National
MLTSS
Health Plan Association

October 2026

Dear Center for Medicaid and CHIP (CMCS) staff,

The National MLTSS Health Plan Association (MLTSS Association) greatly appreciated the opportunity to participate in CMS' Listening Session on Medicaid Managed Care Procurement, held on August 5th, 2026. During this call, our member representatives, as well as representatives from other Medicaid trade associations, had the opportunity to respond to specific CMS questions about the current Medicaid managed care procurement process. As the leading organization representing health plans that contract with states to provide managed long-term services and supports (MLTSS) through the Medicaid program, we are uniquely positioned to provide feedback on the nuances of MLTSS procurements. Below, we outline specific recommendations to improve the MLTSS contracting process. We welcome further engagement with CMS on this important topic as CMS considers the future of Medicaid contracting.

**Responses to CMS Topics of Interest and Recommendations for CMS Engagement:**

1) How do health plans utilize contractors and consultants in the Medicaid and MLTSS procurement process?

Health plans use contractors and consultants to support Medicaid procurements to varying degrees and may be more likely to utilize external support when the scope, timing, and/or technical requirements of a procurement exceed what can reasonably be absorbed by internal teams. Smaller managed care organizations may not have dedicated procurement teams and may depend on cross-functional leadership teams to respond to questions within their area of expertise.

States also regularly utilize external contractors and consultants to write their RFPs, as they may not have dedicated procurement teams. There are concerns about increasing conflicts of interest, as the same consulting firms who write state RFPs may also support the health plans bidding for these contracts.

- **Recommendation:** CMS can encourage states to implement conflict of interest (COI) safeguards when using external consultants for Medicaid and MLTSS procurements. At a minimum, states can require consultants who support their RFP development to disclose their engagement with Medicaid managed care plans and develop appropriate firewall requirements.
    - **Florida** can serve as a best practice example of these COI safeguards in their SMMC procurement.
- **Recommendation:** CMS could develop procurement integrity bets practices for states to ensure that expectations are consistent across state Medicaid procurements.

2) What are the areas of Medicaid and MLTSS procurements that present the largest challenges for health plans?

There are a number of areas of the procurement process that are especially challenging for Medicaid and MLTSS health plans, including:

**Administrative burden:** Bid documents vary wildly in length (from 300 to 3,000+ pages), which creates substantial administrative burden not just on health plans to complete, but on states to review in a consistent and timely manner. In many states, the Medicaid RFPs are run through the State Procurement Office (SPO), the same office that runs the procurement office for all state contracts..

- **Recommendation:** CMS could develop RPF toolkits for states that contain best practices in the development of RFPs. These toolkits would support states throughout their RFP development processes.
- **Recommendation:** In this procurement toolkit, CMS could include best practices for ensuring that SPOs consult with state Medicaid agencies on Medicaid and MLTSS procurements.

**Communication and timing:** One of the largest challenges for health plans in the procurement process is a lack of communication from states before the RFP is released. If a state is considering a procurement, MCOs need clarity on the problems being solved, products in scope, regional approach, timeline, and transition expectations, as well as increased transparency on when the RFP will be released. Once an RFP is released, the process frequently includes short turnaround times and compressed Q&A periods, which make it hard for health plans to get real clarification on their questions from states.

- **Recommendation:** CMS could outline recommendations to states to provide health plans earlier visibility into the state's RFP timeline, expectations, and anticipated changes. Earlier and proactive communication from the state would help plans allocate resources more effectively, engage the appropriate internal teams over the multiple stages of procurement, and develop more informed proposals.
- **Recommendation:** CMS could encourage states to adopt a more structured procurement communication process, including pre-release stakeholder engagement, clear procurement timelines, sufficient Q&A opportunities, timely publication of answers, standardized amendment processes, and post-award debriefs with actionable feedback.

**Reference requirements:** A number of states include references as part of the Medicaid RFP process. Some states require references to complete and submit standardized forms, while others require bidders to simply provide a list of references. Reference requirements can have a negative impact on MCOs and their ability to engage in the RFP process. For example, state agencies may be unable or unwilling to submit a reference due to the administrative burden associated with completing the form(s), or MCOs may be subject to a blackout period themselves and unable to submit a reference request. These requirements may also create an uneven playing field for single-state or newly created MCOs that do not have another state Medicaid agency available to serve as a reference.

- **Recommendation:** CMS could advise states to make references optional or to allow alternative evidence of performance to avoid disadvantaging single-state, smaller, or newer MCOs entering a new market.

**Scoring Methodology:** Consistent and transparent scoring methodologies are critical to ensuring an effective procurement process. However, currently, state scoring methodologies are not transparent or well-communicated to health plans and can evolve or be interpreted differently after proposal submission. Scoring approaches can also vary greatly across states, creating a patchwork approach across the country. Ultimately, this lack of transparency and detail in scoring methodology weakens the overall procurement process. Health plans may invest substantial resources into developing responses without a clear understanding of how various components of a proposal will be evaluated or weighted.

- **Recommendation:** CMS can encourage states to clearly communicate to plans what types of materials and information are eligible for consideration. Those same standards should concurrently be provided to reviewers so that states, plans, and all implicated stakeholders have a shared understanding of submission content that is or is not relevant to procurement scoring and evaluation.
- **Recommendation:** In their procurement toolkit, CMS could include best practices for RFP scoring. Some best practices may include the use of standardized, objective performance measures and nationally recognized indicators, while preserving flexibility for state specific performance measures.
- **Recommendation:** CMS could require states to, at a minimum, provide detailed scoring breakdown post-RFP award.

### 3) How do procurement approaches differ when requirements are incorporated into the Request for Proposal (RFP) versus established through a separate contract?

RFPs and contracts are closely connected but serve different functions in the procurement process. The RFP process evaluates how a bidder proposes to operate in a region, but the contract establishes actual operating, regulatory, quality, and member services requirements. However, RFPs generally contain draft contracts, and almost every RFP has language that says that health plans' responses will become contractual obligations. This relationship makes it essential for states to clearly communicate how proposal commitments will be incorporated into the final contract and how they will be enforced during implementation.

Procurements often contain multiple interconnected governing documents, including the RFP, draft contract, existing managed care agreements, waiver requirements, amendments, data books, and formal Q&A responses. As these materials evolve, requirements do not always remain fully aligned, which can create uncertainty for plans as they assess operational expectations, financial implications, staffing needs, network requirements, and implementation timelines. The key consideration is not whether requirements are established through the RFP or a separate contract document, but whether

expectations are consistent across documents such that plans can accurately assess operational and financial implications. Plans need sufficient detail in both the RFP and the contract to understand what they are being asked to bid on, how their responses will be scored, what commitments will become enforceable obligations, and how contract performance will be measured after award. There is also a need for any requirements included in the RFP or separate contract language to be supported by actuarily sound rates after contracts have been awarded.

Some states have advanced their goals through contracts (i.e. SMACs) and budget provisions, rather than RFPs. This strategy avoids recurring bid cycles and preserves continuity, but the tradeoff is managing multiple plans and that it may create fragmentation in the market.

- **Recommendation:** In their procurement toolkit, CMS should include best practices about the minimum documentation and level of detail requirements included in an RFP.
    - These best practices may include consistent data fields and definitions, clear identification of which proposal commitments become contractual obligations, transparent scoring criteria, and alignment across RFPs, contracts, amendments, waiver documents, and Q&A responses.
    - **Florida** may serve as a best practice; their SMMC procurement required bidders to submit, with their RFP response, implementation and evaluation plans for certain commitments made by health plans in proposals.
- **Recommendation:** RFP evaluations should balance innovations and future commitments with demonstrated performance within the state's program.

4) How can states revise their procurement processes to reduce barriers for new market or program entrants while maintaining robust competition?

The procurement process should encourage meaningful competition while also recognizing the importance of stability, local experience, operational readiness, and sustainable scale in Medicaid managed care. Reducing barriers to participation does not mean devaluing demonstrated commitment to the communities served by the program, state-specific Medicaid experience, provider relationships, member continuity, or the ability to execute state priorities in the local market. States should ensure that they are evaluating MCOs based on their performance, and not on external factors.

Clearer expectations and increased transparency around RPF scoring can help to level the playing field for all organizations participating in the procurement process.

- **Recommendation:** Within their procurement toolkit, CMS could include scoring best practices for states, which may help reduce variability in scoring approaches. These best practices could include providing detailed scoring information post-RFP award to increase transparency into the scoring process. CMS could also encourage states to establish and adhere to a procurement timeline, to the greatest extent possible. This will help MCOs better manage the procurement cycle and plan accordingly.

- **Recommendation:** States can reduce unnecessary barriers by providing earlier notice of procurement timelines, clearer market and program data, transparency in detailed scoring criteria, accessible pre-procurement engagement opportunities, and reasonable timeframes for implementation.

5) How can procurement documents, evaluation criteria, contract provisions, and/or oversight processes better align bid commitments with implementation and performance?

Certain elements of MLTSS performance, including provider network stability, community partnerships, local workforce development, and collaboration with state and local stakeholders, are difficult to fully evaluate through narrative procurement responses. It is also important to highlight the connection between procurements and rates – MLTSS rates must be aligned with program requirements, as outlined in the RFP, in order for health plans to operationalize these requirements.

- **Recommendation:** CMS could require that program requirements, as outlined in RFPs and/or state contracts, are fully funded within managed care rates, to ensure that MCOs are able to operationalize these requirements to achieve the program goals set forth by the state.

The MLTSS Association greatly appreciates the opportunity to provide these recommendations to strengthen the Medicaid procurement process and welcome the opportunity to continue to collaborate with CMS on this critical issue.

If you have any questions, please feel free to contact me at mkaschak@mltss.org.

Sincerely,



Mary Kaschak

Chief Executive Officer