

_____

**Does the Offeror have experience since January 2012?** If the Offeror has experience since January 2012 where they were the primary party who contracted with a state agency to provide managed care services and MLTSS, then the Offeror is to check "Yes" and complete the remainder of this Appendix D. If the Offeror was not the primary contractor and/or the Offeror is unable to document that they were covered under the same corporate umbrella as the health plan for which they are claiming experience in this other state, the Offeror is to check "No" and is not to complete the remainder of this Appendix D.

**APPENDIX D**
**OFFEROR'S MANAGED CARE AND MLTSS EXPERIENCE**

| **CONTRACT YEAR**<br>Enter the dates (month and year of each contract's duration under the corresponding Contract Year as determined by the start and end date of that contract. | | **CONTRACT YEAR 2012-2013** | **CONTRACT YEAR 2013-2014** | **CONTRACT YEAR 2014-2015** | **CONTRACT YEAR 2015-2016** |
|---|---|---|---|---|---|
| **PRIMARY CONTRACTOR**<br><br>Place an "x" in the box if the Offeror is/was the primary contractor. Primary Contractor is defined as there being a direct contractual relationship between the Offeror and the state agency, and the Offeror must be the party held accountable by the state agency for meeting the provisions of the contract. | | YES ☐<br><br>NO ☐ | YES ☐<br><br>NO ☐ | YES ☐<br><br>NO ☐ | YES ☐<br><br>NO ☐ |
| **POPULATION**<br><br>Place an "x" in this box for each population group included in the contract between the Offeror and the state agency. If the Offeror places an "x" next to "OTHER", the Offeror is to provide clarification under the Additional Explanation section of this Appendix D.<br><br>TANF = Temporary Aid to Needy Families<br><br>DUAL = Dually eligible for Medicare and MA.<br><br>LTSS = Long-term Services and Supports | TANF | | | | |
| | DUAL | | | | |
| | LTSS | | | | |
| | Other | | | | |

**APPENDIX D**
**OFFEROR'S MANAGED CARE AND MLTSS EXPERIENCE**

| **CONTRACT YEAR**<br>Enter the dates (month and year of each contract's duration under the corresponding Contract Year as determined by the start and end date of that contract. | | **CONTRACT YEAR 2010-2011** | **CONTRACT YEAR 2011-2012** | **CONTRACT YEAR 2012-2013** | **CONTRACT YEAR 2013-2014** |
|---|---|---|---|---|---|
| **SERVICES**<br>Place an "x" in the one box that describes the services the Offeror was contracted to provide. "Full Benefits with Exceptions*" refers only to those situations where an entire component of the benefit package was excluded or carved out and provided entirely by another entity or not at all. So long as the Offeror was responsible for providing at least some coverage for a particular service, even if another entity provided a larger overall proportion of this coverage, this would fall under "Full Benefits" (e.g., the Offeror was only required to cover up to 30 days in a long term care facility for their members and any additionally needed long term care coverage was provided through the state's traditional Medicaid program). If the Offeror places an "x" next to any Services option marked with an asterisk, the Offeror is to provide clarification. | Full Medicaid Benefits | | | | |
| | Full Medicaid Benefits with Exceptions* | | | | |
| | Behavioral Health Only | | | | |
| | LTSS | | | | |

**APPENDIX D**
**OFFEROR'S MANAGED CARE AND MLTSS EXPERIENCE**

| **CONTRACT YEAR**<br>Enter the dates (month and year of each contract's duration under the corresponding Contract Year as determined by the start and end date of that contract. | **CONTRACT YEAR 2012-2013** | **CONTRACT YEAR 2013-2014** | **CONTRACT YEAR 2014-2015** | **CONTRACT YEAR 2015-2016** |
|---|---|---|---|---|
| **Additional Explanation:**<br>If you checked any of the boxes under headings with an (*), provide clarification below:<br><br>**Name of Health Plan:**<br><br>**Population:**<br><br>**Services:** | | | | |