HERRERA ARELLANO LLP

1001 North Central Avenue, Suite 404
Phoenix, Arizona 85004

Roy Herrera
O: 602.567.4813
M: 480.239.8814
roy@ha-firm.com

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Via Email

Meggan LaPorte
Chief Procurement Officer
Arizona Health Care Cost Containment System
Phoenix, Arizona 85034
meggan.laporte@azahcccs.gov
procurement@azahcccs.gov
RFPHY24-0001@azahcccs.gov

RE: AHCCCS Request for Proposal No. YH24-0001

Dear Ms. LaPorte:

This firm, together with Henze Cook Murphy PLLC, represents Mercy Care, an Arizona nonprofit corporation, in connection with its proposal in response to the above-referenced solicitation (the "RFP"). The RFP sought proposals from managed care organizations to provide covered services to AHCCCS members enrolled in the Arizona Long Term Care System for individuals who are elderly or have a physical disability ("ALTCS E/PD"). On December 1, 2023, AHCCCS notified Mercy Care that it would not receive a contract award. This letter constitutes Mercy Care's respectful protest of that decision.

Introduction and Overview of Protest Grounds

AHCCCS indicated that it intended "to make a total of three awards for this RFP," including up to three contracts for the central geographic service area ("GSA") covering Maricopa, Gila, and Pinal counties. *See* RFP § H – Instructions to Offerors ("Instructions") at 8. Mercy Care ranked third among the five offerors, but AHCCCS awarded only two contracts. Based on the strength of Mercy Care's proposal (including its 23-year history of successful performance) and in the interest of avoiding disruption to members and providers, Mercy Care should be awarded one of the statewide contracts. In the alternative, and in keeping with AHCCCS's stated intent to award three contracts, Mercy Care should be awarded a third contract for the central GSA.

Failing the above-requested relief, AHCCCS should at a minimum issue a new solicitation. AHCCCS made its awards by applying arbitrary evaluation criteria that failed to assess proposals based on the stated criteria of the RFP and the goals of the ALTCS program, and through a flawed process that violated fundamental principles of procurement law. The most glaring flaws in the procurement process were:

First, despite representing that it had a scoring methodology in place when it issued the RFP, AHCCCS in fact did not formulate its scoring methodology until *after* it had received and reviewed proposals.

Second, despite indicating that cost bids and narrative submission requirements would be scored but oral presentations would not, AHCCCS not only scored the oral presentations but made them worth nearly *one third* of all available points. Scoring the oral presentations at all violated the terms of the RFP. Weighting them so heavily was arbitrary and unreasonable in light of the presentations' format: presentations were limited to 30 minutes each in response to surprise prompts for which presenters were given only one hour to prepare. Sticking to the scores for only those items AHCCCS said it would score—the cost bid and certain of the narrative submission requirements—results in Mercy Care ranking *first* among the five offerors.

Third, AHCCCS tied scores entirely to each offerors' rank in a given category rather than the individual merits of their proposals. Under the scoring formula, the top-ranked offeror in a given category would receive 100% of the points available for that category, the next-ranked offeror would receive 80%, and so on. The result was that the top-ranked offeror received a perfect score irrespective of its weaknesses and the last-ranked offeror received only 20% of available points irrespective of its strengths. And while the RFP indicated that AHCCCS would consider a host of qualitative factors in the event of "a negligible difference in scores" between competing proposals, Instructions at 5, the scoring formula eliminated evaluators' ability ever to apply these factors: with only five offerors, the difference in points between each offeror in a given category, absent a tie, would never be less than 20%. "Negligible differences in scores" were effectively impossible.

Fourth,[1] AHCCCS's evaluation was demonstrably arbitrary across several key categories, resulting in unequal treatment of offerors. For example, AHCCCS ranked Mercy Care lower (and thus awarded it disproportionately fewer points under the

[1] Mercy Care reserves the right to supplement this protest should additional public records or materials demonstrate further legal or factual bases for protest.

ranked scoring system) in categories where higher-ranked offerors gave objectively weaker or even entirely nonresponsive answers. AHCCCS also criticized Mercy Care for not addressing items the record clearly shows it addressed. These evaluation flaws are highlighted by the discrepancies between individual evaluators' notes and proposed ranks for each proposal and the final ranks reached in consensus scoring.

Accordingly, Mercy Care requests that AHCCCS sustain the protest and award it a statewide contract or a contract for the central GSA or, in the alternative, issue a new solicitation consistent with applicable law. *See* A.A.C. R9-22-604(H)(3) (listing available remedies in response to successful bid protest).

About Mercy Care

For nearly four decades, Mercy Care, a provider-sponsored non-profit, has served as a trusted partner with the State of Arizona, exemplifying a legacy of helping Arizonans achieve better health and contributing to AHCCCS initiatives and improvements for every new Medicaid program implemented since 1985. Over the term of this successful partnership, Mercy Care has worked collaboratively with AHCCCS to achieve the Quintuple Aim of improving health outcomes, promoting health equity, improving the member and provider experience, and lowering the cost of health care. Mercy Care lives its mission of addressing and advocating for the comprehensive health of members and families, including the varied circumstances that impact their well-being, with special consideration for the underserved and those with complex health needs. Mercy Care has unmatched experience in serving ALTCS members and other specialty populations with complex needs.

Mercy Care has worked side-by-side with AHCCCS to improve the cohesiveness and effectiveness of the Arizona healthcare system, reduce fragmentation in care for ALTCS members and their families, incentivize quality outcomes, leverage health information technology, and work with public and private sector partners to further innovation. Since Mercy Care became one of the original AHCCCS Medicaid managed care health plans, it has expanded to serve members with disabilities and older adults through a range of publicly funded health care programs. As of the date of its RFP proposal, Mercy Care serves more than 468,000 Arizonans, with nearly 1,200 personnel residing throughout the state.

Mercy Care embraces ALTCS's guiding principles and values its longstanding relationship with AHCCCS. Because Mercy Care's proposal, properly evaluated and scored, is most advantageous to the State, Mercy Care respectfully requests that AHCCCS affirm the protest and grant Mercy Care's requested relief. Mercy Care chose to file this protest only after careful consideration and a good faith belief, founded on the facts and law articulated more fully below, that Mercy Care is the

best-positioned managed care organization to support AHCCCS's stated goal of improving ALTCS member outcomes and experience. And, at the very least, maintaining Mercy Care's network in Arizona will enable further member choice and minimize disruption in services for vulnerable populations.

Background and Overview of the RFP

I. The Arizona Long Term Care System and Mercy Care's 23-year history with the program.

Established by law in 1994, ALTCS E/PD delivers long-term, acute, behavioral health, and case management services to Arizonans who are among the state's most vulnerable individuals. *See* A.R.S. § 36-2932. Contracted managed care organizations provide comprehensive delivery of services under the program. A.R.S. §§ 36-2932, -2940, -2944. As with other AHCCCS programs, an RFP must issue every five years to qualified health care services organizations to administer the program and deliver services to members. *See* A.R.S. § 36-2906(B).

Mercy Care was first awarded an ALTCS contract in 2000 and has continuously provided services to ALTCS members since. Mercy Care provides services to more than 10,000 ALTCS members and has over 300 staff dedicated to the program. Many members have language barriers, low health literacy, co-occurring behavioral health conditions, and health related social needs ("HRSN") challenges whose management and treatment Mercy Care is uniquely experienced in addressing.

Currently, two incumbent bidders not awarded a contract, Mercy Care and Banner-University Care Advantage dba Banner-University Family Care ("Banner"), service ALTCS contracts.

II. AHCCCS issues an RFP for the ALTCS E/PD program with both "Narrative Submission Requirements" and an oral presentation requirement.

AHCCCS published the RFP on August 1, 2023, with proposals due October 2, 2023. In addition to requiring financial and cost materials, the RFP instructed offerors to submit written responses to a series of "Narrative Submission Requirements" and to participate in an oral presentation "pertaining to key areas of the ALTCS E/PD Program" that would be scheduled during the weeks of October 23 and October 30, 2023. Instructions at 17–18. The RFP indicated that cost bids and Narrative Submission Requirements would be scored unless specifically exempted. The RFP gave ***no*** indication that the oral presentations would be scored.

The Narrative Submission Requirements

The Narrative Submission Requirements asked offerors for written responses to eleven subparts. The first two (B1 and B2) asked for an executive summary and citation to an offeror's exemplar Medicaid contracts for services similar to those required by the ALTCS E/PD program. RFP § I Ex. H: Narrative Submission Requirements. The RFP indicated that B1 and B2 "will not be scored." *Id.* The RFP then asked for narrative responses to six key aspects of the program, asking offerors to address how they would:

- Develop and implement best practices for case management (B4),
- Utilize person-centered service planning (B5);
- Collect, monitor, and analyze data to improve health outcomes and inform program initiatives (B6)
- Employ a network development strategy (B7);
- Employ an overall workforce development strategy and philosophy (B8);
- Provide timely access to services and supports as well as monitor outcomes for vulnerable populations (B9).

Across each of their responses to these narrative prompts, offerors were to describe how they would "address health inequities, health disparities, and/or structural and health-related social needs and promote equitable member care." *Id.* at 1. The RFP also requested metrics related to past performance (B10) and required offerors to submit their most recent AZ Medicaid Plan D-SNP STAR rating (B11). The RFP made clear that items B4 through B11 would be scored. Instructions at 6 ("With the exception of Narrative Submission Requirements noted as a non-scored item [i.e., B1 and B2] and Narratives that are noted as GSA-specific [none applicable], Narrative Submission Requirements will be scored for each Offeror and the score for that Offeror will be applied to all GSAs bid.").

The oral presentation requirement

The RFP required offerors to participate in a scheduled oral presentation regarding "key areas of the ALTCS E/PD Program." Instructions at 18. It instructed offerors to bring up to six employees with expertise in "medical management," "case management," and "quality management" to the scheduled presentation but did not otherwise specify the topics presenters would be expected to address. Offerors would be prohibited from using any previously prepared presentation materials and could

not bring communications devices. AHCCCS said that it would instead "provide a whiteboard or flip charts and markers for Offeror use in preparing for the Oral Presentation."

The RFP gave no indication that the oral presentation would be scored, and, indeed, it was not "designated for scoring" according to the RFP's own terms.

On October 2, 2023, five offerors submitted proposals in response to the RFP: Arizona Physicians IPA, Inc. (dba UnitedHealthcare Community Plan) ("APIPA"); BCBSAZ Health Choice ("BCBSAZ"); Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan ("Health Net"); Mercy Care; and Banner.

III. AHCCCS waits to develop a scoring methodology until after it opens proposals.

The RFP advised offerors that AHCCCS had "established a scoring methodology to evaluate an Offeror's ability to provide cost-effective, high-quality contract services in a managed care setting in accordance with AHCCCS' mission and goals."[2] Instructions at 5. The items to be scored were limited to those "designated for scoring in this RFP," using "only the information submitted to AHCCCS by the offeror with the exception of past performance."[3] *Id.* There have been no records produced to

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[2] In response to several pre-submission questions submitted by the offerors, AHCCCS declined to provide "scoring or weighting details." *See* Solicitation Amendment 1, at 7-8, & 11. Thus, by definition, offerors could not have raised challenges to scoring or weighting issues until after AHCCCS disclosed the procurement file on December 1, 2023.

[3] The RFP also noted that "only information expressly provided by the Offeror will be considered." Instructions at 15. The Executive Summary, however, disclosed for the first time that AHCCCS relied on "[a]dditional subject matter experts" to consult with the Scope and Evaluation Team members on an "as-needed basis." *See* Executive Summary, at 2. To date, and notwithstanding a public records request seeking additional documents regarding the "subject matter experts," AHCCCS has not identified which subject matter experts consulted with the Scope and Evaluation Teams, when and how many of those consultations occurred, why the Scope and Evaluation Teams believed they needed subject matter expertise, and whether the subject matter experts provided information outside the scope of the submitted proposals in direct violation of the RFP's own terms. *See* Instructions at 5 & 15.

date indicating that AHCCCS provided evaluators with training in avoiding various forms of bias.

The RFP's stated evaluation criteria

The RFP's stated evaluation criteria included: (1) Programmatic Submission Requirements; and (2) Financial Submission Requirements. As an initial matter, and contrary to its representation to Offerors that it had already "established a scoring methodology" to evaluate proposals, it appears that AHCCCS's Scope Team did ***not*** agree on a scoring methodology until ***after*** AHCCCS received, publicly opened, and completed the evaluation of the five offerors' proposals. *See* Executive Summary, at 2 & 3; and *see* Instructions at 5. Indeed, the Scope Team did not "determine[]" or "agree" on the scoring methodology until November 15, 2023, more than two months after the proposals were publicly opened (and the same day the Evaluation Team completed its evaluation). *Id.*

In any event, the RFP informed offerors that the scoring methodology would evaluate proposals "in accordance with the AHCCCS mission and goals." Instructions at 5. AHCCCS's mission is "to reach across Arizona to provide comprehensive quality health care to those in need while shaping tomorrow's managed health care from today's experience, quality, and innovation." RFP § D at 42 (including choice, dignity, independence, individuality, privacy and self-determination). And AHCCCS's "values, guiding system principles and goals," which serve as the "foundation for the development" of the resulting contract are:

(1) Accessibility of Network.

(2) Collaboration with Stakeholders.

(3) Consistency of Services.

(4) Member-Centered Case Management.

(5) Member-Directed Options.

(6) Most Integrated Setting.

(7) Person-Centered Service Planning.

RFP § D at 45.

The RFP's scored items

The items "designated for scoring" in the RFP were limited to cost bids and the "Narrative Submission Requirements," except those "Narrative Submission Requirements noted as a non-scored" item. *See* Instructions at 6. The Narrative Submission Requirements, located in Exhibit H to the RFP, included both non-scored items (B1 & B2) and scored items (B4–B11).

The Narrative Submission Requirements did not include B12, Oral Presentation Information, nor did they include the oral presentations themselves. Indeed, ***nowhere on the face of the RFP did AHCCCS disclose to offerors that oral presentations would be scored at all.*** *See* Instructions at 6; *see also* RFP Exhibit H, Narrative Submission Requirements.

IV. The oral presentations take the form of an impromptu pop quiz.

AHCCCS did not disclose the format or content of the oral presentations until each offeror's team appeared in person for its scheduled presentation. Only then did AHCCCS reveal that each team would receive a prompt in response to which the team would have an hour to prepare a 30-minute oral presentation. A proctor would remain in the room while the team prepared its presentation, giving 15- and 3-minute warnings before the hour expired. The team would then deliver the presentation to AHCCCS evaluators using nothing more than the provided whiteboard, flip charts, and markers.

After completing the first presentation, AHCCCS would reveal a second prompt and likewise give each team an hour in which to prepare another 30-minute oral presentation.

The first oral presentation ("OP1") prompt asked each offeror to address its plan for supporting ALTCS members' family caregivers:

> Provide a detailed analysis and summary of the Offeror's understanding of the needs of family caregivers, particularly as it pertains to ensuring members are served in the least restrictive setting. Describe how the Offeror will engage family caregivers and prioritize addressing the needs of family member caregivers including what tools and resources will be utilized to assess risks and needs while identifying and providing needed supports and services.

Unknown to the presentation teams, AHCCCS would use four criteria to evaluate responses to OP1:

- "Innovative"
- "Implementable"
- "Addresses Person-Centered Service Planning"
- "Improves Outcomes (Quality/Member)"

These evaluation criteria were not disclosed in the RFP and, other than "Person-Centered Service Planning," are not included among AHCCCS' mission, "values, guiding system principles, and goals" (which the RFP informed offerors would form the basis of the scoring methodology).

The second oral presentation ("OP2") prompt asked offerors to address their plan for preventing abuse, neglect, and exploitation of individual members:

> It is the right of every individual to be free from abuse, neglect, and exploitation and it [sic] is critical for the success, health, and well-being of the program's vulnerable members. The State of Arizona has taken numerous measures to enhance prevention of abuse, neglect, and exploitation of members as well as to inform and improve abuse monitoring to ensure the safety of vulnerable persons residing in long-term care settings and/or receiving long-term care services in their home. Describe how the Offeror will commit to prevent, protect, and ensure the safety and security of its members.

Also unknown to presenters, AHCCCS would assess OP2 using the following four criteria:

- "Training and Communication"
- "Includes Case Management Principles"
- "Proactive Strategies"
- "Reactive Strategies"

Again, these evaluation criteria were not disclosed in the RFP and, other than potentially "Includes Case Management Principles," are not included among AHCCCS' mission, "values, guiding system principles, and goals" (which the RFP informed offerors would form the basis of the scoring methodology).

V. The scoring model assigns nearly a third of all points to the oral presentations.

AHCCCS did not disclose its scoring rubric until it announced its contract awards on December 1, 2023. (The award itself came nearly two weeks earlier than AHCCCS said it anticipated issuing its decision, on December 13, 2023. *See* Anticipated Procurement Timeline.) The finally disclosed rubric revealed that offerors' performance in the two 30-minute oral presentations together accounted for nearly ***one third*** of all available points—290 out of 1,000:

Each Offeror can earn points as follows:

STATEWIDE	
SUBMISSION	**MAXIMUM POINTS**
Narrative Submission Requirements	610
Oral Presentations	290
Capitation Agreement/Administrative and Case Management Cost Components Bid	100
Total	**1000**

Each of these submission requirements can be awarded a maximum of the following points:

PROGRAMMATIC SUBMISSION REQUIREMENTS	
NARRATIVE SUBMISSION	**MAXIMUM**
B1	0 (Not Scored)
B2	0 (Not Scored)
B3	0 (Not Scored)
B4	75
B5	145
B6	40
B7	75
B8	145
B9	75
B10	35
B11	20
Total	**610**

ORAL PRESENTATION	MAXIMUM
Oral Presentation 1	145
Oral Presentation 2	145
Total	**290**

The disproportionate weight assigned to the oral presentations resulted in Mercy Care ranking fifth overall among the offerors for "Programmatic Submission Requirements."

Overall Scoring by Points

Statewide Scores

			Best and Final Offer				
Measure #	Measure Name	Points Possible	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
B1	Executive Summary	Not Scored					
B2	Contract Citations	Not Scored					
B3	Health Equity	Not Scored					
B4	Complex Conditions & Member Transitions	75	45.00	15.00	30.00	60.00	75.00
B5	Person-Centered Service Plan	145	116.00	145.00	29.00	87.00	58.00
B6	Data	40	20.00	20.00	8.00	40.00	32.00
B7	Network Development	75	60.00	15.00	30.00	75.00	45.00
B8	Workforce Development	145	116.00	87.00	29.00	58.00	145.00
B9	Access to Services & Supports (Peer Supports)	75	30.00	60.00	75.00	45.00	15.00
B10	Past Performance - Compliance Review	35	28.00	35.00	7.00	14.00	21.00
B11	Past Performance - Star Rating	20	20.00	14.00	8.00	4.00	14.00
OP 1	Family Caregiver Support	145	116.00	58.00	145.00	87.00	29.00
OP 2	Abuse and Neglect Prevention	145	87.00	43.50	116.00	145.00	43.50
C1-C4	Non-Benefit Cost Bid	100	30.00	30.00	60.00	100.00	80.00
	Total Points	1,000	668.00	522.50	537.00	715.00	557.50
	Rank Based on Total Score		2	5	4	1	3

But if one were to exclude the oral scores and count only those items AHCCCS said it would score—the narrative submission requirements (B4 through B11) and the cost bid (C1-C4), *Mercy Care would rank in first place overall*:

Measure #	Measure Name	Points Posible	APIPA	Banner	BCBSAZ	Health Net	Mercy Care
B4	Complex Conditions & Member Transitions	75	45	15	30	60	75
B5	Person-Centered Service Plan	145	116	145	29	87	58
B6	Data	40	20	20	8	40	32
B7	Network Development	75	60	15	30	75	45
B8	Workforce Development	145	116	87	29	58	145
B9	Access to Services & Supports (Peer Supports)	75	30	60	75	45	15
B10	Past Performance - Compliance Review	35	28	35	7	14	21
B11	Past Performance - Star Rating	20	20	14	8	4	14
C1-C4	Non-Benefit Cost Bid	100	30	30	60	100	80
	Total Points	**710**	**465**	**421**	**276**	**483**	**485**
	Rank Based on Total Score		**3**	**4**	**5**	**2**	**1**

VI. The scoring rubric reveals that numerical scores are based entirely on an offeror's rank within each category.

The scoring rubric also revealed that it assigned points based not on an evaluation of the merits of each proposal, but instead based solely on each offeror's rank relative to other offerors in a given category. The "Scope Team" determined how many points out of 1,000 would be available for each of the scored programmatic

submissions. The evaluators then ranked the five offerors in each category. AHCCCS would then determine each offeror's numerical score as a product of the offeror's rank and the points designated to the category.

More specifically, the formula called for dividing the total number of points in a given category by the number of offerors, and then multiplying the resulting quotient by the offeror's inverse rank. Because there were five offerors, no more than five scores would be available for any given category absent a tie, with the highest-ranked offeror receiving 100% of the available points and each next-ranked offeror receiving 20% fewer points. So, for example, in a category worth 100 points, the highest-ranked offeror would receive 100 points, the second-ranked would receive 80, points, the third-ranked would receive 60 points, the fourth-ranked would receive 40 points, and the fifth-ranked would receive 20 points. The last-ranked offeror would receive a poor score irrespective of its individual performance in the category and even if its performance relative to higher-ranked (or even the highest ranked) offeror were negligible.

Argument

I. AHCCCS should award a statewide contract to Mercy Care.

As discussed below, Mercy Care would have received the number one overall rank, had it not been for the overweighted and improperly scored oral presentations. Accordingly, AHCCCS should award one of the statewide contracts to Mercy Care.

II. In the alternative, AHCCCS should award a third central GSA contract to Mercy Care.

Mercy Care was evaluated unfairly based on an undisclosed scoring rubric that overweighed the *delivery* of an impromptu oral presentation over the *substance* of its more considered answers. The scoring rubric also resulted in Mercy Care receiving artificially low scores for its narrative programmatic submissions that were individually strong on the merits. And within various narrative programmatic submission categories, Mercy Care was ranked (and therefore scored) arbitrarily relative to other offerors. Each of these issues is addressed at length below.

Despite being placed at such a severe disadvantage, Mercy Care still came in third place. And notably, AHCCCS previously stated that it anticipated awarding up to ***three*** contract awards in the central GSA. Awarding Mercy Care the third contract for the central GSA—consistent with AHCCCS's stated intent—unquestionably would be in the best interests of the state and the members served by AHCCCS and the ALTCS program. The majority of ALTCS members reside in the central GSA.

Mercy Care is exceptionally experienced in serving ALTCS members. Providers with whom Mercy Care has longstanding relationships also strongly favor continuing to work with Mercy Care and avoiding the disruption that would come from ending its contract. Finally, ending Mercy Care's participation in the program would unnecessarily and dangerously risk disrupting services to vulnerable members whose complex needs are best served by an experienced health plan. AHCCCS should fulfill its intent to award three contracts in the central GSA by awarding a third contract to Mercy Care.

III. If AHCCCS will not issue a contract to Mercy Care, it should issue a new solicitation that does not rely on arbitrary scoring criteria.

The RFP stated that AHCCCS had a scoring methodology in place at the outset of the solicitation, that the scoring methodology would assess bidders' ability to provide services consistent with AHCCCS's mission and goals, and that AHCCCS would consider several qualitative factors in the event of a negligible difference in scores between bidders. AHCCCS did not abide by these terms of its RFP.

A. AHCCCS improperly waited to determine the scoring criteria until *after* proposals were received and evaluated.

AHCCCS did not finalize its scoring criteria until November 15, 2023—the same day on which its evaluation team concluded its evaluation meetings and two months ***after*** proposals were first been opened on October 2. This plainly violated the terms of the RFP, which expressly represented that AHCCCS already had a scoring methodology in place at the outset of the procurement. *See* Instructions at 5 (stating that "AHCCCS ***has*** established a scoring methodology") (emphasis added)).

The post-hac development of the scoring criteria also violates equitable principles that govern procurement decisions. *See Guidesoft, Inc. dba Knowledge Services v. Ariz. Dep't of Admin.*, No. 22F-003-ADM, at *8 (Ariz. Office of Admin. Hrgs. May 22, 2023) (noting that procurement adjudicator "is required to apply equitable principles when rendering decisions" and that "[t]he application of equity entails offering a remedy to avoid an unconscionable or unjust result"). As the ALJ in *Guidesoft* observed:

> The very act of waiting until the offers have been opened and reviewed before determining the Scoring Criteria vitiates the premise that the responses exceeded met, or fell below anyone's expectations. One cannot anticipate what an offer will include if one has already reviewed the offer.

Id. at *11.

The ALJ in *Guidesoft* concluded that formulating a scoring methodology only after proposals are received and reviewed "is antithetical to the purposes of the [procurement] code. Rather, the requirement that [scoring tools and instructions] be finalized prior to the offers being opened demonstrates that the offers themselves should not affect the scoring." *Id.* at *12. AHCCCS committed the same error here as the agency in *Guidesoft*.

B. AHCCCS arbitrarily weighed the oral presentations to the detriment of evaluating ability in accordance with AHCCCS's mission and goals.

The RFP never disclosed that AHCCCS would assign a score to the oral presentations (and, indeed, the plain language of the RFP indicated that oral presentations would not be scored, *see, e.g.*, Instructions at 6 & RFP Exhibit H). Nor did AHCCCS disclose to offerors the prompts on which they would be asked to present or the criteria it would use to evaluate their presentations. This alone is a ground to sustain Mercy Care's protest. *See Labat-Anderson Inc.*, 71 Comp. Gen. 252, 257 (Feb. 18, 1992) ("Since the agency provided no information as to what was expected from the offerors at the oral presentations, and gave no notice of the weight to be afforded presentation during BAFO evaluations, we think it was improper to downgrade [protestor's] proposal without affording it a reasonable opportunity to propose on the basis of the agency's revised evaluation method."); Dep't of Commerce--Request for Modification of Recommendation, B-283137.7 (GAO Feb. 14, 2000) (recognizing "fundamental" principle that offerors "must be informed of the criteria against which their proposals will be judged").

In addition, the decision to place so much weight on the oral presentations was both unreasonable and inconsistent with the RFP's stated evaluation criteria. *See Bio-Rad Lab'ys, Inc.*, B-297553, at *9 (GAO Feb. 15, 2006) (resolution of protest turns on "whether the agency's judgment was reasonable and in accord with the RFP's stated evaluation criteria").

Placing dispositive weight on oral presentation performance was unreasonable

The ALTCS E/PD program is a pillar of AHCCCS's managed care service model. The program provides services to tens of thousands of vulnerable Arizonans with complex acute care needs and home and community based services ("HCBS"), and its administration requires the expenditure of hundreds of millions of dollars. Contract awards for the program should turn on reasoned consideration of proposals that offerors have had a meaningful opportunity to develop in response to disclosed, well-articulated selection criteria. Allocating 29% (!) of available points to the delivery of two 30-minute presentations that presenters were given only 60 minutes to prepare and sketch out by hand on a whiteboard or flip pad is a patently unreasonable and arbitrary means by which to determine who should be awarded the state's most important government contracts.

Heavily scoring oral presentations was inconsistent with the stated evaluation criteria

The RFP made clear that AHCCCS would score cost bids and the Narrative Submission Requirements unless specifically exempted. It never disclosed that oral presentations would be scored, let alone that they would together account for 29% of the overall score—or nearly half the points allotted to all non-cost requirements combined. Scoring the oral presentations at all, let alone to the degree to which AHCCCS did, was plainly inconsistent with the RFP's terms.

Weighing the oral presentations so heavily necessarily came at the expense of meaningfully evaluating "an Offeror's ability to provide cost-effective, high-quality contract services in a managed care setting ***in accordance with the AHCCCS mission and goals.***" Instructions at 5. The format for the oral presentations—surprise prompts and 60 minutes to prepare and sketch out a 30-minute presentation –speaks merely to the presenters' public speaking skill under pressure and cannot seriously be expected to meaningfully reflect an offeror's ability to perform consistent with AHCCCS's mission and goals—none of which involve impromptu presentation skills. [4] And because Mercy Care would have ranked in first place overall absent the

[4] The evaluation of oral presentations was also limited by the evaluators' ability to take accurate and complete notes in real time. Mercy Care made a public records request for evaluator notes and individual scoring or analysis, but AHCCCS represented that it has no responsive documents (likely because those notes were destroyed in violation of Arizona's Public Records Law). And although there were

improperly scored oral presentations, it was materially prejudiced by the error and would have been awarded a contract in its absence.

C. The scoring methodology eliminated negligible differences between offerors.

The Instructions to Offerors stated that, "[i]f AHCCCS deems that there is a negligible difference in scores between two or more competing Proposals for a particular Geographic Service Area (GSA), in the best interest of the State, AHCCCS may consider additional factors in awarding the Contract," among which are potential disruption to members and an offeror's satisfactory performance in the interest of continuity of care. Instructions at 5–6. But the design of the scoring methodology is such that ***it is mathematically impossible for there to be negligible differences in scores between offerors.***

The scoring formula divides the maximum points for each submission requirement by the number of offerors and then multiplies the quotient by each offeror's inverse rank. With only five offerors and absent a tie, there are only five possible point scores available for each category, and each score is 20% higher or lower than the next. The lowest-ranked offeror can receive no more than one fifth of the available points in a given category, no matter how strong their individual performance in that category. And the highest-ranked offeror will get a perfect score, even if they missed key evaluation criteria and performed only marginally better than the other bidders.

Consider the following scenario: five students take an exam with 100 questions. Student 1 gets 91% of the answers correct, Student 2 gets 92%, Student 3 gets 93%, Student 4 gets 94%, and Student 5 gets 95%. While Student 5 did slightly better than Student 1, all the students did reasonably well.

But applying the scoring methodology from this RFP results in scores that would suggest some students woefully failed the exam. Suppose 100 points are available. The formula calls for dividing that number by the number of test-takers (here, 5) and multiplying that quotient (here, 20) by each student's inverse rank. The result is:

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audio recordings, it is not clear whether any evaluator reviewed them (and the evaluation deficiencies below suggest they did not), and even if they had, the audio quality was poor and made it unlikely evaluators could meaningfully assess offerors' complete answers.

Rank	Student	Inverse Rank	Distribution of Points
1	Student 5	5	5*20 = 100
2	Student 4	4	4*20 = 80
3	Student 3	3	3*20 = 60
4	Student 2	2	2*20 = 40
5	Student 1	1	1*20 = 20

The results are facially absurd, especially for Student 1. Despite answering 91% of the questions on the exam correctly, Student 1 can earn no more than 20 points out of the available 100. And the next-highest-ranked student (Student 2) gets 20% more of the available points despite only having answered ***one*** more question correctly than Student 1. Student 5 gets a perfect score—and 80% more of the available points than Student 1—despite having answered only 4 more questions correctly than Student 1.

The scoring system results in artificially inflated or deflated numerical scores that are not reflective of the individual merits of each proposal. As the GAO has explained:

> [E]valuation ratings are merely guides for intelligent decision-making in the procurement process; the evaluation of proposals and consideration of their relative merit should be based upon a qualitative assessment of proposals consistent with the solicitation's evaluation scheme.

Cyberdata Techs., Inc., B-417084, at *6 (GAO Feb. 6, 2019); *see also Mevacon-Nasco JV*, B-414329, at *21 (May 11, 2017) ("The essence of an agency's evaluation is reflected in the evaluation record--the underlying merits of particular strengths and the proposal as a whole--rather than a comparison of the adjectival ratings."). It follows that the points assigned to proposals are not dispositive metric for an agency to express a proposal's merit. *See Goldschmitt & Assocs., LLC*, B-418459.2; B-418459.3, at *4 (April 15, 2020) ("What is important is not the scores themselves, but the underlying substantive merits of the proposals as embodied in, or reflected by, the scores").

Here, the Procurement Officer accepted the Scope Team's recommendation to award contracts to the two highest-ranked offerors based entirely on their point

scores.[5] But the scoring system resulted in scores that were not reflective of the merits of any individual proposal. A strong or even excellent proposal would be scored poorly even if the differences between it and a higher-ranked proposal were qualitatively marginal. While relying on the scoring formula was error, that error was compounded by relying on the final scores without any further explanation for why the selections were the most advantageous to the state and the population served by AHCCCS and the ALTCS program. *See Bio-Rad Lab'ys, Inc.*, B-297553, at *9 ("While adjectival ratings and/or point scores are useful as guides to decision-making, they generally are not controlling, but, rather, must be supported by documentation of the relative differences between proposals, their weaknesses and risks, and the basis for the selection decision.").

IV. AHCCCS employed arbitrary scoring criteria.

It is fundamental that "a contracting agency must treat all offerors equally, evaluating proposals evenhandedly against common requirements and evaluation criteria." *Banknote Corp. of Am. v. United States*, 56 Fed. Cl. 377, 383 (2003), *aff'd*, 365 F.3d 1345 (Fed. Cir. 2004); *see also Freealliance.com, LLC,* B-419201.3, at *6 (GAO Jan. 19, 2021) ('[A]gencies may not generally engage in conduct that amounts to unfair or disparate treatment of competing vendors.").

Yet the evaluators' comments in "Final Ranking and Rationale" documents demonstrate the arbitrary nature of AHCCCS' forced rank scoring methodology and failure accurately to compare each proposal against the scoring criteria. A few examples below are illustrative. Notably, these evaluations—ostensibly the product of consensus scoring—in many instances differ markedly from individual evaluator's observations and proposed ranks with respect to written submissions. *See* Exhibit A (select individual evaluator comments and proposed notes.)[6] In several instances, individual evaluators proposed ranking Mercy Care highly in categories it ultimately

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[5] It is unclear whether the Evaluation Team was aware of the scoring impact of forced ranking, the significant point differential between ranked proposals, and/or whether that information would have affected the evaluators' ranking decisions (particularly where evaluators believed proposals to have only minimal differences in substance). Mercy Care requested training materials provided to the Evaluation Team, but AHCCCS represented that it had no responsive documents.

[6] AHCCCS has not produced Individual evaluator comments and proposed ranks as to the oral presentations. To the extent these records were destroyed, their destruction violated applicable public records laws and prejudices Mercy Care's ability meaningfully to review the evaluation. *See* A.R.S. § 39-121 *et seq*.

was ranked last or close to last. The disproportionately low point score associated with the low rank also further highlights the flaws with the ranked scoring formula.

The upshot is that AHCCCS unfairly ranked Mercy Care lower than other offerors who made nonresponsive or plainly deficient submissions, faulted Mercy Care for not providing information it clearly provided, and criticized Mercy Care for certain answers where other offerors provided nearly identical responses but instead received praise and a higher ranking. These concerns warrant sustaining the protest for unequal treatment of offerors. *Freealliance.com, LLC*, B-419201.3, at *7–8 (record did not support conclusion that agency's evaluation was administered on an even-handed basis when it did not explain why the strengths assigned to one offeror differed from those assigned to another).

Oral Presentation No. 2

One of the most glaring scoring discrepancies among several was the oral presentation evaluators' ranking of Health Net as the top ranked offeror in response to Oral Presentation No. 2, while Mercy Care was ranked fifth. And because the oral presentations held an outsized weight in the overall evaluation, compounded significantly by the forced rank scoring methodology, this particular scoring error was both material and highly prejudicial to Mercy Care (who finished first after evaluation of the narrative proposals and cost bid, but only third after the oral presentations). The scoring error in Oral Presentation No. 2 explains the arbitrariness of that scoring shift.

Oral Presentation No. 2 (emphasis added) provided that:

> It is the right of every individual to be free from *abuse, neglect, and exploitation* and it is critical for the success, health, and well-being of the program's vulnerable members. The State of Arizona has taken numerous measures to enhance prevention of *abuse, neglect and exploitation* of members as well as to inform and improve *abuse monitoring* to ensure the safety of vulnerable persons residing in long-term care settings and/or receiving long-term care services in their home. *Describe how the Offeror will commit to prevent, protect and ensure the safety and security of its members.*

The question actually posed to the offerors concerned—quite clearly—abuse, neglect, and exploitation of ALTCS' individual members, and each offeror's description of how it would commit to ensuring vulnerable members' "safety and security" in their care. Four of the five offerors heard the question and addressed "abuse, neglect, and exploitation." Only one of the offerors – inexplicably, the offeror who ranked *first* –

completely ignored the actual question posed, and instead addressed financial "fraud, waste, and abuse." There was nothing in Health Net's answer that described its commitment to "prevent, protect and ensure" the "safety and security" of ALTCS' members.

Notably, the RFP Instructions advised offerors that they should bring to the oral presentation experts in Medical Management, Case Management, and Quality Management. *See* Instructions at 18. Each of those experts is relevant to, and would have expertise in, abuse, neglect, and exploitation of individual members and their safety in receiving services. None of those experts would be relevant to, or have specific expertise in, financially based concerns with fraud, waste, and abuse. There was no reason, either based on the instructions or in the language of the question itself, to believe AHCCCS was asking or would ask about financial fraud, waste, or abuse. There is no justification, either in the RFP, its instructions, or the language in the question itself, to believe an answer related to fraud, waste, and abuse was either (1) responsive or (2) the most responsive among the five offerors. There is no rational justification for the evaluators' scoring decision.

Health Net's wholly nonresponsive answer earned it first place and 100% of the available points. Mercy Care provided a thorough discussion of how it identifies and combats potential harm to its members, both in facility and in-home settings. *See e.g.*, (16:58) (discussing EVV data, which applies only to in-home care situations). Yet this responsive answer (which was more robust than AHCCCS acknowledged, but certainly more robust than Health Net's non-answer) received a fifth place ranking and only 20% of the available points. This scoring discrepancy alone would have resulted in a substantial change in points scored by both Health Net and Mercy Care. At a minimum, the point differential would have been negligible as between Health Net and Mercy Care, such that AHCCCS could and should have considered including Mercy Care to the ALTCS contract, as set forth in the RFP. Even worse, should this award stand, AHCCCS members have no indication as to how Health Net will ensure the safety and security of ALTCS members.

Further compounding the inconsistencies in scoring, AHCCCS credited all offerors other than Mercy Care for mentioning "the Governor's Abuse and Neglect Prevention Task Force." OP2 Final Rankings & Observations. Mercy Care mentioned the Task Force *at least twice*, even noting that several Mercy Care staffers sat on the task force. (12:18); *see also* (28:05) (concluding the presentation by reminding evaluators that Mercy Care's work is "aligned with Governor Ducey's Abuse, Neglect, and Prevention Task Force.").

Next, AHCCCS credited both Health Net and BCBSAZ Health Choice (the second-ranked offeror) for "discuss[ing] the role of the [Quality

Management/Performance Improvement ("QMPI")] in data analysis and Peer Review in responding to incidents." OP2 Final Rankings & Observations. But despite Mercy Care's discussion of how it leverages a QMPI committee to perform peer review of data for quality of care concerns, it received no such credit for its response. (9:10); *see also* 7:41-12:03 (discussing use of QMPI in data analysis to achieve proactive member monitoring).

Finally, in assessing Offerors' "proactive strategies," AHCCCS noted that Mercy Care "mentioned meetings with providers but did not describe clearly other external communication/collaboration," when in fact Mercy Care spoke extensively about external communication and how it is leveraged to improve member support. OP2 Final Rankings & Observations. For example, Mercy Care noted its collaboration with Adult Protective Services. (25:42). But while the offerors ranked first through third were specifically credited for referencing APS, Mercy Care received no such credit. *See* OP2 Final Rankings and Rationale. And while Mercy Care described further external partnerships, such as those with the "AAAs" and the "Associations," including Leading Edge, Arizona Healthcare Association, and Alzheimer's Association, AHCCCS failed to acknowledge this portion of Mercy Care's response. (19:10). This, despite the fact that AHCCCS found these partnerships noteworthy in response to a separate set of criteria within OP2, pertaining to training and communication. *See* OP2 Final Rankings & Observations.

Oral Presentation No. 1

While praising BCBSAZ Health Choice (the first-ranked offeror) for demonstrating "how its strategy for supporting family caregivers and workforce development is informed by data," AHCCCS negatively remarked on Mercy Care's supposed failure to do the same. OP1 Final Rankings & Observations. In reality, Mercy Care discussed *several ways* in which its efforts are informed by data—for example, using its Councils and Boards committee structure, Mercy Care collects the input and experiences of members and their family caregivers. (8:31). And through the SocialScape technology platform, Mercy Care identifies health related social needs ("HRSN") at both the individual and community levels to "drive community reinvestments." *Id.*; *see also* (28:44) (discussing provider audits and monitoring).

Similarly, AHCCCS credited BCBSAZ for "describ[ing] multiple tools to support family caregivers . . . including . . . Blue Connection (food/nutrition assistance)." OP1 Final Rankings & Observations. And while AHCCCS credited Mercy Care for several tools used to support caregivers (*e.g.*, Pyx, Dispatch Care, SocialScape, etc.), it excluded any mention of Mercy Care's Fresh Express Bus and food boxes. (24:44).

Next, AHCCCS disparately considered Mercy Care and APIPA (the second-ranked offeror) in the area of health outcomes for family caregivers. Mercy Care discussed this topic in depth yet was docked for failing to "address clearly its approach to improving [health] outcomes" for family caregivers. OP1 Final Rankings & Observations. Meanwhile, APIPA received kudos for addressing health outcomes and citing the specific example of its "HOPE Inc. warm line." OP1 Final Rankings & Observations. But ironically, Mercy Care provided not just one, but *three* specific ways it supports the health outcomes of family caregivers. First, Mercy Care discussed Trualta, its program that "offers education to the family and caregivers," including "over 100 courses and tools" that help the caregiver learn to support both their family and themselves. (9:37). Second, Mercy Care discussed using its Interdisciplinary Care Team to support families. (14:41). Third, Mercy Care explained its family phone line, where family members can call for resources and information. (21:56).

Section B5

Section B5 asked how offerors would ensure "person-centered service planning." After the evaluation, Mercy Care ranked 4th, successful offeror APIPA finished 2nd, and successful offeror Health Net finished 3rd. Even a cursory review of the Evaluation Team's "Rationale and Major Observations," reveals that the evaluation was arbitrary, and that forced rank scoring compounded the error, resulting in the selection of proposals that were not most advantageous to the State.

Specifically, Mercy Care's evaluation observations noted only two criticisms of Mercy Care's proposal. **First**, the evaluation summary contends that Mercy Care "did not describe clearly its strategy for recognizing individual strengths and needs." To the contrary, Mercy Care extensively documented members' needs and preferences throughout its proposal, and although Mercy Care may not have used the specific word "strength," the substance of its strategy for recognizing individual strengths and needs is robust. For example, the proposal provides:

- "We proactively use person centered approaches to understand members' health care goals and health related social needs;" Mercy Care Response Narrative Submission Requirement B5 at 22.

- "We assess and address ALL aspects of members quality of life and empower members....to lead the discussion and creation of a service plan that aligns with their needs and wishes;" *id.* at 22.

- Concern with what is "best suited to meet the member's unique, physical, behavioral, cultural and social needs;" *id.* at 22.

- "At the initial PCSP review meeting, the CM asks the member about what matter most to them, what works and what does not and their attitudes toward health care;" *id.* at 22.

- "To understand the members' view of the quality of their life, and where they would like to be, CM use motivational interviewing, the PCSP review tool, and other tools to learn about members' physical, behavioral, functional, and social needs;" *id.* at 23.

- "CM use their training in SafeTALK to assess BH quality of life and to identify members with suicidal thoughts or mental health or SUD needs," *id.* at 23.

- "Members can review the Life Planning-5 wishes end of life brochure with their CM/HCDM/DR/family to indicate their personal, medical, emotional legal and spiritual wishes." *Id.* at 23

Second, the evaluation summary notes that although Mercy Care discussed provider participation in the planning process, it "did not describe clearly how it encourages and supports their active participation." Every offeror received a similar criticism; thus, it cannot be the basis for differentiating between the proposals.

But the evaluation summaries for APIPA (2nd) and Health Net (3rd) reveal *multiple* instances where APIPA and Health Net failed to describe clearly or otherwise address matters critical to Section B5 (and in each of these areas, Mercy Care *did* include clear descriptions, acknowledged by the evaluators):

- Health Net "**did not describe clearly** its process for outcomes follow-up."

    - Mercy Care "discussed use of a variety of evidence-based assessments (e.g., InterRAI and SAFE), as well as outcomes monitoring and follow-up. Offeror provided an example of a disparity evaluation in which mammography screening rates were found to be lower than average in two zip codes with significant latino populations."

- APIPA "**did not describe clearly** its systems to support case managers and to facilitate supervision of case manager activities."

    - Mercy Care "described its approach to implementing person centered service planning, including its systems to support members and case managers and to facilitate supervision activities."

- APIPA "**did not describe clearly** new initiative for which there would be an associated implementation timeframe." And Health Net "**did not describe clearly** other implementation milestone dates.

    - Mercy Care "discussed its timeframe for implementing systems or processes not currently in place."

- APIPA and Health Net "**did not describe clearly** [a] support plan for case managers based on varying levels of demonstrated competencies."

    - Mercy Care "described multiple methods for performing oversight of case managers performance, and its support plan for case managers based on varying levels of demonstrated competencies."

    - Indeed, Mercy Care's proposal met everything AHCCCS sought in the RFP; none of the other plans met this important aspect of the ALTCS program. Mercy Care specifically addressed: Mercy Care's CM Services follow AMPM Chapter 1600 and ACOM 405, Quarterly Inter-Rater Reliability, Supervisors monitor reports related to CES, Advance Directives, Placement; Supervisors observe/conduct joint PCSP review, AMPM 1630, Supervisors meet with CM's monthly one on one visits. Neither APIPA nor Health Net (both of whom ranked higher than Mercy Care in response to Section B5) met AMPM 1630 or ACOM 405, a significant issue for AHCCCS.

- APIPA "**did not describe clearly** how individual case manager performance is monitored and addressed." And although APIPA "mentioned chart audits and supervision of case managers [it] **did not describe clearly** its process for either activity."

    - Mercy Care "described its approach to conducting ongoing monitoring, including through use of multiple tracking and trending tools and reports, e.g. PCSP performance monitoring measures and interrater reliability reviews, an annual analysis of case management strategy, and monthly case file audits (sample for established case managers and 100 percent audit of new case managers). Offeror described how supervisory staff perform hands-on oversight of case manager performance."

Notwithstanding the evaluators' observations that both APIPA and Health Net failed to address Section B5's requirements clearly, each scored higher than Mercy Care by a significant margin (APIPA scored 80% of the available points, Health Net

Scored 60% of the available points, and Mercy Care scored only 40%—less than half—of the available points). The scoring errors are particularly concerning given the individual evaluator notes, *see* Exhibit B, which reflect that Mercy Care placed second after individual evaluators independently reviewed Mercy Care's proposal (section B5) (with two evaluators ranking Mercy Care ***first***), but then placed fourth as a result of "consensus" scoring. There is nothing in the evaluation summary that supports why, after "consensus" scoring, two evaluators changed their Mercy Care ranks from first to fourth (with a corresponding reduction of 60% of the available points).

Section B7

Section B7 suffered from similar arbitrary evaluation, ranking, and scoring. It asked offerors to describe their "network development strategy." Health Net (1st) APIPA (2nd) both failed to follow the eight critical and ***mandatory*** network development elements set forth in the RFP. *See* RFP § D at 160–61. Mercy Care addressed those critical elements in its methods to build institutional capacity and maximize resources providing detailed action steps with supporting proof points for each of the eight elements, as well as a detailed table of its innovation strategies and outcomes. Health Net failed to reference any proof points and only cited general statistics; yet it was given credit for a "detailed" response that was far inferior in substance and specificity to Mercy Care's.

Further, Health Net's response failed to meet the RFP's required three-year timeline. Specifically, each offeror—except for Health Net—submitted its offer for three years starting on October 1, 2024, the RFP's proposed implementation date. AHCCCS provided clear guidance in RFP Amendment #2 on this issue in response to Health Net's very own question about when the timeline begins. AHCCCS stated in response to Question #6: "In reference to B7 submission requirement where it states: 'Provide action steps and a timeline for the first three years of the Contract, along with measurable outcomes to be achieved,' the action steps should focus on the contract start (execution) date." But Health Net submitted its offer for three years from the contract award date (2023). Thus, the entire first year of Health Net's offer is the transition period. Health Net proposed that it would take until the ***end of 2025*** to build its network to the level of Mercy Care's network today. In fact, Mercy Care's specialty network is markedly more robust than that of APIPA: Mercy Care has 46 SNFs (skilled nursing facilities), compared to APIPA's 4 to 5. Mercy Care's network also includes critical specialty contracts not available from the contract awardees (e.g., behavioral health, members on ventilators, members with wandering dementia, etc.).

Not only does Health Net's offer fail to meet the RFP's three-year term from the implementation date, but it fails to meet AHCCCS' mission and goals of moving

the ALTCS program forward. Reducing the number of managed care organizations servicing the ALTCS program necessarily results in less innovation and a more limited and narrower network. Health Net anticipates spending more than a year simply getting back to a network that already exists today, a fact that will result in significant disruption for members and a failure to accomplish AHCCCS' goals of expanding the network and moving the program forward.

The individual scorer notes support Mercy Care's concerns. When the individual scorers independently reviewed Mercy Care's proposal (B7), Mercy Care ranked first; but after "consensus" scoring, Mercy Care ranked third (resulting in a loss of 40% of the available points). Nothing in the evaluation summary supports this significant point reduction or reduced ranking.

Section B9

In B9**,** worth 75 of the total 1,000 points available, offerors are tasked with addressing social risk factors in the delivery of care. Specifically, offerors had to identify the manner in which it would provide timely access to services and support and monitor care outcomes while commenting on its strategies for addressing barriers to care for those residing in rural and tribal communities as well as those needing community and peer or family support services. The scoring criteria focuses on health equity; strategies supporting access to care; collaboration and engagement; and other notable considerations. AHCCCS awarded Mercy Care the lowest points possible.

AHCCCS laments that Mercy Care "generally discussed" the relevant considerations but fails to specify where it falls short. This "generally discussed" description ignores the fact that Mercy Care's four-page response to the inquiry covers **all** requisite topics in detail. Starting with strategies to address social risk factors, Mercy Care advised that it uses HRSN Z-codes, SocialScape and Mercy Care's proprietary risk stratification tool to identify members' social risk factors. No other offeror describes the same. Mercy Care addresses social risk factors by utilizing its proprietary community resource guide to connect members to local resources and by using CommunityCares, Arizona's closed loop referral service, to refer members to CBOs that can address their identified HRSN and then track and close those referrals. Mercy Care highlights the fact that it invested almost $10 million in community grants designed to enhance member care in managing chronic conditions, supporting mental health, empowering recovery from substance abuse and addressing housing insecurity. As to care barriers, Mercy Care funded the Pima Counsel on Aging with $130,000 to facilitate Dementia Capable Southern Arizona Memory Cafes as well as to facilitate Visibility Matters, a training curriculum for the unique challenges older LGBTQ individuals face as they age. Moreover, Mercy Care spent almost $1.5 million on eighteen community reinvestment projects aimed at

delivering care to tribal members. These issues are more than generally discussed, they are discussed with specificity.

Mercy Care thoroughly set forth how it will continue to provide timely access to services and supports. And while Mercy Care was not credited for it in the evaluator narratives, it stated that all of its providers participate in its "Advancing Health Equity for MC's ALTCS Tribal Members" Training. Mercy Care also extensively referenced its telehealth capabilities, despite not receiving credit for such and other offerors receiving positive reviews for their telehealth answers. Concerning members needing community services, Case Managers have access to Mercy Care's suite of wellness tools and the PCSP process to understand members' whole-health needs. Again, this is more than a reference...or general discussion.

Mercy Care's commitment to monitoring outcomes is further illustrated by its continuous use of Z-codes, health information exchange information, electronic visit data and dashboards. Areas of improvement are analyzed and modified. From this, it is clear that Mercy Care's response was more than just "general."

Initially, the language used on the Scoring Tool does not match the actual RFP Narrative Submission Requirement for B9 which is so much broader. Nevertheless, AHCCCS applies its unspecified scoring methodology differently to Health Net. Health Net does not reference or explain data collection and analysis to monitor timely access but still somehow receives a perfect score. AHCCCS' decision to utilize different criteria than set forth in the RFP is arbitrary, without structure or consistency and is irregular.

Again, the individual scorer notes ranked Mercy Care third after an independent review of Mercy Care's proposal (B9), but after "consensus" scoring, Mercy Care ranked fifth (resulting in a loss of 40% of available points) without meaningful or accurate justification in the evaluation summary. *See* Exhibit B.

V. Request for Stay

Pursuant to A.A.C. R9-22-604(E), Mercy Care respectfully requests that the Chief Procurement Officer stay this procurement (to include any and all transition or implementation activities) until Mercy Care's protest has been fully and finally adjudicated.

As set forth in detail above, Mercy Care has established a reasonable probability that its protest must be sustained. *See* A.A.C. R9-22-604(E)(1). Namely, the record before the Chief Procurement Officer is clear that, at a minimum: (a) oral presentations were improperly scored, contrary to the RFP's terms; (b) the scoring

methodology was not developed until after the proposals were publicly opened, contrary to the RFP's terms; (c) oral presentations, which were not tailored to assess the narrative proposals' actual merit, were assigned outsized weight inconsistent with the RFP's stated evaluation criteria; (d) the forced ranking methodology wholly eliminated "negligible" differences between offerors and structurally failed to account for minor differences between proposals (imposing an unreasonable 20% point penalty between each rank, compounding other scoring errors, and artificially depressing Mercy Care's total score); (e) multiple scoring decisions were arbitrary and demonstrated either a failure to accurately compare each proposal against the scoring criteria or to treat each proposal fairly and equally.

Those errors, several of which are indisputable based on the procurement file and available public records, are both material and prejudicial to Mercy Care, whose proposal would have received significantly more points and would have been ranked higher (in the top two), but for those errors in the procurement process.

Further, a stay of the contract award is in the best interest of the state. *See* A.A.C. R9-22-604(E)(2). Given the multiple, significant errors in the procurement process, a stay will simply preserve the status quo during AHCCCS' review, analysis, and determination of Mercy Care's protest. Mercy Care can and will continue to operate under its existing ALTCS E/PD contract for the duration of the stay, ALTCS members will maintain continuity in receipt of care, and members will not face uncertainty and/or disruption pending resolution of the protest only to have further disruption when Mercy Care's protest is affirmed. Importantly, in issuing the RFP, AHCCCS contemplated that a protest may delay its October 1, 2024 implementation date and expressly informed all proposers of that possibility. *See* Instructions at 8. A stay is fully consistent with the RFP's instructions. *Id.*

VI. Requested Relief and Conclusion

As the third highest point scorer, without the appropriate corrections, Mercy Care seeks an award of a statewide contract, or in the alternative, a contract for the central GSA, as contemplated in the RFP. *See* A.A.C. R9-22-604(H)(3)(d); Instructions at 8. Failing either of these remedies, Mercy Care requests that AHCCCS issue a new solicitation that addresses and resolves the numerous scoring and other issues raised by this and/or any other protest. A.A.C. R9-22-604(H)(3)(b).

Mercy Care's request is consistent with the factors enumerated in A.A.C. R9-22-604(H)(2):

(a) Seriousness of procurement deficiency.

Mercy Care has identified several serious deficiencies in this procurement process, both with respect to the scoring of Mercy Care's proposal and the procurement process generally. Each of those deficiencies is material and prejudicial to Mercy Care, such that Mercy Care would have received a contract award but for those errors. Mercy Care is entitled to its requested relief.

(b) Degree of prejudice to other interested parties or to the integrity of the RFP process.

Mercy Care's requested relief, whether it is awarded a statewide contract, a contract for the central GSA (as contemplated by the RFP itself), or whether AHCCCS issues a new RFP, will not prejudice any other interested party and will only serve to ensure the integrity of the RFP process. The RFP informed all interested parties of AHCCCS' intent to award three contracts. *See* Instructions at 8 ("AHCCCS intends to make a total of three awards for this RFP . . . ."). Mercy Care's requested relief, as the third-place finisher, is fully in line with the RFP's explicit instructions and further benefits the Medicaid population. Alternatively, the RFP informed all interested parties that the implementation deadline could be postponed "[i]n the event of a protest or unforeseen circumstance." Instructions at 8. All interested parties submitted their proposals understanding those instructions; there is no prejudice to any proposer in reissuing the RFP.

Nor is there prejudice to ALTCS' membership in granting Mercy Care's relief. Members will suffer less disruption, have greater choice, and prolonged continuity of care if Mercy Care is awarded a statewide contract, a contract for the central GSA, and/or if the current incumbents continue to provide service under the terms of their existing contracts pending reissuance of the RFP.

Granting Mercy Care's requested relief is consistent with the terms of the RFP. AHCCCS' willingness to engage in a careful review of its procurement process would: encourage transparency, ensure selection of the proposals that are most advantageous to the state, and further the integrity of the RFP process.

(c) Good faith of the parties.

Mercy Care submits this timely protest, which complies with the RFP and applicable statutes and regulations, only after a careful review of the procurement process and a good faith, genuine belief that Mercy Care's proposal was most advantageous to the state, AHCCCS, and ALTCS members.

(d) Extent of performance.

Mercy Care is not aware of any contract performance from the contract award announcement (December 1, 2023) to date. Indeed, the procurement process is still in the protest period. The targeted implementation date is not until October 1, 2024 at the earliest. Mercy Care has requested a stay of contract transition and implementation to maintain the status quo, such that performance would not begin until after its protest is fully and finally resolved.

(e) Costs to the state.

There should be no additional cost to the state if Mercy Care is awarded a statewide contract or a contract for the central GSA. Mercy Care presented a competitive cost proposal (indeed it ranked second), such that selection of Mercy Care for a contract will *decrease* costs to the state. Alternatively, if AHCCCS decides to reissue the RFP, there may be some limited administrative costs associated with the reissued solicitation. Those costs, however, are de minimis given the magnitude of the ALTCS program, its impact on members throughout the state, and the importance of selecting proposals most advantageous to the state and the most vulnerable of our citizens in Arizona.

(f) Urgency of the procurement.

Mercy Care is not aware of a particular urgency to this procurement. AHCCCS' target implementation date is nearly a year out (October 1, 2024) and is expressly subject to delay pending procurement protests and other unforeseen circumstances. *See* Instructions at 8. Three incumbents currently serve ALTCS members and can continue uninterrupted service pending resolution of Mercy Care's protest.

(g) Best interests of the state.

For the myriad reasons discussed throughout this protest, awarding a contract to Mercy Care is in the best interest of the state, AHCCCS, and ALTCS' members. Mercy Care's requested relief furthers AHCCCS' objectives of ensuring provider choice and minimizing disruption for its most vulnerable members.

Pursuant to A.A.C. R9-28-604 and R9-22-604, the protester, along with its pertinent contact information, is as follows:

Mercy Care
Attn: Lorry S. Bottrill
President & Chief Executive Officer
4750 S. 44th Place, Suite 150
Phoenix, AZ 85040
(602) 400-7082
lorry.bottrill@mercycareaz.org

Sincerely,

Roy Herrera
Counsel for Mercy Care

Exhibit A

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B4: MEMBER POPULATION
The ALTCS E/PD member population is complex, and their care often involves a combination of services and providers to effectively meet their needs. Provide a detailed description of how the Offeror will develop and implement best practices for ALTCS Case Managers, and leverage ALTCS Case Management staff to meet the needs of individuals with complex conditions, to:
a. Decrease duplication of effort and enhance coordination of care with providers of physical and behavioral health services,
b. Assist members prior to, and throughout transitions,
c. Improve member engagement,
d. Coordinate social and community support services,
e. Identify, track, and manage outcomes for members with complex needs,
f. Ensure appropriate identification of members that would benefit from High Needs Case Management and provide Case Management services in alignment with identified needs and reduce burden on members and families in coordinating member care, and
g. Monitor Case Manager performance and respond to identified issues, at the individual and system levels.

PAGE LIMIT [5]

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Equitable Access to standard care/services	adding additional questions to capture race, ethnicity and language (REL) data in the member assessment to augment the AHCCCS data	"We consider all ALTCS members to have complex needs, and apply a high touch, individualized approach to meet those needs"; Train the CM to assess the member's living conditions and assess for Health-related Social needs	NCQA accredidation, have a health equity Committee- led by the clinical team to address disparities and guide culturally appropriate care for members; mentioned Tribal services team and community outreach activities with Hispanic Chamber	Multidisciplinary team support; description of HNCM program, CM role and the services offered to individuals within the programs	detailed various activites within the narrative, did not specifically say "health equity"
Criteria Consideration - Education to members and how to encourage engagement in care	**describe a 12% increase in member engagement over a years time, not very descriptive of how it was done or how they will sustain this growth;**	provided a description of how CM utilize the Innovaccer tools to with the PCSP process	discuss the PCSP process and coordination efforts in their practice to avoid any duplication with team, use of the electronic methods to help with coordination;	digital communication tools, oursecure Member Portal, the Member Advisory Council,andthe following: •Providing a Service Tracker and/or Caregiver Journal (English/Spanish) to organize information and track services. The CMreviews at	Use of tech to assist members to keep engaged in the system and services, outlined: Pyx health, mobile apps and CORE 2.0,
Criteria Consideration - Data collection and utilization for equity-specific aspects	incorporate the PCSP process to create member goals to support their growth, created dedicated CM team for identify local resources for members	Use of innovaccer to enhance coordination efforts, cite use of this data to drive changes for those with complex needs; "Our proactive identification process ensures members with complex, high and/or emerging medical behavioral, and	gave description of what can be used to monitor performance: described the use of different platforms (HIE, OLIO health, Community Cares, and Contexture) as resources for the CM team	use of Service tracking module	Use of data is highlighted in various areas of narrative to enforce data driven changes to promote positive outcomes
Criteria Consideration - Leverage Contractor Case Managers to ensure experience for member equitable access to physical and behavioral health services	**Require CM to have at least 2 years of SMI experience, goal for CM to the single point of contact for the member, share data with appropriate individuals to increase positive outcomes for members**	Use of tech to determine best strategies for member outcomes	PCSP process, plan on using CHW and Community Interveners as well as Peer support to engage members that are hard to reach	Individual CM assignments carefully considermembers' existing relationships, clinical, cultural, language, and sensory needs. Our CM Platformsuggests member assignments based onmember information and CM profiles which	CMs view members' baseline CORE 2.0 risk scoreon PH, BH, HRSN, and other clinical factorsin our Clinical Engagement Console.CORE predicts which members may be high risk(inpatient risk), medium risk (emergency department (ED)risk
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Comprehensive Response	Provided a brief description of various reports available to the CM staff and leadership teams	yes	yes	Monitors reporting daily, monthly, ad-hoc reporting: ED visits, falls, wounds, EVV reports for service gaps; we integrate SRF datasuch as Z codes into our risk models	Use of data is highlighted in various areas of narrative to enforce data driven changes to promote positive outcomes
Criteria Consideration - Tracking of metrics and/or member outcomes	**Paricipation report: member satifaction with services and barriers; cited metrics from their Tennessee LOB**	Innovaccer is their health platform- takes claims data, Z codes and HIE updates for coordination efforts	Monitor CM by supervisors using CM scorecard weekly, use of IRR prinicples, ability to "coach" team weekly to improve outcomes of members and job satisfaction	member level monitoring, face-to-face visits, caseload ratios	CORE identifies and prioritizes members with complex needsusing medical claims, demographics, HRSN, and prescription data to generate an overall risk score. CMs view members' baseline CORE 2.0 risk scoreon PH, BH, HRSN, and other clinical
Criteria Consideration - Evaluation of Systemic Performance	Data is cited throughout the submission to show how the data will drive program decisions for their members outcomes: Integrating data in a single location for case management and medical management promotes timely delivery of care	Innovaccer facilitates ongoing monitoring of needs and changing risks, "Using these continuously updated data feeds, CMs, the member's PCSP Team, and treating providers have a 360° view of the member with visibility into risk scores	NCQA and Hedis measures, cited Google's OKR performance monitoring tools, John Hopkins ACG predictive analytics, gave description of what can be used to monitor performance: described the use of different platforms (HIE, OLIO health	NCQA accredidation standards, LTSS key performance indicator dashboard	We are on track to meet NCQA LTSS distinction by October 2024
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - CARE MANAGEMENT/ CARE COORDINATION					
Criteria Consideration - Includes Case Management Principles/Role of Case Manager in Care and Service	**Cite collaborative efforts with service providers on member's team, share information, single point of contact**	member focused, references PCSP team is directed by the member and families as appropriate	Referenced the guiding principles that are included within their training, all staff are AZ based, new training program: Blue ALTCS Academy- include national training programs NCQA, MLTSS, Advancing States; described the use of different	description of HNCM program, CM role and the services offered to individuals within the programs	discusses training for the CM team, including highlighting 65 hours of initial training- did not go into if the training has been shown to be effective;
Criteria Consideration - Applies BH and PH Principles	applies knowledge learned from BH risks and PH comorbities to inform the delivery of care for the member	NCQA best practices, integrated prinicples	mentioned the principles and how they are used to address the individual's needs	CM trainging includes PCSP, mentorship program, use of member experiences	HNCM alignstothe Arizona Vision–12 Principles for Children's BH Service Delivery andsupportstimely access to careperAHCCCS Contractors Operations Manual(ACOM)policy417
Criteria Consideration - Comprehensive Response	yes	mentioned broad terms/idea, but did not go into details in some of these areas	Yes	yes	yes
Criteria Consideration - Case management development/ evaluation/continnual skill building	member feedback and surveys, analyzes service utlization to identify areas that will need to improve	CMs apply best practices to coordinate care across delivery systems through a comprehensive PCSP process, empowering and engaging members and their families, health care decision makers(HCDM),or designated representatives (DR)to	complete the hiring training and update the training curriculum annually, called out the SMI AMPM 320-P and 320-R policies	consistent and collaborative supervision for CMs to support their growth and professional development, foster accountability, and improve memberand caregiver outcomes. CMs receive individual and group supervision, complex case	CM have PH/BH experience and have over 65 hours of initial training; We employ case management staff with PH and BH expertise,including registered nurses and licensed BHCMs.PH and BH medical directors,including those with geriatric
Criteria Consideration - [Enter Consideration Here]		68% of CMs have been with BUFC since 2017.			
Criteria Consideration - Other		**Upon award,we will hire Caregiver Advocates** to ensure caregivers have a voice and receive the benefits of this program, including peer support and respite. **Upon award, we will hire Caregiver Advocates** to ensure caregivers have a voice and			
BROAD CATEGORY - ADDRESSES SPECIFIC POPULATION NEEDS					
Criteria Consideration - Includes Case Management Principles	promote engagement through training	NCQA LTSS best practices academy	NCQA, MLTSS, Advancing States national training sets, in addition to the AMPM, AHCCCS contract, PCSP training	Multidisciplinary team support; description of HNCM program, CM role and the services offered to individuals within the programs	yes
Criteria Consideration - Applies BH and PH Principles	analyzes service utlization to identify areas that will need to improve	PCSP model of care integrates PH and BH with community services that are needed, cites minimzes duplication and promotes coordination for members,	mentioned the ALTCS principles as part of the training courses	yes	HNCM alignstothe Arizona Vision–12 Principles for Children's BH Service Delivery andsupportstimely access to careperAHCCCS Contractors Operations Manual(ACOM)policy417
Criteria Consideration - Comprehensive Response	yes	yes	yes	yes	yes
Criteria Consideration - Member-specific Accommodations for Direct Engagement	To support the complex needs of members and their families,we provide quarterly enhanced training from internal and external experts on topics specific to programs resources and issues most relevant to our pediatric	ALTCS member advisory committee and Governance committee to inform engagement startegies; offers convenience and choice for lang and format to encourage engagement	Focus on types of transitions expected and unexpected and give CM tools for each of these categories to assist member in the transitions based on the member's strenghts	Community transition success predictor and multidisplinary team collaboration	proactively work with members/families/HCDMs/DRs, and service providers inChild and Family Teams (CFT)to identify the necessary services and steps to help members transition to adulthood and the adulthealthcare system
Criteria Consideration - Transitions and specific needs at various points throughout life and system engagement (i.e. CRS, SMI, TAY, retirement, level of independent living)	Have a history of successfully transitioning large amounts of members in the past; Call out the TAY members and Tribal members,	description of various activites related to specific transition type: all transitions, member strategies in those transitions, post transition follow up; called out specifically TAY, betwenn MCOS, FFS, facility transitions,	Description of the various populations targeted for assistance with transition, focused on Tribal providers and transitions between residential settings and FWA;Focus on specific transitions in members life: TAY, transitions from	description of HNCM program, CM role and the services offered to individuals within the programs; description of various activites related to specific transition type: all transitions, member strategies in those transitions, post transition follow	We include caregivers intransitionplanning discussionsand offer support for caregivers viatheTrualtaplatform,which includes support groups and training to provide better care and reduce stress, as well as adult day health centers and
Criteria Consideration - [Enter Consideration Here]			Pet support plans		
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Ohio and TennCare (Tennessee)	None	BCBS Minnesota Senior Advantage MLTSS Plan for cloud based reporting resources, Health Choice DSNP's special needs model of care	Texas	DCS CHP
Criteria Consideration - Provider Level Accommodations and/or education	None	None	ALTCS academy		
Criteria Consideration - Member experience/reduced burden in system navigation		variety of educational topics, ex: Dementia training to simulate the experience of living with dementia	resource tool kit for members		member-led Member Advisory Council,Youth Leadership Council, and ALTCS Member Council meetingsgiveus feedback from membersand familieswith diverse culturalbackgrounds, inclusive of tribal membersin all counties we serve on how to best engage members
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	4	5	2	3	1

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SUBMISSION REQUIREMENT B4: MEMBER POPULATION
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Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Equitable Access to standard care/services	incorporating additional questions to capture race,ethnicity and language	We consider all ALTCS members to have complex needs, and apply a high touch.	DSNP plan has received NCQA accreditation for quality outcomes and equitable	local case management teams, integrated multidisciplinary team support	CMs conduct comprehensive, whole-person assessments of members' strengths.
Criteria Consideration - Education to members and how to encourage engagement in care	DIE council, Careforth	case managers provide member education and direct member engagement. PCSP and Innovaccer enhances coordination and reduces duplication in prescribing.	health care concierge, work to engage members in mulitple ways and use real time data monitoring for those that need more engagement or may benefit from high needs case management.	ongoing communication and timely response to member needs, engage with members based on theirpreferences using digital communication tools, oursecure Member Portal, the Member Advisory Council,andthe following: •Providing a Service Tracker and/or Caregiver Journal (English/Spanish) to organize information and track services. The CMreviews at every member visitand encourages them to take it to appointmentsand share with new caregivers. •Equipping members with tablets for telehealth, an app to communicate with CM, and remote monitoring tools. Increase health literacy, educate members on CARELINE, connection to community health workers, pyx expansion to include a caregiver platoform.	Member portal, pyx, cognitopia, healthmine, core 2.0 platform, thrive mobile health
Criteria Consideration - Data collection and utilization for equity-specific aspects	developed a goal setting process that looks beyond clinical data in anassessment and supports members in creating personal goals as part of their person centered serviceplan(PCSP). The development of the me* program became an effective driver for CMs to empower members in the assessment process. Overtime, we have evolved the program based on member feedback. We created a dedicated resource team, composed of CMs who support other CMs inidentifying local resources (e.g.,volunteer and social engagement opportunities, education), to help members meet their goals and connect with their community. Service plan equity dashboard	IT systems capture data to track and report staff compliance with the best practice, and robust data driven strategies address systematic factors that impact health outcomes and address drivers of health disparities.	Health Equity advancement clinical team to develop a comprehensive plan to address disparities and guide culturally appropriate care for members. Tribal services team, hispanic changer of commenrce engagement, NAMI engagement, community grand rounds, AZ Town Hall.	Centilligence reporting to predict and stratify member risks and push information to Case Managers to identifiy strategies and interventions for Case managers. Integrated Z codes into risk models. Daily alerts to CM and TOC teams to assist and coordinate	SocialScapeanalytics,which integrates multipledata sourcesrelated tocommunity-level social risk, such asclaims, demographics, commercial business data,consumer data, and race/ethnicity/language data, with individual-level details to generate asocial risk score.
Criteria Consideration - Leverage Contractor Case Managers to ensure experience for member equitable access to physical and behavioral health services	(1)ensuring CMs serve as a single point of contact for the care team, while guaranteeing every CM has experience with people with behavioral health (BH)diagnoses, including serious mental illness (SMI), and (2) sharing data to enable timely access to information. Evaluating each member's transition using comprehensive data analysis and reporting, across clinical and operational areas, to confirm members have timely and convenient access to needed services (e.g.,analyzing state data files, reviewing prescription fill data, monitoring claims denials, evaluating PCSP activity)	Innovaccer, PCSP.	The Pathway DSP Special Needs model of Care. The Case manager directs services as the models quarterback with support from our Blue Care Team senior level social workers nurses. Health buddies serve as concierge to help members when case manager is not immediately available.	Coordinate peer support specialists ALTCS HELPP program.	BH specialty CMs to be Certified Personal Medicine Coaches (CPMC),an evidence-based practicedeveloped by Dr. Patricia Deegan, an esteemed psychologist, researcher, disability rights advocate,and co-founder of the National Empowerment Center.
Criteria Consideration - [Enter Consideration Here]			Health Choice Pathway DSNP's Special Needs Model of Care-CMS 4 star DSNP plan		After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other					After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Comprehensive Response	yes	Yes	Yes	Yes	Yes
Criteria Consideration - Tracking of metrics and/or member outcomes	Evaluating each member's transition using comprehensive data analysis and reporting, across clinical and operational areas, to confirm members have timely and convenient access to needed services (e.g.,analyzing state data files, reviewing prescription fill data, monitoring claims denials, evaluating PCSP activity)	in2022, 88% of members either "StronglyAgreed" or "Agreed" that they are happy with their CM and 84% of members either "StronglyAgreed"or"Agreed"that their CM has helped them improve their health.	Member data dashboards and continuous quality monitoring.	tracking and maging outcomes, to ensure members receive the services that are requested. Service Tracking module to allow a CM to add and review services and items that are requested and received. Use predictive modeling for ongoing assessment to tailor clinical and social interventions.	comprehensive data analysis. Audit reviews cover documentation of 20 elements,includingneeds/goals, PCSP, HRSN, culturalbeliefs, health literacy level,health disparities, and whether the member received the services in their serviceplan. CORE2.0predictive modeling analyticsbeforemembervisitsand during hospitalizations/discharge planning.CORE identifies and prioritizes members with complex needsusing medical claims, demographics, HRSN, and prescription data to generate an overall risk score.
Criteria Consideration - Evaluation of Systemic Performance	casemanagement and clinical intervention and adherence report, initial adherence assessment report, participation report, member record review tool, IRR,	in early 2023 we implemented a best practice to assemble a multi disciplinary Person Centered Service Planning (PCSP)Team after the CM meets with a newly enrolled member to develop their initial PCSP. This multidisciplinary PCSP Team supports members in achieving their goals by leveraging ALTCS staff such as our medical director, RNs, BH Professionals, as well as primary care, and other providers,consistent with the member's needs, wishes, and consent. This process prioritizes members in SNFs and ALFs and has resulted in enhanced collaboration between our medical director and the member PCPs to facilitate quicker community	Case management dashboards, evaluation of CAHPS and NCI data, additional consideration of member reported achievemens against personal goals, QOL, NCQA and Hedis QI measures, Use of a modified charlson comorbilidy index to identify members who may benefit from a high needs case management approach. Johns Hopkins ACG Predictive analytics. performance feedback tools adapted from Google's OKR performance monitoring tool, performance fidelity reporting tools based on input from BCBS Minnesota Senior Advantage MLTSS Plan	LTSS Key Performance IndicatorDashboard, member file audits, NCQA accreditation standards,	Clinical engagement console and Core 2.0 use of resolution of social needs referrals through Community resources referral event and community cares. Chart audits conducted to ensure fidelity to standards. Supervisors observe and document CM performance on individual and systemic level.
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - CARE MANAGEMENT/ CARE COORDINATION					
Criteria Consideration - Includes Case Management Principles/Role of Case Manager in Care and Service	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Educate case managers on best practice, multi-disciplinary person centered service planning. CMs act as navigators to ensure each member receives all necessary support and services and coordination of care across all delivery systems.	Case Management principles and Person Centered Thinking, Planning and Practice. Use of systemic performance evaluation to ensure fidelity.	Extensive description of case manager role and principles. ALTCS Guiding principles. Will seek NCQA LTSS accreditation.	Yes.
Criteria Consideration - Applies BH and PH Principles	Considers BH risks and physical health comorbidities during population risk analysis, promoting holistic assessment and delivery of care	NCQA LTSS best practices academy. Mention integrated care across entire response.	Yes, speaks to individuals in multiple areas who have physical and behavioral health needs, including depression, functional, sensory, pain, relationship challenges, etc.	response applied to physical and behavioral health services, PCSP,	Yes
Criteria Consideration - Comprehensive Response	yes	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Yes	yes	Yes
Criteria Consideration - Case management development/ evaluation/continnual skill building	Impact Pro, CLRS, member feedback, continuous quality improvement.	train and evaluate CMs in Cultural Intelligence and Bias,the AHCCCS mission, vision, values, and initiatives, including the Whole Person Care Initiative, the Nine Guiding Principles for Adults and 12 Guiding Principles for Children, 10 Principles of Wraparound services, mental health parity, 42CFRPart2, suicide prevention, and mental health stigma. We also train CMs to assess the member's living conditions, e.g.,identify the need for home modifications, and assess for Health Related Social Needs(HRSNs). Our member centered approach results in strong member relationship and more frequent and timely interactions with the members.	Blue ALTCS academy, extensive training of CMs on motivational interviewing, DEI, Cultural Humility training, 42CFR, Compliance, Privacy and ongoing training in caring for members with behavioral health needs and special assistance. All case managers complete the Acadey curruculum upon hire and receive continuing education.	Extensive and continuous training including simulations to enhance CMs' understanding of members' experiences, CM mentorship program,	over 65 hours ofinitial training. CMs use their training in motivational interviewing, PCSP,abuse/neglect/member safety,and trauma-informed care to build rapport with members/HCDMs/DRsandtoassess members' whole-person needs. CMs learn members' views on their quality of lifeand health, culture, preferred living arrangements,and preferred method of contact, and encourage them to voice their self-identified health and HRSNgoalsin collaboration withthefamilymembers/HCDMs/DRsthey include on theirplanning team. CMsuse their training and knowledge of cognitive barriers and physical disabilities to interact at the member's level and to arrange for accommodations and assistive
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - ADDRESSES SPECIFIC POPULATION NEEDS					
Criteria Consideration - Includes Case Management Principles	CM facilitated member empowerment, with specialized teams who uniquely understand member needs and alternative ways for members to engage in their care. To promote engagement, staff are trained in motivational interviewing;	NCQA LTSS best practices academy	Yes, extensive understanding and use of case management principles throughout response.	Yes.	Yes
Criteria Consideration - Applies BH and PH Principles	Application of case management to coordinate assess and address.	Mention integrated care across entire response. Mention many member populations, CRS, veterans, pediatrics, transition aged youth, SMI.	Yes, speaks to individuals in multiple areas who have physical and behavioral health needs, including depression, functional, sensory, pain, relationship challenges, etc.	Yes.	Specialty BH CMs consult withnon-BH CMs regarding local BH providers to support coordination. Yes, throughout. The percentage of members receiving PH and BH care in an integrated setting within the last 12 monthshas increased by 14.5% between May 2022 and May 2023.
Criteria Consideration - Comprehensive Response	yes	Yes	yes	Yes	yes
Criteria Consideration - Member-specific Accommodations for Direct Engagement	Use of technology, based on member preference. Increases participation. Will assist members with obtaining the technology to access their case managers. CareBridge, Cyber Seniors prioritize health equity and decrease er and hospital utilization. Assists with addressing urgent care neds for medication refills, DME, monitoring vitals and address health related social needs.	specific population transition types well documented. supports pre and post. Utilize data information systems to support transitions through case managemnt platform and provider portal. Caregiver Adcocate is available for teams.	Wellth, Pyx, Wider Circle, Blue Pets, Blue Connections, Blue Carefiver Café, Pux Caregiver support program.	Community Transition Success Predictor. CMs work with our Transition Coordinatorand TOC team including the family or caregiver(s); PH, BH, and LTSS experts; UMstaff; a pharmacist; and a housing specialistto plan transitions, identifyand address barriers to success, update the member's PCSP, develop contingency/backup plans, and prevent gaps inservices or adverse events.	assign ourCMstospecialty teamssuch aspediatrics, skilled nursing facilities (SNF), assisted living facilities (ALF),high risk BH, medically complex members,andtransition teams for members who are hospitalized at the time of enrollment.Specialty BH CMs consult withnon-BH CMs regarding local BH providers to support coordination. CMs also monitor our case management platform's eventnotifications aboutaction stepstheyneed to taketocoordinatewith providersanduse our provider referral portal tomake attendant care, housekeeping, personal care, and home health nursing referrals to contracted providers. Providers can respond directly in the portal about their capacity to accept the referral.
Criteria Consideration - Transitions and specific needs at various points throughout life and system engagement (i.e. CRS, SMI, TAY, retirement, level of independent living)	Evaluating each member's transition using comprehensive data analysis and reporting, across clinical and operational areas, to confirm members have timely and convenient access to needed services (e.g.,analyzing state data files, reviewing prescription fill data, monitoring claims denials, evaluating PCSP activity). Use of best practices to ensure pre-transition engagement with membrs, and real time alerts using HIE and reduce subsequent adverse events.	activities are customized to the specific transition type, and will include pre and post transition. Case managers use data to inform interventions and to update the PCSP. Transition coordinators are a part of the PCSP team.	Contractor response spoke to transition aged youth, individuals with SMI, individuals with planned and unplanned transitions.	Contractor describes the types of transitions ALTCS members experienceand have systems to support them, Community Transition Success Predictor	Described in detail transition processes for facilities, life transitions, and plan transitions. Family Care Central(FCC)platform and our provider portalgivemembers/HCDM/DRsand providersinformation onplacement changes/hospitalizations.
Criteria Consideration - [Enter Consideration Here]			pet support plans for members who have pets.		Ifa member is at risk of losingaplacement due to BH issues, CMs coordinate withmembers,theirBH/PHproviders, and our BH coordinatorto understand the circumstancesand createa plan tosupport the member andpreservethe
Criteria Consideration - Other					Upon admission to a new setting/facility, CMsmayuse our supplemental assessmentorReadmission Intervention Assessment(depending on the setting), our proprietary 10-day placement change event, and Whole-Person/HRSNtool to
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	cited Tenncare contract and Ohio contract.	No other contract was cited.	Health Choice Pathway DSNP's Special Needs Model of Care, BCBS Minnesota	Texas contract.	DCS CHP
Criteria Consideration - Provider Level Accommodations and/or education	None included	None mentioned.	Blue ALTCS academy	provider portal, expanded network of clinicians, but no specific mention of provider education.	
Criteria Consideration - Member experience/reduced burden in system navigation	case manager single point of contact, leverage care management to assist	case managers provide member education and direct member engagement. PCSP and Innovaccer enhances coordination and reduces duplication in prescribing.	member resource toolkit.	CMs work with our Transition Coordinatorand TOC team including the family or caregiver(s); PH, BH, and LTSS experts; UMstaff; a pharmacist; and a housing specialistto plan transitions, identifyand address barriers to success, update the member's PCSP, develop contingency/backup plans, and prevent gaps inservices	Reduction in caregiver burden and stress cuted specifically for children in high needs case management, but not for elderly population or physically disabled population.
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	5	4	2	3	1

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B4: MEMBER POPULATION
The ALTCS E/PD member population is complex, and their care often involves a combination of services and providers to effectively meet their needs. Provide a detailed description of how the Offeror will develop and implement best practices for ALTCS Case Managers, and leverage ALTCS Case Management staff to meet the needs of individuals with complex conditions, to:
a. Decrease duplication of effort and enhance coordination of care with providers of physical and behavioral health services,
b. Assist members prior to, and throughout transitions,
c. Improve member engagement,
d. Coordinate social and community support services,
e. Identify, track, and manage outcomes for members with complex needs,
f. Ensure appropriate identification of members that would benefit from High Needs Case Management and provide Case Management services in alignment with identified needs and reduce burden on members and families in coordinating member care, and
g. Monitor Case Manager performance and respond to identified issues, at the individual and system levels.

PAGE LIMIT [5]

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Equitable Access to standard care/services	developed resource team to assist CMs in identifying resources to help members meet their goal and connect with community veteran peer support, assist in obtaining technology, host technology workshops	strengthening relationship with community partners to address HRSN- utilize CLRF and ensure community referrals are made CM promotes health screening and wellness events at places of residence when	Health equity committee developed plan to address disparities and guide culturally competent care for members. Discusses tribal services team and statewide community outreach and	Member surverys, monitor G & A, collect feedback from member advosory committee, complete audits that are NCQA compliant CLAS throughout	arrange of accomodations and assistive devices as needed
Criteria Consideration - Education to members and how to encourage engagement in care	combined below-doesn't really discuss encouragement and education?	combined below-doesnt really discuss encouragement and education	combined below-does not specifically address education and encouragement?	Care line-not really discuss-see below	discuss providing education about available personal care services, home care training, self help/peer services, therapeutic foster care, unskilled respite care and transportation, describe all member directed options
Criteria Consideration - Data collection and utilization for equity-specific aspects	incorporate race, ethnicity and language into data collection of z codes to provide specific interventions-identified psycological needs such as loniless and partnered with area of aging to address social isolation	data collection via innovaccer-including z codes and review current data that may impact engagement success Discuss zip code data such as air quality and food deserts	incentivize provider to use HIE and community cares CLR CM have access to Blue resource toolkit-social and commmunity service supports. Utilize community cares to make referrals for members	use of CLR to make and track community resources utilize z codes into risk models community resources guide	track referrals through community resource referral event SocialScape to generate a social risk score-only plan that discuss data to generate a social risk score
Criteria Consideration - Leverage Contractor Case Managers to ensure experience for member equitable access to physical and behavioral health services	dedicated CM resource team to support other CM to assist members in meeting their goals and connect with the community assign CM based on language needs	CMs are trained to asses member living conditions and identify home modifications and HRSN provide materials in members preference.	discuss local CM team CM assisgned based on similar cultural and ethnic backgrounds, including language spoken. For members who are hard to reach or who are withdrawling use	discuss local CM team CM assignments carefully consider members' existing relationships, clinical, cultural, language, and sensory needs	local CM, conduct a pre-screening that will match CM to best suited to member schedule transportation
Criteria Consideration - [Enter Consideration Here]	diversity, equity and inclusion council-provides support education and coaching to the HP and CMs			SRF Champion awards	
Criteria Consideration - Other			discuss isolation and loniliess that can occur-will utilize PYX, wellth, blue pets, wider circle.		
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Comprehensive Response	utilze to decrease duplication goals are sharing with planning team including providers care management system integrates data	adopted rovicare to streamline care coordination, automated referrals members have access to portal for real time communication, resources and PCSP	discuss ability to identify network gaps	software alerts pharmacy staff for med review	Family Care central-provides member, caregiver, providers with access on placement changes and hospitalizations, assesment, care plans, medications and authorizations
Criteria Consideration - Tracking of metrics and/or member outcomes	monitor data on completed referrals from CLRS track outcomes to confirm delivery of care monitor rising clinical risk through impact Pro-build the comorbility of health conditions and HRSN into member risk score. Considers BH and PH comorbilities.	use of Inovaccer-monitor members evolving needs and changing risk. Predictive modeling-Data to prioritize and guide CM outreach. Software provides member level insights into social vulnerability index score, member activation and clinical and BH risk factors-MCP also discusses social risk factor software	discusses tools available to identify members, track outcomes with member reported achievement against personal goals, health related quality of life standards, ALTCS, NCQA and HEDIS service quality performance and member statisfaction. Dashboard will be available to CM and sup, tools are incorporated	use predicitve modeling to for assesment to tailor clinical and social interventions sup will place calls to member to ask about CM experience, satisfaction with services, and if needs are being met. CM f/u with member, monitor EVV and communicate with providers and care	conduct annual quantitative analysis of CM program using clinical, cost, utilization,process/outcome ,HEDIS performance, member satisfaction/experience, and grievance and appeal data CORE predicts members that may be high risk, medium risk, low risk-CM ocntact
Criteria Consideration - Evaluation of Systemic Performance	evolve best practices based on outcome data and member feedback-Member advisory coucil, CAHPS Impact Pro-produces customizes reports for cohort for targeted intervention	distribute annual survey to member re: CM. collect info from member advisory council and governance committees analyze internal and external data to identify opprotunities for improvement	discuss member surveys fidelity reporting tools-cloud based reporting resources to collect and analyze data in real time from CM	clinical leadership monitors daily, monthly and ad-hoc reports that identify events-eg-IP admits and ED visits, falls, wounds, etc. Member surverys, monitor G & A, collect feedback from member advosory	CAHP surverys, monitoring of G & A sup review weekly/monthly reports on cost-effectiveness, service initiation, advance directives discussions, caseload ratios CM contact requirements, and
Criteria Consideration -					
Criteria Consideration - Other					
BROAD CATEGORY - CARE MANAGEMENT/ CARE COORDINATION					
Criteria Consideration - Includes Case Management Principles/Role of Case Manager in Care and Service	CM is single point of contact, assist in developing goals, CM supported by planning team, coordinate member care	mention guiding principles in 1610 NCQA LTSS best practices academy ensure members remain in least restrictive, integrated setting	states that CM will adhere to ALTCS guiding principles CM model is based on Health Choice pathway DSNP special needs model of care discusses that they will use the CM guiding principles as the foundation. CM	discusses ALTCS guiding principles CM serve as single point of contract, share info across payors and providers	training in this area and assessments discussed throughout
Criteria Consideration - Applies BH and PH Principles	members under 21 receive annual review by licensed BHP included CALOUS for members 6-17 all CM must have 2 years of SMI expereince-so theyre familiar with screening	multi-disciplinary PSCP team-supports member achieving goals by leveraging ALTCS staff such as MD, RB BH professionslas-PCP, providers CM tracks SMI referrals and schedules appt	NCQA LTSS academy-disuccsed in Blue ALTCS academy CM will assess then coordinate and share records across disciplines discuss team based CM model that includes-RN SW, PH and BH MD... pg 51	Discuss LTSS support that will help obtain LTSS distinction facilitate integration	discussed in great detail speciality BH CM CM staff has PH and BH expertise
Criteria Consideration - Comprehensive Response	only plan that discusses utilization of care management team working in conjunction with CM. members that engage in complex care manangemnet and disease management decrease in ED and IP	discuss encouraging CM invovlement in community, fund and promote staff and member engagement, handmade cards and collect socks and blankets to deliver to members. CM plan and attended 25 social events, fund and promote staff and	measures are incorporated into CM dashboard CM leadership responsible for oversight and monitoring of CM performance discuss CM job satisfaction as an ultimate goal	access to leadership while out in the field to address immediate concerns integrated, multidisciplinary team support for each CM-inlcuding medical director, support coordinator... pg. 53	educate member and supports on services available sent cards to member during holidays 37 years of medicaid expereince and 23 years as an ALTCS plan, services members
Criteria Consideration - Case management development/ evaluation/continnual skill building	provide quarterly training relevant to pedicatric population to CMs HNCM Diversity, equity and inclusion council provides education. Discusses coaching based on member record review, and collecting aggregate	let by MD complete quarterly and annual analysis reflecting overall percentages and trends for each CM, PCSP Team, and the case management department overall. This	Complete Blue ALTCS academy and receive continuing education. Training will be updated annually/adapt to member served. Performance and monitoring will be adjusted based on member surveys, member	discusses how they will retain CM's, leadership certification (Banner also discusses the importance of retention and their tenure of CMs), discuss in detail how they will retain and recruit qualified CMs. Using retention strategies, LTSS	provided CM with initial 65 hours of training BH CM trained in certified personal medicine coaches (empower member voice and choice)
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	does not discuss Medical director, pharmacist, multi-disciplinary team involvement	discusses CM tenure and due to this familiarity with member, ability to identify changes			UHC and MCP addresses HNCM for children
BROAD CATEGORY - ADDRESSES SPECIFIC POPULATION NEEDS					
Criteria Consideration - Includes Case Management Principles	discusses members with complex needs and how they utilize predictive modeling person centered approach to created PCSP	member centered approach identification of member needs	discussed CM training, CM will adhere to ALTCS guiding principles	discussesd throughout	discussed
Criteria Consideration - Applies BH and PH Principles	complex members predicitive modeling includes BH risks and PH comorbilites UHC and MCP addresses HNCM for children	all member complex proactive identifiation discuss software provides insight into clincial and bh risk factors	discussed CM training and throughout	discusses HNCM program and personalized interventions	discuss SMI, CRS discusses in detail children who qualify for HNCM
Criteria Consideration - Comprehensive Response	Veterans, HNHC members, tribals members transitioning from tribal ALTCS, justice involved members supported by community health worker who supports CM	discuss members with HN HN receive month f2f CM visits and more often if needed discuss SMI, TAY	discusses member stratification levels of case managmenet and care coordination	discusses veterans, HNHC, creation of Escalation team discuss HNCM and the different programs available discuss SMI/SED, frequestn crisis utilization, HC BH needs, children with high	
Criteria Consideration - Member-specific Accommodations for Direct Engagement	understanding membership and potential for loniless connected members with area of aging, will continue to development and adaptation of community cares video communication-CM assist in obtaining technology	interpretation services and material in multiple languages. Asssist members to access eligibility and benefit info, file a G & A, request ID cards, update inforamtion... pg. 46	CM will provide adaptive tools to bridge gaps in communication and increase member engagement partner with providers who provide home and institutial services	information printed in different langauge and sensory needs equipe members with tablets, app to communicate with CM and remote monitoring tools, increasing health literacy with culturally sensitive materials	arrange of accomodations and assistive devices as needed provide mobile devices and coverage to members in rural areas. distributed 100 tablets
Criteria Consideration - Transitions and specific needs at various points throughout life and system engagement (i.e. CRS, SMI, TAY, retirement, level of independent living)	discusses member transitions work with TAY 16-24 using pedicatric CM supported by MD and nusing facility to community. Does not discuss additional points throughout life	discusses member transitions-states priorites member preferences and goals as identified in the PCSP prior to and throughout all trasnitions develop transition back up plans. CMs are available in person if possible to	discusses member transitions in all circumstances and the potential for SCA-which are typically completed within 24 hours. Allow for continuity of care for 1 year. Use of care community to refer to community resources, pet support plan is	discuss member and level of care transitions	discusses level of care placements, life and health plan transitions. TAY at 16-transition to a new CM at 21, try to facilitate remaining with same providers after 18.
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	carebridge tennessee decrease in IP and ER utilization nursing facility placement by examining patterns of utilization-identified member receive targeted intervention-was expanded to ohio and tennessee	none	Cite use of Blue pets-BCBS of minnesota initiative. BCBS Minnesota-input into CM performance fidelity reporting tools	discuss texas affilite and transition of 800 members from institutional to community setting LTSS affiliate in Kansas CM turnover	none
Criteria Consideration - Provider Level Accommodations and/or education	states CM will share PCSP with member consent but does not go further	encourage participation to decrease duplication	provider access to PCSP, claims and pharmacy utilization, OLIO health facilities have access to another CM if assisgned CM is not available	provider access to PCSP	access to assesments and service plan through provider portal
Criteria Consideration - Member experience/reduced burden in system navigation	discuss review member experience	members are recruited by CMs to particpate on cultural competency and G & A review committees inclorporate member centered outcome measures and input and direction from ALTCS member advisory committee and G & A review committees-to make sure	discuss member surveys and pyx	utilize pyx and pyxir	pyx, cognitopia, health mine advisory council, youth leadership council, ALTCS member council, tribal communities-review all feedback in quality improment review to make CM policy changes,
Criteria Consideration - Decrease duplication	reduce duplication by ensuring CM is the single point of contact-every CM has BH experience including SMI and sharing data to enable timely access to information	include provider, family, other speciality providers, shares PCSP PCSP team also includes participation by physical, speciality and BH MD, pharmacist, PH and BH professionals, caregivers, tribal, veterans, housing, employment and education advocates.	provider, family and others, PCSP available provider access to integrated portal CM will serve as single point of contact use technology and communication tools to ensure real-time access to treatment	share inforamtion across payor and providers for aligned members CM will serve as the single point of contact-no other plan discussed this	invite PH and BH providers to participate in PCSP and contribute ideas at PCSP reviews, verify no dulplication, assign responsible parties to activities to prevent duplication. Monitor HIE and EVV to determine if there is an atypical mix of services-such as attendent care at the same time as personal care of home
Criteria Consideration-caregiver support	discusses Careforth to support a trasnition from nursing facility to the community	multiple communication methods, 24/7 access to CM, support care givers through virtual dementia training, will hire care giver advocate promote respite co-ops	discuss resources available to support caregivers-first MCO to offer pyx for caregivers-although mentioned by another plan. Blue Care giver Café	piloting of pyx for caregiver support caregiver stressbuster program use validated tools to asses care giver strain, provide condition specific resources and connect them to resources	discuss caregiver support and trualta platform-support groups and training.
DRAFT RANKING	5	4	3	2	1
	veteran peer support	Upon award, we will hire Caregiver Advocates to ensure caregivers have a voice Discusses CM tenure and relationship building with memebrs	only plan that addresses FWA	references ALTCS listening session and challenges Commited 2M to support oakwood expansion of HCBS adult day health and	PH and BH provider participation in PCSP will continue Mercy connects (providing tablets) to members

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts. *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PO Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B8) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B5: PERSON CENTERED SERVICE PLANNING
How will the Offeror ensure that person-centered service planning:
a.)Includes active engagement with ALTCS members,
b.)Includes all aspects of quality of life,
c.)Is consistent with the individual's needs and wishes,
d.)Promotes access to services in home and community-based settings, and
e.)Results in high quality, equitable, and cost-effective person-centered care.

Additionally, how will the Offeror monitor and evaluate the Case Manager and the member experience and satisfaction to demonstrate the Offeror's person-centered service planning process complies with the values and principles of person-centered thinking, planning, and practice?

[PAGE LIMIT: 6]

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SCORER:
CONSULTANT FACILITATOR: Andy Cobre and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCYCARE
Contract Identified in Narrative B2 (1 Of 3):	UnitedHealthcare® Dual Complete® CMC (Arizona)	Banner Medicare Advantage DSNP (Arizona)	MedGuide Dual Special Needs Plan (Arizona)	MAPFA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 Of 3):	MyCare Ohio (Medicare-Medicaid Plan (MMP)) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan Bronze - Silver- Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 Of 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Arizona)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY REQUIRED					
Criteria Consideration - Cultural Competency (e.g., how are they working with language, communication, involvement)	Cultural competency seems to depend solely on Case Manager. Offeror does not speak to ensuring communications, language, etc. are culturally competent or how they assess/confirm that Case Manager does in fact understand cultural competency.	Seems the onus of cultural competency relies on the CM. Offeror does speak to a Cultural Competency Committee but a ton of detail. Offer does state 44% of CMs speak another language including ASL, but also speaks to a language line for interpretation which does not seem as conducive to member engagement. Offer does provide documents in braile, large print and simple language.	Offeror doesn't speak to cultural competency directly, but talks about tribal programs offered and language services; but nothing else substantial around cultural competence.	Offeror touches on adhering to member's cultural preferences and language assistance but nothing substantial.	Offeror touches on CM cultural competency training but no additional providers. States that all members have access to a CM that speaks their language (no evidence provided), and have access to language lines
Criteria Consideration - Standardization of the assessment process and outcomes including access to information and follow-up	Has a standardized assessment process, using many of the tools AHCCCS requires. Offeror does not speak to outcomes or follow-up	Offeror doesn't speak to standardization of assessment or touch on outcomes or follow-up procedures.	Offer does not speak to standardization of process and outcomes or follow up.	Offeror touches on assessment tools, doesn't speak to outcomes and only mentions follow up as it pertains to closed loop referrals	Offer doesn't speak to standardization but does state they monitor outcomes, among other measures, and develop CAPs as a result.
Criteria Consideration - Qualitative and quantitative Data that supports health equity	Speaks to using demographic data to find areas of underutilization including tribal HCBS utilization and rural areas.	Offeror does not speak to health equity or the data than can inform health equity	The offer touches on having a health equity committee and using data from focus groups in MI, but only results shared were providing language aids and culturally responsive CM to two members.	Seems to have very comprehensive health equity dashboard that helps identify areas for improvement, creates action plans based on data, provides example on improving HBAEC for DSNP members.	Offeror states they only recently added data elements to capture race and ethnicity. States they have a LTSS dashboard that CMs monitor to identify health disparities?? Not sure this is related to individuals risks or systemic - How do CMs drive change?
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - IMPLEMENTABLE					
Criteria Consideration - Systems in place (e.g., having the infrastructure in place, roles of leadership)	Seems to have infrastructure with leadership and supervisors. Offeror does not speak to Case Management systems they have in place, but touches on AHCCCS tools and standards. Speaks to systems in place for members.	Offeror seems to have system in place and CM leadership supports in place	Offeror speaks to several platforms and technology tools avaoicible to the CM and member. Offeror speaks to support from CM supervisors and several teams to support member and CM like community health reps.	Offeror speaks to platform that CMs utilizate and supervisor oversight.	Offer speaks to systems and platforms in place to support members and CMs as well as supervisor oversight.
Criteria Consideration - Timeframe for implementation of new procedures not currently in place.	I didn't see anything where offerer refered to new procedures not currently in place	Offerer does not provide a timeframe for listing Caregiver Advocates other than "upon award"	N.ot finding any timeframes for items offer says they "will" offer/complete	Only timeframe provided was for PCSP certification by 2025. No other timeframes provided by a lot of language about what they will implement.	N/A
Criteria Consideration Supervising/ensuring that case managers are competent and compliant with requirements. (e.g., How procedures in place for case managers needing additional guidance, mentoring/shadowing, how are they incorporating improving processes)	Offerer is missing anything about CM supervision, not finding anything related to hands on supervision or tracking performance, don't see anything about strategies to correct issues with CMs. Offerer seems to rely on member feedback and surveys to gauge CM performance.	Offerer speaks to CM leadership monitoring and evaluating performance, but seems to be contingent upon feedback. Touches on a quality improvement process but no details are provided.	Offer speaks to supervisor oversight and CM person centered competencies that are tracked as KPIs. Offer also speaks to oversight through case audits, IRR and data analysis but does not speak to additional guidance that will be offered to CMS not meeting performance standards	Speaks to supervisors making calls to members and reviewing reports and KPIs to determine CM performance and coaching. Speaks to training CMs on person centered practicies, but not competency requirements.	Offerer does not speak to CM competencies, but talks a lot about supervisor oversight including chart audits, monitoring utilization, observations, and member feedback.
Criteria Consideration - Support plan for case managers with varying or successful levels of compliant demonstration	Offer does not speak to support for CMs.	Offer only speaks to supporting CMs for clinically complex members	Offer speaks to offering CMs' the Blue Care team which is senior leaders who support CMS,	Doesn't speak to support plans, but offers a Community Engagement team to support CMs and members	Offerer does not speak to CM support, but states they may use feedback from monitoring during one on ones
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - ADDRESSES PERSON-CENTERED SERVICE PLANNING					
Criteria Consideration - Case management principles	Offerer touches on CM principles, mostly referring to AHCCCS standards.	Offerer does not speak to case management principles other than to say they are person centered	Offerer speaks to ALTCS guiding principles and NCA five core competencies for person centered planning	Offerer doesn't speak to CM principles, focus is on PCSP other than one quick mention of the AHCCCS CM guiding principles	Offer only mentions ALTCS guiding principles
Criteria Consideration - Strategies that recognize individual strengths and needs	Offer developed a nationally recognized program to help with goal development based on member's strengths and needs.	Offerer doesn't speak to strategies, just that the CMs consider the member's strengths and needs.	Offer speaks briefly to building trust with member to understand individual strengths, doesn't speak to many strategies	Offerer speaks to understanding PCSP is not to be done to or for member but with them. Speaks to bringing in peer support specialist to help create PCSP based on strengths for members with dementia.	Offerer does not identify strategies, just states Case Manager will listen to member and states member is aware of options.
Criteria Consideration - How members are being supported/encouraged to be active participants (e.g., coaching, training, family and friend supports, member direction)	Offerer speaks to building trust, aligning CMs with member preferences, providing flexibilities and CMs trained in active listening. Provides a good example of a CM noticing books in member's home and connecting them to a library.	Offerer speaks briefly about educating member to help with enagement, also speaks about collaborating with friends and family.	Offerer just states members will be engaged by CM, but does state they will offer education on the use of peer supports	Offers tablet with portal so member can stay actively engaged and connected to CM electronically. Prioritize face to face time with member and family. Doesn't really speak to coaching or training provided or offered.	Offerer only speaks to CM making reminder calls to engage member in PCSP
Criteria Consideration - How are providers encouraged and accomodated to actively participate in person centered service planning team (e.g., role of provider, processes)	Offer does not speak to encouraging and supporting providers to attend PCSP meetings, only states that they can be part of planning team.	States they engage provider to participate, but not how provider's are encourage to participate	Offer does not speak to provider PCSP participation	Not seeing that providers are engaged to be on planning team	Offerer only states that providers can participate in PCSP meetings.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - ADDRESSES ONGOING MONITORING AND OVERSIGHT					
Criteria Consideration - Description of what their monitoring process looks like (e.g., Tracking and Trending, Reports)	Offerer does not speak to monitoring other than using survey data.	Track and trend satisfaction survey data, tracks HCBS placement from SNFs, but seems like onus on PCSP goal attainment is on CM	Offer speaks to monitoring CM KPIs, case file audits, data analysis and member surveys to monitor. Also speaks to utilizing QI team to monitor participation rates, transitions, HEDIS measures and access to care. Finally, speaks to meeting monthly with exec management to share data and progress.	Offerer speaks to monitoring ED data, utilization data, and services to ensure they are according to PCSP, speaks to IRR, case file audits, requests for CMS changes and feedback.	Only speaks to CM supervisor monitoring of CM performance. Does speak to CM monitoring of health disparity dashboard and social risk data but that doesn't make sense systemically.
Criteria Consideration - Utilization of internal case file audit process	Briefly mentions NCQA chart audit report but I'm not familiar with it and couldn't find any information online.	No mention of audit process	Offer speaks to use case file audits to understand CM performance	Offerer speaks to quarterly PCSP audits to ensure PC practices are being applied, including community integration, and self directed actions.	Offerer states chart audits are completed for every CM monthly.
Criteria Consideration - Hands on direct supervision (Pre/Post supervision, identify competencies that should be in place for the case manager and ensuring that the competencies are being addressed)	Offerer does not speak to direct supervision of CMs and briefly touches on competencies.	Does not speak to supervision of any kind or competencies. Only states member surveys are sent with focus on CM performance.	Offer only states supervisors track and coach, doesn't speak to hands on supervision	Doesn't speak directly to hands on supervision, but speaks to analyzing data to find areas for opportunity individually and systemically	Offerer states supervisors observe CMs during PCSP with members
Criteria Consideration - Correcting issue strategies (e.g., Tracking and Trending)	Offerer does not speak to corrected issues with CM performance. Talks about CAPHS survey demonstrating transportation issue and steps taken to remediate.	No mention of issue strategies	Offer just states they will offer coaching, no additional detail	Touches on coaching CMs	Offerer states performance is discussed during one on ones
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - STRATEGIES THAT IMPROVE MEMBER EXPERIENCE AND OUTCOMES					
Criteria Consideration - Planning to address whole person health and quality of life including members preferences.	Offerer speaks to assessing for more than BH and PH needs including home safety, social isolation, and nutritional support. Offerer also speaks to assessing for what brings joy and supporting unpaid caregiver supports to help with quality of life.	Assesses for more than PH and BH needs, also assesses for living conditions, cultural influences, HRSN, linguistic needs.	Offer does speak to QOL being determined by member and QOL assessment used to help create goals. Touches on employment and BH supports and supporting member wishes on family involvement. Speaks to partnership with Ability 360 to offer employment, social, and recreational opportunities.	Offerer states PCSP process goes beyond BH and PH. Also looks at relationships, employment, social risk factors. Speaks to partnership with Ability 360 to offer employment, social, and recreational opportunities.	Offer states quality of life information is gathered during PCSP. CMs asses for employment, community involvement, and social risk data. CMs also work with family, caregivers and providers to assess QOL.
Criteria Consideration - Home and Community-Based Services (e.g., Transitioning from alternate back to own home, rights under the HCBS Rule)	Offerer speaks to having a housing director and infrastructure to keep members in their homes or transition from SNF to HCBS and address barriers.	Offerer speaks to educating members about HCBS rights. Offer promotes HCBS in every meeting with member in a SNF. Offer also provided data to show percent of members transitioned out of SNFs for last two years.	Offerer speaks to supports to keep members in home, and promoting SDAC to keep members in home with caregivers of their choice. Not seeing anything specific to HCBS Rules rights or transitioning back home	Supports members transition from SNF to home with interdisciplinery team. Does not speak to HCBS rights.	Offerer has an in home PCP program to help members with transitions and a program to help member's find resources to transition. Doesn't speak to HCBS rights.
Criteria Consideration - Development of member driven goals (e.g., not solely addressing compliance with medical/therapy related goals)	Offerer speaks to using a 4+1 tool to identify what is important to member and brings them joy.	Offerer speaks to helping member develop goals around independence, quality of life, culture and traditions. Also uses motivational interviewing techniques to focus on what matters most to the member.	Uses QOL assessment to help member create goals important to them. Provides some member goal examples "I want to travel" "I want to get a job"	Offerer states goals go beyond BH and PH and include culture, spiritual, relationships and community involvement but not a lot of information provided or exaples	Offerers states that CM "invites members to use their voice" to create goals
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of Lived contracts	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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DRAFT RANKING	4	3	2	1	5

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3 in EACH response for Narrative Submission Requirements (B4-B8) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B5: PERSON CENTERED SERVICE PLANNING
How will the Offeror ensure that person-centered service planning:
a.)Includes active engagement with ALTCS members,
b.)Includes all aspects of quality of life,
c.)Is consistent with the individual's needs and wishes,
d.)Promotes access to services in home and community-based settings, and
e.)Results in high quality, equitable, and cost-effective person-centered care.

Additionally, how will the Offeror monitor and evaluate the Case Manager and the member experience and satisfaction to demonstrate the Offeror's person-centered service planning process complies with the values and principles of person-centered thinking, planning, and practice?

(PAGE LIMIT 6)

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cobos and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® CNL (Arizona)	Banner Medicare Advantage DSNP (Arizona)	MedCore Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan (MMP)) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - STRATEGIES THAT IMPROVE MEMBER EXPERIENCE AND OUTCOMES					
Criteria Consideration - Planning to address whole person health and quality of life including members preferences.	1) Comprehensive assessment process including PH/BH, HRSN, etc. (pg. 45...standardized assessment).	1) Leverage technology (population health and case management systems) for CMs to have the most up-to-date information on the member including social vulnerability and HRSNs (pg. 49...population health). 2) Member access to Pyx to reduce loneliness or connect members to family or circles of support (pg. 48...Pyx) 3) Connecting members with community resources to address HRSN - Art of Soul Therapy and Audrey's Angels Community Health Workers (pg. 50...Soul Therapy). 4) Acknowledged the CLRS, and Community Resource Guide (pg. 50...CLRS)	1) Use of resources such as Pyx and WellRt's to support social isolation and engagement (pg. 57...Pyx). 2) BlueCare Anywhere program - access to technology, adaptive equipment, remote patient monitoring and telehealth options (pg. 58...BlueCare Anywhere). BlueAtHome - in-home services (i.e. podiatry, dental, etc.) (pg. 59...Home) 3) CM can provide support for pet care services (pg. 58...pets). 4) Food as Medicine program - DSNP supplemental benefits - nutritional support and healthy foods (pg. 59...Medicine).	1) Members in DSNP have access to a $50 healthy food card (pg. 59).	1) Pyx - reference line 11 #2. Also use Pyx health data to assess member's quality of life (pg. 23...Pyx). 2) Utilize the InterRAI assessment (pg. 23...assessment). 3) Members have support to complete the Life and Health Planning Toolkit (pg. 23...and of life). 4) Noted use of Community Resource Gide and Community Cares (pg. 24...CommunityCares). 5) Mercy Pets Program offering robocats and dogs (pg. 24...pets).
Criteria Consideration - Home and Community Based Services (e.g., Transitioning from alternate back to own home, rights under the HCBS Rule)	1) Cited data that 98% of members identified as a risk for facility placement remained in the community (pg. 46...facility placement). 2) Provider network includes in-home and telehealth services. Dispatchhealth, CareBridge, and Spectrum Healthcare. Data provided on each one. (pg. 46...provider network). 3) Housing Specialist - works with CM and Medical Director to address barriers to home/community living (pg. 46...housing specialist).	1) Commitment to hire Caregiver Advocates to help facilitate seamless communication with caregivers (pg. 49...caregiver advocates). 2) Provided data on transitions of members from SNFs to HCBS, but SNF placement % is higher (25%) than the state average (9%) (pg. 51...table below). 3) Use of technology to support bi-directional information exchange with post-acute providers (DSIs) and Roxicare to facilitate member referrals and timely access to services (pg. 51...innovative technology).	1) Recognition of the caregiver's health impacts the member's health. Utilizing Pyx and Blue Caregiver Café to address burnout and social isolation (pg. 56...Café). 2) Use of the Blue ALTCS Academy that includes education, training and certification supports for HCBS workforce (both current and newly recruited workforce). Not sure how this aligns with licenses, certifications and DCW training programs (pg. 59...Community Health Representative).	1) Enable multi-disciplinary team including a pharmacist and housing coordinator to discuss choices, risks and community transition benefits (pg. 60...TOC). 2) Maximize DSNP supplemental benefits to address food, housing and utilities (pg. 60...food). 3) Utilize KPI dashboard to monitor risk factors such as wounds, falls, UTIs...including alerts to CMs to intervene (pg. 60 alerts).	1) Access to Trualta Caregiver platform - reference line 11 #2. 2) Cited data regarding the nursing needs of members living in a community setting and metrics regarding post-SNF stays and maintenance of HCBS (pg. 24...provided in the call-out box). 3) CMs utilize a portal to make in-home care referrals with providers (pg. 24...portal). 4) In Home PCP program for members living in their home or in Assisted Living. Utilization data provided (pg. 24...PCP). 5) Eviction prevention and move-in assistance for members with an SMI. Quote provided by member. (pg. 24...eviction) 6) Benefits Results Program to support SNF to home transitions. Member success story shared (pg. 24...benefit). 7) CMs have access to high needs/high cost dashboard to conduct root cause analysis after inpatient/ED admission to help members identify what led to the admission and alternatives they can use in the future (pg. 25...admissions). 8) Cited example of network need for members who are on ventilators - developed two new adult foster care homes in Tucson (pg. 25...vent).
Criteria Consideration - Development of member driven goals (e.g., not solely addressing compliance with medical/therapy related goals)	1) ALTCS Discovery Tools to what brings member joy and drives individualized goal planning. 4+1 Tool - supports members to identify next steps and solutions needed to achieve their goals (pg. 45...4+1 Tool). 2) my* program recognized by the Medicaid Health Plans of American as a national Medicaid Plan Best Practice. Goal development based upon personal strengths, needs and wishes. my* resource team comprised of SMEs on community resources - provided examples. (pg. 45...my* program).		1) Use the QOL Assessment to help members identify their own unique definition of what QOL means for them and gives them practical ideas to achieve their goals (pg. 58...quality of life). 2) A statement is made about members completing the HCBS Needs Assessment to help identify community-based services and resources to aid them in their goals. Is this the QCL Assessment? (pg. 59...PCSP goals)	1) Utilization of peer supports to help with goal planning and execution. Do they understand that we don't have ALTCS "peer" supports and only "peer" support for BH? (pg. 58...peer). 2) Support of the Community Engagement Team (SMEs - veterans, employment, housing, peer/family support) to navigate community resource (pg. 59...engagement).	
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	1) Acknowledgement that informal caregivers support quality of life and provide access to CarePerfrth that include assessment to determine caregiver needs and other community based supports. Data on enrollment of caregivers was provided (pg. 45...CarePerfrth).	1) CMs have real-time access to a multidisciplinary healthcare experts to support clinically complex members (pg. 48...complex members). 2) Access to an ALTCS pharmacist liaison with a focus on deprescribing (ph. 49...pharmacist).		1) Noted collaboration with the SILC and the Statewide Caregiver Collaborative in addition to using SILC consultation to inform person-centered practices (pg. 61...SILC).	
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts					
Criteria Consideration - [Enter Consideration Here]	NCQA LTSS award - June 2023 (pg 44)	75% of ALTCS medical expenses fall under VBP agreements that align quality, access and cost metrics.	1) CMS 4-Star rated DSNP 2) Blue Care Team - support for CMs by providing clinical, administrative and member safety support from senior level staff whenever the CM needs it (pg. 57...Blue Care Team). Commitment to honor any existing provider and facility relationships - extending in-network status - for a period of one year (pg. 58...provider and facility). 4) First MCO to receive NCQA (pg. 60)...NCQA)		
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	3	4	5	2	1

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contrac integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identifiec

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B5: PERSON CENTERED SERVICE PLANNING
How will the Offeror ensure that person-centered service planning:
a.Includes active engagement with ALTCS members,
b.Includes all aspects of quality of life,
c.Is consistent with the individual's needs and wishes,
d.Promotes access to services in home and community-based settings, and
e.Results in high quality, equitable, and cost-effective person-centered care.

Additionally, how will the Offeror monitor and evaluate the Case Manager and the member experience and satisfaction to demonstrate the Offeror's person-centered service planning process complies with the values and principles of person-centered thinking, planning, and practice?

[PAGE LIMIT 4]

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]			
Criteria Consideration - Cultural Competency (e.g., how are they working with language, communication, involvement)	Offeror speaks to monitoring of member preferences, which also informs their CM hiring process. Diverse workforce, allowing them to make CM assignments in alignment with member needs/preferences (e.g. assignment of CMs who live in the same community as member, specific language needs, incorporate known cultural preferences during assignment of CM). Utilize Enrollment File (identify mbr language needs). Conducted a ***"disparity evaluation"*** and determined HCBS utilization by Tribal mbrs in Maricopa County was 76% lower than for other mbrs w/similar needs. Contributing factors included lack of interest im having non-Tribal agency caregivers; cultural reasons; or not wanting be paid for providing care. Conduct provider education to increase agency recruitment of Native American individuals to serve as paid caregivers.	Offer describes a collaborative and inclusive planning process with the involvement of all stakeholders in the planning process to identify and promote health equity and cultural competency.***Through our collaborative and inclusive planning process with the member, stakeholder,and their designated, chosen team, Case Managers (CMs) consider individual member's and family's strengths, needs, and cultural preferences as part of theircomprehensive member profile, including race, ethnicity, gender identity, sexual orientation, and Health Related Social Needs (HRSNs).*** Provide more than one method of communication to ensure ongoing communcation. ***"44% of our Case Managers are fluent in another language besides English including Spanish, Arabic, Russian, Bosnian, and American Sign Language. In Nogales, 100% of our CMs are fluent in Spanish while the population in the SGSA is 78% Spanish-speaking."*** Accommodations for members with limited English proficiency by: - Utilizing a professional language line for simultaneous interpretation. - For memberswith blindness, illiteracy, or developmental disabilities, they provide Braille, large print documents, and employsimple language. - Providing reasonable accommodations(at no cost) for members with speech, language, sensory or mobility limitations, such as augmentative and alternative communication devices, hearing-enhancing devices, and visual aids. - Supporting electronic signatures for members to electronically sign the PCSP to verify their agreement and understanding of the plan. The following is an example of cultural competency is a consideration from the onset when hiring CMs. ***"Hire CMs with long-standing community ties who live and work in the communities they serve and have diverse backgrounds, including those who are bilingual or have physical disabilities themselves."***	**Intent to promote health equity/cultural competency through:** - **CM Training:** Blue ALTCS Academy. (p. 57) - includes contemporary content from BCBS Minnesota's Senior Advantage Training/Development Program (health literacy, cultural competencies, cultural humility, implicit bias, strategies to reengage members through motivational interviewing). - **In-person Approach:** allows CMs to learn about the member's preferred method of communication, culture, environmental needs, individual strengths, fears, concerns, preferences, and often most-importantly, examples of successes from prior healthcare experiences - not only from what the member says, but from their body language and demeanor. - Choice of meeting location and preferred service providers -Unique, culturally appropriate programs such as our Tribal Practitioner and Sweat Lodge Healing programs, which offer traditional intertribal coordinated healing services.
Criteria Consideration - Standardization of the assessment process and outcomes including access to information and follow-up	CMs assess level of support needs to maintain safety and independence in own home. Utilize AHCCCS standardized tools HNT, PCSP, UAT. Offeror notes that CMs have access to medical director, housing specialist, "me" resource team.	AHCCCS PAS Tool noted as a CM resource for initially determining potential risk level as well as HRSN. CMs are knowledgeable and use community resources to address HRSN including **Art of Our Soul Therapy** (connection to activities to combat social isolation for mbrs with complex health conditions); **Audry's Angels** (supported by CHWs, in home interactive music/crafts to reduce anxiety and improve mood) **Innovaccer** aids CMs in determing a unique Social Vulnerability Index score for each member and informs the coordination of services and supports in the most cost effective, equitable way. Through this process CMs/providers are able to develop a whole-person, member-centered PCSPs and backup plans that address possible health inequities and related risk factors.	Use of virtual tools for CMs (Pyx Health's solution for social isolation and Wellth's mobile tool) Case Managers receive training on how to access the Blue Care Team (formed to support Case Managers by providing clinical, administrative, and member safety supports from senior level staff whenever the Case Manager needs it). If a member chooses to transition from a Tribal ALTCS provider or another health plan, our Case Management team reviews the existing PCSP with the member to align with the member's current health status, goals, and desired outcomes. ***To support continuity of care, we allow the member to stay with non-contracted services and providers for up to one year while we attempt to bring them into our network.*** **Support/Resources/Education:** - Offering support, resources, and education to make it easier for each member and the care team to access services and promote unique, culturally appropriate programs such as our **Tribal Practitioner and Sweat Lodge** Healing programs (traditional intertribal coordinated healing services). - Expand access to Peer and Family supports by adding providers and incentivizing inclusion in our participating ACO network. - Our **BlueCare Anywhere platform** offers members a choice of multiple telehealth services that provide 24/7 access to technologybased support for members and their caregivers. - **Blue@Home program** offers members a choice of virtual primary, substance use, and behavioral healthcare for members anywhere - including Community Paramedicine Programs, which use networks of EMTs, paramedics, CHWs, Promotores, Community Interveners, and nurses providing direct care at home or institutional settings. Offers specialty services such as in-home podiatry, mobile dental, and supports for end-stage kidney disease through Monogram Health. - Ensure access to services in ther PCSP through extended network of provider services and other HCBS community partnerships to support this work and our Case Managers will never use referral agencies to identify placement options for members. - For our Tribal members is our **team of Community Health Representatives**, comprised of paraprofessional Tribally enrolled community-based trained staff, who provide HCBS services in regions bordering Tribal lands and within Tribal communities as permitted through Memorandum of Agreement. - Workforce adequacy: Workforce Development Administrator and expanded Workforce Team has developed education, training, and certification supports through our Blue ALTCS Academy- not only for current DCWs and caregivers, but also for candidates who can expand the workforce including new college graduates, family members, friends, neighbors, Peers and Family candidates, and nursing facility staff (particularly in rural areas).
Criteria Consideration - Qualitative and quantitative Data that supports health equity	Use objective data(e.g.CAHPS, NCQA LTSS Core Measure Set, HEDIS)to evaluate whether the PCSP ensures high quality care. CM Leadership process established -looks at CES data to either determine if additional services are required or identify informal/community supports to maintain cost-effectiveness. Use CES review to determine drivers of underutilization, such as availability of services and look at utilization based on demographic factors (geography, Level of Education) to determine equity of utilization and act accordingly. Monitor and evaluate CM experience, PCSP process and member experience using a combination of quantitative data and direct feedback, including Net Promoter Score(NPS)surveys; Feedback from their Member Advisory Council , members, community partners and providers; monitoring of calls to member services; NCQA chart audit report; CM PSCP reviews; and HCBS specific CAHPS survey results. Use to improve delivery system.	Utilization of data to support CMs and the planning process. Offer states ***"CMs use data as they develop a PCSP that addresses health disparities and improves health outcomes."*** **Innovaccer** aids in the fulfillment of members' careand social needs and goal sand provides the PCSP Team with real-time access to crucial data, including recent visits, gaps in care, HRSNs, the PCSP, electronic health records, pharmacy/lab data, case management/clinical notes and assessments, and service authorizations. ***Innovaccer aggregates data and information and makes it actionable for CMs and other providers.***	We have adopted a best practice accountability oversight and case management performance fidelity process from BCBS Minnesota Senior Advantage LTSS Plan. Our Quality Management and Performance Improvement teams will use these tools in connections with an ongoing PDSA process to analyze member participation rates, planned and unplanned transitions, HEDIS measures, as well as External Quality Review Organization feedback on quality, timeliness, and access to PCSP services and continuously make adjustments whenever the circumstance show an opportunity for improvement. Organization performance: Our Quality Management, Quality Informatics, Business Intelligence, and Clinical program leaders track and analyze the effectiveness of PCSP program goals, member outcomes, and HEDIS performance measures through an extensive Monthly Management Report that dashboards over 350 separate data vectors. ***This report is discussed with our executive and leadership teams to drive continued improvement. We analyze adequacy and timeliness of member service delivery through data from our prior authorization process, outof- network service requests, member grievances, and barriers to providing support services noted by Case Managers, and through Quality-of-Care Reviews, and work with internal departments and community partnerships to support member access to necessary services, regardless of age, language, ability, transportation, and geographical location.***
Criteria Consideration - [Enter Consideration Here]	N/A	N/A	N/A
Criteria Consideration - Other	N/A	N/A	N/A
BROAD CATEGORY - IMPLEMENTABLE			
Criteria Consideration - Systems in place (e.g., having the infrastructure in place, roles of leadership)	Regularly audit mbr engagement with their PCSP to understand how they can increase mbr engagement. Partner with local CBOs to address loneliness and isolation. FIDE SNP members - utilize enhanced NEMT for transportation to activities, senior centers, volunteer opportunities to support health equity. CM Leadership process which looks at CES data to either determine if additional services are required (members with CES<10%) or identify informal/community supports (CES >80%) to maintain cost-effectiveness. They use CES review to determine drivers of underutilization, such as availability of services (e.g., type, location, availability of DCWS).	Case Management leadership actively monitors, evaluates, and implements changes based on ongoing feedback, as well as through our formal quality improvement process and governance structure.	- CM Training: Blue ALTCS Academy. (p. 57) - includes contemporary content from BCBS Minnesota's Senior Advantage Training/Development Program: health literacy, cultural competencies, cultural humility, implicit bias, strategies to reengage members through motivational interviewing, - Deployment of Community Health Workers and other home-based resources through our Blue@Home program, Community-based Peer and Family support teams and Community Health Representatives. - Case Managers receive training on how to access the Blue Care Team. ***This team was formed to support Case Managers by providing clinical, administrative, and member safety supports from senior level staff whenever the Case Manager needs it.***
Criteria Consideration - Timeframe for implementation of new procedures not currently in place.	No mention of anything new to be implemented.	No mention of anything new to be implemented.	No specific timeframes noted.
Criteria Consideration Supervising/ensuring that case managers are competent and compliant with requirements. (e.g., Have procedures in place for case managers needing additional guidance, mentoring/shadowing, how are they incorporating improving processes)	Active listening by CMs is included in their initial and ongoing training program. Have a "closed loop" referral process , receive information about members 'engagement, which prompts CM follow up to confirm needs are met. No mention of internal policies/procedures/desk aids to support CM work. Briefly touch on NCQA chart audit process to monitor/evaluate CM experience, but no mention of how CM compliance is assessed, how compliance issues are addressed/actions taken and/or strategies implemented to improve.	Offer minimally addressess how they monitor/evaluate CMs work/compliance, competencies. No mention of use of quarterly chart audit process, tracking/trending reports, or supervision/corrective action strategies when deficiencies are identified.	Plan to recruit CMs and supporting staff with ALTCS experience (pg 57). Reference that as a CMS 4-star rated DSNP their CMs have developed a best practice approach to assessing member needs, developing integrated plans, and conducting mutidisciplinary care teams (all in compliance with existing AHCCCS requirments - AMPM Chapter 1600, other policies and CMS regs). *Little confusing, as they talk about recruiting CMs with ALTCS experience, but then refer to their existing DSNP CMs. Do those CMs have ALTCS experience?* Offeror indictes that the success of the complex CM/PCSP process is based on availability of a well-trained/highly skilled CM team. Are redesigning their training and continuing education programs. Plan for all CMs to go through the NCQA LTSS Academy (national best practice format) which has guided developement of their own **Blue ALTCS Academy.** (p. 57) Case Managers have access the **Blue Care Team** (formed to support Case Managers by providing clinical, administrative, and member safety supports from senior level staff whenever the Case Manager needs it).
Criteria Consideration - Support plan for case managers with varying or successful levels of compliant demonstration	Nothing mentioned related to CM compliance. They do mention utilizing data to inform opportunities to improve CM performance, but no additional details.	Utilize Member Surveys which have a particular focus on case management performance and take action as needed to improve CM services.	Not specifically addressed.
Criteria Consideration - [Enter Consideration Here]	N/A	N/A	N/A
Criteria Consideration - Other	N/A	N/A	N/A
BROAD CATEGORY - ADDRESSES PERSON-CENTERED SERVICE PLANNING		N/A	
Criteria Consideration - Case management principles	They subtilty touch on **"Consistency of Services" & "Accessibility of Network** - CMs ask members to identify their preferred providers and care delivery methods, using their broad and expansive provider network, including primary care and BH providers who deliver in home services or offer telehealth capabilities. Partnership Actions - enable memers to access care where they live (Dispatch Health; CareBridge; Spectrum Healthcare) They do address **"Member-Centered Case Management"** in several areas, including: - Members lead their person centered servic eplan(PCSP) process at UnitedHealthcare. - Members are at the center of the PCSP process, supported by their CM and planning team. - The values and principles of person centered thinking, planning and practice include self-determination, family and close relationships and inclusion. - settings of their choice, promote member choice through the PCSP process, member voice and choice is central to all aspects of the PCSP process.	**Member-Centered Case Management** - State/recognize that: - all members have a right and responsibility to make choices about their lives, and - that they should have opportunities for success and independence in community living and employment. - Members have the right to try, whether they fail or succeed. - Emphasize to members that they choose who participates in the PCSP team and have control over the lives they want to live. Offer speaks to providing a personal touch to ensure a positive, whole-person and person-centered experience.	**Member-Centered Case Management** - Obtaining and utilzing member feedback with focus on improvement to service planning, individual rights, community inclusion, choice, care coordination, safety, and relationships. This multi-input feedback process helps Case Managers focus on both individual and population-level member needs. Case Managers are trained to activate our Critical Incident Management System and use the Long-Term Care Ombudsman Program when they identify potential harm or risk to the member or ALTCS provider including abuse, neglect, exploitation.
Criteria Consideration - Strategies that recognize individual strengths and needs	Great member story - Making a deeper/more meaningful connection while promoting	Offer describes a collaborative and inclusive planning process with the involvement of all stakeholders in the planning process as a strategy for	Offeror inidcates "Specifically with the ALTCS members in mind" Health Choice significantly revised their DSNP model of care and their integrated CM process that
Criteria Consideration - How members are being supported/encouraged to be	Members are supported during the development of the PCSP by receiving person-centered.	Offer describes a collaborative and inclusive planning process with the involvement of membes and all stakeholders in the planning process to ensure	Offeror speaks to member's "voice and choice" to inform the PCSP process. The talk about person-centered thinking, planning, and practices which they describe
Criteria Consideration - How are providers encouraged and accommodated to actively participate in person centered service planning team (e.g., role of provider, processes)	While they mention providers as being part of the planning team, they don't really touch on the engagement/invovlement of providers in the planning process.	Offer describes a collaborative and inclusive planning process with the involvement of membes and all stakeholders in the planning process and describes how CMs collaborate with the member, caregivers, or family members, PH and BH providers, peer support as applicable, and local community-based organizations. All of which I believe supports that the offeror recongnized the value and importance of provider involvement and participation as part of the member's planning team, in the PCSP process. ***"After the initial visit, our CMs convene and encourage treating providers to participate in the member's PCSP Team, which expands and contracts according to the member's evolving needs."*** The above also speaks to offerors understanding of the value of provider engagement/involvement in the planning process and how they encourage this. The following is a good example of how the offeror would engage providers and others in the PCSP even when they not available to participate in the PCSP meetings. ***"If a key support person cannot attend the assessment meeting, we ask the member or the HCDM for permission to contact that individual for additional input."***	All PCSPs are collaboratively developed with member/HCDM and other from member's planning team including "all" providers. (p. 57) They don't really touch on the engagement/invovlement of providers in the planning process.
Criteria Consideration - [Enter Consideration Here]	N/A	N/A	N/A
Criteria Consideration - Other	N/A	N/A	N/A
BROAD CATEGORY - ADDRESSES ONGOING MONITORING AND OVERSIGHT			
Criteria Consideration - Description of what their monitoring process looks like. (e.g., Tracking and Trending, Reports)	Minimally Addressed. Mention of: Improvement of Member Needs and Wishes - Utilize CAHPS survey data and saw improvement of 14% in *choice of services* from 2021 - 2022. They also noted that they regularly audit member engagement with their PCSP to understand how to increase engagement. No further details provided.	Offeror speaks CM monitoring of the PCSP and member goals, doesn't address how they monitor/evaluate the CMs work and compliance with AHCCCS standards, the PCSP and the PCSP process, as well as member goal outcomes. Offeror monitors and evaluates the CM and the member experience/satisfaction by: - Embracing, training, and monitoring CMs on the foundational principles of Person-Centered Planning. - Case Management leadership actively monitoring, evaluaing, and implementing changes based on ongoing feedback, as well as through our formal quality improvement process and governance structure. - Receiving/utilizing input from members, Member Advisory Committee, families, providers, advocacy groups, and community stakeholders, peer and family organizations to identify needed actions. -Issuing ***Member Surveys*** to 100% of our membership, with particular focuson case management performance.	Reference that PCSPs are updated with the member at least annually - outside of Acute Care Only members, this not the AHCCCS standard. (p 57) Case Management leadership team diligently tracks member satisfaction with assigned Case Managers, providers, the PCSP process, self-assessed member progress toward goals, and the member's ability to self-manage healthcare needs - all in real time. Offeror will: - Use the ALTCS Guiding Principles for Case Management as the foundation for tracking, monitoring, and evaluating the performance of the PCSP process, to ensure we not only adhere to but exceed the principles of Person-Centered thinking, planning, and practice. - Evaluate CM with KPIs: Use the National Center on Advancing Person-Centered Practices and Systems five skill areas to track and evaluate competency expectations for Case Managers. ***These Key Performance Indicators categories (KPIs) used to evaluate the planning process include Strengths-Based, Culturally Informed, and Whole-Person Focused; Cultivating Connections Inside the System and Out; Rights, Choice, Control; Partnership, Teamwork, Communication, Facilitation; and Documentation, Implementation, Monitoring.*** - Use individual case audits, call monitoring, grievance reporting, Interrater Reliability Testing, Person-Centered Member Experience Surveys, and member quality, cost, and utilization data analysis as part of our firm commitment to assessing the PCSP Process. ***We have adopted a best practice accountability oversight and case management performance fidelity process from BCBS Minnesota Senior Advantage LTSS Plan.***
Criteria Consideration - Utilization of internal case file audit process	Brief mention of NCQA Chart Audit report to monitor/evaluate CM experience, PCSP process, and member experience.	Offer minimally addressess how they monitor/evaluate CMs work/compliance, competencies. No mention of use of quarterly chart audit process.	See comments above (D31)
Criteria Consideration - Hands on direct supervision (Pre/Post supervision,	Not addressed.	Not addressed.	See comments above (D31)
Criteria Consideration - Correcting issue strategies (e.g., Tracking and Trending)	Not addressed.	Not addressed.	If immediate issues with member satisfaction are identified, member advocacy support is made available through the Long-Term Care Ombudsman Program, to investigate and resolve complaints. (p. 58 under Incorporating Member Feedback) - *This seems odd to me.*

Criteria Consideration - [Enter Consideration Here]	N/A	N/A	N/A
Criteria Consideration - Other	N/A	N/A	N/A
BROAD CATEGORY - STRATEGIES THAT IMPROVE MEMBER EXPERIENCE AND OUTCOMES			
Criteria Consideration - Planning to address whole person health and quality of	They speak to their standardized assessment process which incorporates supplemental	Offer describes strategies such as:	Guided by member preferences, a diverse care team is assembled to meet needs and preferences (e.g., personal, cultural, spiritual preferences) as well as other
Criteria Consideration - Home and Community Based Services	Housing Specialist - uses expansive knowledge of tenant rights and local housing resources to	The following supports HCBS Rules/requirements:	Encourage/support members to lead their PCSP process, educate members on their rights and promote identification of member strengths, needs, and goals
Criteria Consideration - Development of member driven goals (e.g., not solely addressing compliance with medical/therapy related goals)	A member's PCSP is driven by their goals. Foster opportunities for members to drive development of their PCSP, including creating goals CMs use tools such as the ALTCS Discovery Tool, to identify aspects of members' lives that bring them joy and drive **individualized goal planning**, by determing what is most important to and for members.	Offer describes how active engagement with members and caregivers supports members in the development of their **PCSP goals** and ultimately helps the achieve their **individualized vision for their future**. CM collaborates with the member, caregivers, or family members, PH and BH providers, peer support as applicable, and local community-based organizations. This multifaceted approach ensures our care planning process, including **short- and long-term goals**,is compliant and adaptive and empowers members. CM includes individuals identified by the member to help develop the PCSP and identify the member's PH, BH and HRSN priorities, **goals** related to independence and quality of life, preferences, culture, customs, and traditions. CMs monitor the attainment of **PCSP goals and objectives**, identify and remove barriers, and facilitate communication between providers and members. The following speaks to HCBS Rule requirments and the development and monitoring of **member goals** to understand and ultimately improve member outcomes. ***"We use measurable goals and processes to track progress and address barriers.***	Speak to person-centered practices that ensure full benefits of community living and services/supports to help members acheive **desired life goals**. Case Managers use a "QOL Assessment" tool with members to identify the member's own unique definition of what QOL means for them and gives them practical ideas to achieve their **specific goals.** Improving Quality of Life - Members define their own Quality of Life (QOL) goals. Our Case Managers work with members to develop a PCSP that is strength-based, promotes the member's independence or ability to self-direct their care, and specifically includes their QOL goals. Our Case Managers use a "QOL Assessment" tool with members to identify the member's own unique definition of what QOL means for them and gives them practical ideas to achieve their **specific goals.** Good examples of "Quality of Life" goals (p. 58 inserted table) - I want to make sure my pets are taken care of when I go to the hospital - I want to remain in my home, as long as possible - I want to be able to go to chruch and to the store - I want to see my grandkids
Criteria Consideration - [Enter Consideration Here]	N/A	N/A	N/A
Criteria Consideration - Other	N/A	N/a	N/A
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS			
Criteria Consideration - Use of cited contracts	Minimally referenced, but when citing contracts only referenced those indicated in Narrative B2.	Only reference to cited contracts was related to their Banner Medicare Advantage DSNP members - ***CMs also coordinate with the member's aligned and unaligned DSNP. CMs are available to answer questions and address issues 24/7, offering their direct phonenumbers tomembers.*** References to contracts outside of those indicated in Narrative B2 **were not** found.	Mostly referenced AZ DSNP. Otherwise, references to contracts outside of those indicated in Narrative B2 were not found.
Criteria Consideration - Supporting provider training for DCWs	Based on provider feedback, they used community reinvestment funds to support provider partners in purchasing training licenses needed for online training to reduce travel burden for potential DCWs.	N/A	Workforce Development Administrator and expanded Workforce Team has developed education, training, and certification supports through our Blue ACTCS Academy- not only for current DCWs and caregivers, but also for candidates who can expand the workforce including new college graduates, family members, friends, neighbors, Peers and Family candidates, and nursing facility staff (particularly in rural areas).
Criteria Consideration - Fulfillment of the Submission Requirement Overall	As it relates to the send part of the submission requirement ***"how will the Offeror monitor***	Minimal information related to the monitoring/evaluation of the CM experience ***(See Rows 17, 18, 19, & 20 above)***	No concerns
DRAFT RANKING	5	4	3

ct. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health
d in this response will not be considered.

HEALTH NET ACCESS	MERCY CARE
MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
STAR+PLUS (Texas)	N/A
KanCare 2.0 Medicaid Care (Kansas)	N/A
Touch on Cultural Cometency through: - a "**person-centered organizational culture**" - aligned with the values of respect, trust, and partnership - Rrecruitment, hiring, and training of CMs, peers, and family with ALTCS lived experience, who reflect the diverse communities we serve and share our commitment to person-centered practices. (e.g.: Ability 360 - peer support) - uses of their integrated CM Platform to match members to a CM using parameters such as GSA, zip code, cultural and linguistic preferences, and place of residence while considering ALTCS caseload ratios and weighting. ***ALTCS Administrator will have the support of AzCH's Health Equity Administrator who provides expertise to ensure Federal requirements are upheld pertaining to non-discrimination, language assistance, health equity training, and inclusivity of member materials.***	Reference 23 yrs of experience in this space, fostering ***dignity, independence, and improved health outcomes for ALTCS members, helping them thrive in culturally responsive settings of their choice.*** Assignment (upon enrollment) of new members to a CM who lives in their community, and whose experience, education, and languages spoken are best suited to meet the member's unique physical, behavioral, cultural, and social needs.
Use of offor PCSP tools; partnership with Ability 360 (peer support services) Use of Key Performance Indicator (KPI) Dashboard to monitor for institutional risk factors (wounds, falls, incidences of urinary tract infection, and flu vaccinations) and alerts CMs so they can intervene (**CM follow-up**). Planning and follow-up by CMs (provider visits, monitoring of medication changes, confirm services are delivered as authorized) as well as referring members to **Care Management,** as appropriate.	CMs are trained in the Center for Disease Control and Prevention's definition of health-related quality of life To understand the members' view of the quality of their life, and where they would like it to be, CMs use: - motivational interviewing, - the PCSP review tool, and other tools to learnabout members' physical, behavioral, functional, and social needs, preferred living setting, and employment and community involvement interests. - evidence-based **InterRAI Assessment**, which includes questions about whole-person quality of life areas - the Skin/Fall (SAFE) assessment, the Uniform Assessment tool, the HCBS Needs assessment
Use Member Experience and Point of Service Surveys to assess CM engagement and QOL after every CM visits to improve our CM practices at the member level, and aggregate findings at the population level to gauge QOL across our membership and drive system-wide improvements. Speaks to continuous quality improvement approach through their Quality Management (QM) department. Tracking/Monitorign through: - ALTCS quality metrics, HEDIS data, Medicare Star data, CAHPS, Membe rExperience and Point of Service Surveys, and KPIs. - Quarterly enterprise-level PCSP audits to ensure person-centered practices are applied. - CM leadership will use daily, weekly, monthly, and ad hoc reports to monitor timelines, EVV data to ensure no gaps in care, authorizations, and utilization to ensure the PCSP is being followed. *(including monitoring caseloads, assessing the need to deploy resources, and developingstrategies to address member trends)* . - tracking acute events (inpatient admissions and EDevents) and reviewing utilization trends to identify over and under-utilization, andmonitoring services to ensure they are deliveredaccording to the PCSP	Use of **PyxHealth data** to assess members' quality of life. Use of geographically aligned social risk data via **SocialScape** to identify potential social risk factors. Use of HEDIS measurements ***Per the Health Outcomes Survey, the number of MC Advantage dual members stating that their BHis "better or the same" improved between the 2020 and 2022 cohort and those stating their BH is "better or the same"improved from the 2021 to 2022 cohort.*** Monitor and evaluate member experience and satisfaction feedback via: - new member "check ins"after the initial PCSP review, - customer service/grievance and appeals feedback, and - results from anonymous surveys, such as CAHPS, the NCQA New Member Experience survey, and, starting in 2024, the AHCCCS E/PD National Core Indicator survey. - Get feedback through Member Advisory Council reports and case management supervisor calls to members to ask about their satisfaction with their CM and service plan.
N/A	N/A
N/A	N/A
CM Training: ALTCS Administrator, we will recruit, hire, and train CMs, peers, and family with ALTCS lived experience, who reflect the diverse communities we serve and share our commitment to person-centered practices. - use of an integrated CM Platform to match members to a CM and for monitoring of ALTCS caseload ratios and weighting.	Use/review of **PyxHealth data** to assess members' quality of life. Use of geographically aligned social risk data via **SocialScape** to identify potential social risks a member may experience *(financial strain, food insecurity, housing instability, transportation barriers, social isolation, and health literacy challenges).* Conduct an annual analysis of our case management strategy using relevant clinical, cost, utilization, process/outcome,HEDIS performance, and member satisfaction/experience measures, including grievance and appeal information in order to evaluate CM/PCSP quality Get feedback through Member Advisory Council reports and case management supervisor calls to members to ask about their satisfaction with their CM and service plan.
Speak to becoming certfied in person-centered thinking by 2025 *(also added to COMMITMENTS tab).*	Starting in 2024, offeror indicates plan to further monitor and evaluate member experience and satisfaction feedback via the **AHCCCS E/PD National Core Indicator survey**.
Speak to CM training and ways to identify opportunities for process improvement. CMs trainined on: - actively engage with members, and their circle of support (e.g.,Health Care Decision Maker, Designated Representative, caregiver, and family) - Person-Centered Thinking/Practices Speak to ***CM Training by Mentors and Trainers certified in Person Centered Thinking (PCT), Planning, and Practices - "CEPCP (Center of Excellence) provides subject matter expertise, training, and technical assistance to our Case Managers (CMs)."***	Supervisors review CM monitoring results and member feedback with the CM during **monthly 1:1 meetings** and their performance reviews and may use this information to drive improvements to case management policies and procedures.
Speak to CM training and ways to identify opportunities for process improvement but don't specifically address support plans for CMs.	Conduct an annual analysis of our case management strategy using relevant clinical, cost, utilization, process/outcome, HEDIS performance, and member satisfaction/experience measures, including grievance and appeal information in order to evaluate CM/PCSP quality Outcomes of the analysis of the above is shared with their Medical Management/Utilization Management (UM)Committee to develop corrective action plans as indicated.
N/A	N/A
N/A	N/A
2018 Centene developed the national Center of Excellence for Person-Centered Practices (CEPCP) to support the foundation of Person-Centered Practices. Embed Person Centered Practices into CM's everyday work. Speak to member choice and supporting members to live as independently as possible. Indicates that AzCH'smodel aligns with ALTCS Guiding Principles and exceeds AMPM requirements and standards related to person-centered service planning.	Touch on **proactive use of person-centered approaches** to understand members' health care goals and health-related social needs (HRSN) and connect them to whole-person care. Use of evidence-based practices, ALTCS Guiding Principles, and NCQALTSS standards. Speak to assessment and addressing of all aspects of members' quality of life and empower members,families, and HCDM/DRs to lead the discussion and creation of a service plan that aligns with their needs and wishes.
Speak to assessing/gathering info from other sources ***"members circle of support"*** (e.g.: mbrs with dementia)	Gathing info via the PCSP process and through various sources and determinng involvement with/engagement of systems/stakeholders
Engagement of members through:	Engagement of members/HCDMs, etc., through/by:
Talk about access to provider services, choice of providers, Provider Directory, and digital engagement tools (digital health solutions) for members to interface with providers. No mention of planning team or provider role in the PCSP process other than a mentin on p.58 of discussion of provider staff during initial assessment.	Acknowledge providers as part of s member's PCSP Planning team. Through the PCSP process CMs discuss/identify who member's want to be part of their planning team. Planning includes HCDM/DR and may include their PCP, other specialty providers, other family members, and, for members with Serious Mental Illness (SMI), special assistance advocates. Engage by utilizing providers and other soruces to gather info regarding a member's quality of life
N/A	N/A
N/A	N/A
Use Member Experience and Point of Service Surveys to assess CM engagement and QOL after every CM visits to improve our CM practices at the member level, and aggregate findings at the population level to gauge QOL across our membership and drive system-wide improvements. Sr. Directors, and above to do a yearly "Day in the Life of a CM" to stay informed of real situations members and CMs face. I like this! CM leadership will use daily, weekly, monthly, and ad hoc reports to monitor timelines, EVV data to ensure no gaps in care, authorizations, and utilization to ensure the PCSP is being followed. (including monitoring caseloads, assessing the need to deploy resources, and developingstrategies to address member trends).	Monitoring and Evaluating CM Services, Member Experience, and Member Satisfaction: - Conducting quarterly Inter-Rater Reliability (IRR) reviews of PCSP - CM supervisors also audit 100% of a new CM's work and complete two chart audits for every established CM monthly. - CM Supervisors monitor reports related to service plan cost-effectiveness, completion of advance directives, and placement/service authorization - CM Supervisors observe CMs during CM/supervisor joint PCSP reviews with members. - CM supervisors review the findings of the quarterly PCSP performance standards audit in alignment with AMPM 1630 (**PCSP Performance Monitoring Measures**). Only one to mention this new deliverable.
AzCH conducts interrater reliability reviews, quarterly CM file audits, monitors requests for CM changes, and conducts member feedback calls.	Monitoring and Evaluating CM Services by conducting quarterly Inter-Rater Reliability (IRR)reviews of PCSP actions (asassessment completion, development of member-identified goals, identification of least restrictive environments and community resources, and the PCSP itself.
AzCH conducts interrater reliability reviews, quarterly CM file audits, monitors requests for CM changes, and	CM Training on ALTCS Guiding Principles, cultural competence, health disparities, member-centric outreach and assessment, member/family
CM Supervisors provide ongoing oversight and discuss ALTCS-specific reports on initial PCSP assessment, completion, and reassessment timeframes; care gap closures; member satisfaction; and levels of care.	Confirm alignment to PCSP principles via ongoing monitoring of case management practices and member experience and satisfaction.

N/A	N/A
N/A	N/A
Indicates alignment with AGCCC's Whole Health Initiative, ***our CMs work with members to identify their whole***	Working with systems/stakeholders such as school and justice system representatives in order to confirm assessments, goals, and services.
CM/member access to Community Engagement Team - teams consists of staff such as a Veteran's Advocate,	CMs have access to our innovative programs, which help members to remain in the community and connect them HCBS of their choice in
Speak to use of offeror person-centered assessment tools and person-first language to identify members' strengths, interests, desired outcomes, **goals**, and risks in alignment with ALTCS Guiding Principle Member Centered Case Management As part of the PCSP process, they speak to connecting members with services that support independence such as a **Peer Support Specialist**, to help members meet their goals (e.g. reaching out to friends, identifying a nearby accessible coffee shop, and arranging transportation). CMs assist members to self-define QOL goals for ***preferred daily activities, independence and mobility, income, housing, food and personal safety, cultureand spiritual, relationships, and community involvement.***	Use person-centered approaches to understand members' health care goals and connect to whole-person care. CMs invites members to use their choice and voice to create goals
N/A	N/A
N/A	N/A
No reference to contracts cited in B2 or others.	Only reference to contract cited in B2 , no others.
N/A	N/A
No concerns	No concerns
0	1

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B6: DATA AND PERFORMANCE METRICS
Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members (e.g., data from member satisfaction surveys or member focus groups), the Offeror will collect, monitor, and analyze for the purposes of improving member health outcomes and informing program initiatives.

Provide a detailed description of the processes utilized by the Offeror to inform and/or initiate improvement activities, including reporting tools, monitoring technologies, and/or partnerships, as well as processes used for member and population specific data analyses and MCO decision-making processes.

The Offeror shall limit its response to the submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports or other sample data to demonstrate the Offeror's monitoring and analysis processes.

[PAGE LIMIT 6 with 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data]

EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - NCQA HE Accreditation	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes-accredited Medicaid HMO and LTSS accredited- mentions	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes-accredited Medicaid HMO NCQA LTSS yes mentions	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes-accredited NCQA- working on Health Equity, no LTSS	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes-accredited Medicaid HMO (Health Equity)	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration No- but in progress, mentions pg 26, 29
Criteria Consideration - Performance Measure Stratification	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration identifies gender,race, ethnicity, language, GSA/County/urban/rural, member	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -member needs, SHCN, BH, TXIX status, at risk, interactions w case management,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -race/ethnicity, z-code, rural, language, geography	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration --race, thenicity, language, Social Risk Factor, Z codes, neighborhood, economic	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration race, ethnicity, language, HRSN, hiealth literacy, sexual oreintation, gender,
Criteria Consideration - Direct member engagement/reflection of specific needs	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration BH, HR Social Needs, Special Needs, Clinical Intervention Needs, Training needs	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration special needs, HRSN, ex of food needs Foodsmart RD's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -health risk assessments, doesn't talk about spec member needs, but does discuss	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Complex needs, High Needs Case manage, does not use HRSN	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration SHCN, HRSN, improve needs, member needs
Criteria Consideration - Use of CLRS and/or HIE (to identify social deterimants of health and address health related social needs)	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Hotspotting, pg 50, SMART tool; social risk factors, mentions HIE, pg 49	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration pg 52 HIE, use of local stores, no closed loop referral references	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -HIE pg 62 tiny print under health outcomes	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration discusses improved health outcomes, States use of CLRS pg 62	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration pg 26 HIE, refer to Area Agency on Aging and Pyx Health app, engagement tool
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Mentions American Indian, Hispanic, Black, Spanish speakind members, gender	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration addresses AZ Black, Hispanic, Tribal communites	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -addressed Tribal, LGBTQ,
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Specific metrics/ongoing outcome monitoring	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Use Key Performance Metrics, HEDIS, house in SMART, CAHPS data, Case	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -CAHPS, HEDIS, HSAG Quality External Quality Review, NCQA, KPI	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -HEDIS, SNAP Vedor Data, ASIIS, HIE, Blindspot, CMS national core indicators, Z-	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration --HEDIS, CMS Corre measures, Medicare STAR measures, CMS quality,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration CORE (outreach/risk eval)to identify high risk/hign need, Utilization dashboard,
Criteria Consideration - Continuous quality improvement/use of PDSA cycle	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Uses PDSA	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - Yes uses PDSA	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - PDSA,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration PDSA noted used pg 64	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -PDSA
Criteria Consideration - Variation in data sources - claims, surveys, national sources, HIE, etc.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration pg 50, HIE, claims, member characterics,case and care managers, AHCCCS,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - uses claims, HIE, surveys,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -member and provide surveys via independent 3rd party Cotiviti and Change	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -no HIE mentioned, CMS measures, z codes, medicare data, PH/BH, utilization,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -quantative/qualitive, claims, Health Equity ident, z-Codes, Homeless
Criteria Consideration - Comprehensive response of data life cycle	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration quantitative/qualitive, member needs, UHC performance, member satifisfaction	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Rapid cycle PCPS, uses PDSA rapid-cycle structures to idntify cost, desearse	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -PH/BH/ HRSN, SDOH, risk assessments	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -unsure look further	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration PDSA z codes
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -doc not completely searchable	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - IMPROVES OUTCOMES (QUALITY/MEMBER)					
Criteria Consideration - Use of evidence-based initiatives	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -KPI -SMART data	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -KPI, HEDIS, NCQA, -Innovaccer- reporting tool and monitoring tech, supports health equity date, Z	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -IHI model, Institue for Healthcare Improvement -Lean Six Sigma DMAIC model	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - AMOB nationa fall prevention program -NCQA quality	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration SAMHSA, Cult and Linguist Approprate Service Committee, - Home screening programw Sonora Quest Lab for PH monitoring, PERS, personal
Criteria Consideration - Staff training, knowledge, etc. based on data	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -discusses training for advocates, CHW's, members -no discuss staff training	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -No staff training noted,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -staff training in specific quality improvement methods, manage process, integrate best practice	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration OC staff provide in-person coaching training to staff, -Provider training	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -discusses staff training to use data and monitoring tools to identify problems/gaps
Criteria Consideration - Focus on all member health needs - PH, BH, and LTSS in addition health related social needs	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Member Services-Advocate4Me call center team, staffed w advocates trained to assist culturally/special needs for PH/BH, Pharm, HRSN. utilization pattersn	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -member needs, PH, BH, social. LTSS, at risk -Caregive studies w U of A, also abuse/neglect	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -PH/BH/ HRSN, SDOH, risk assessments -Poly pharm PIP	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -PH/BH/LTSS/ -health and saftey	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration PH/BH/HRSN/engagement/provider performance, LTSS, Pyx app for member engagement, Healthmine, Thrive Health Moblie, Cognitopia,
Criteria Consideration - Service model adjustments/delivery system changes	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -use PDSA method to identify and adjust-use business intelligence tools to montor technology	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - uses Cotiviti organization for FWA to analize claims -Lightbeam Risk Stratificaiton Tool- case manager identify/engage members risk	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -FWD monitoring -PDSA	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -CQI, committees used
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - MEMBER EXPERIENCE					
Criteria Consideration - How data is being used to improve member experiences	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -using partnerships to fill identified gaps (i.e. training, food assist)	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration- Caregiver studies by U of A	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -health disparty monitoring, gaps	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -member exp surveys, LTSS surveys	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Pyx app with members, improves member exp, shows need for wellness, health
Criteria Consideration - Member engagement/insight at every step of process - beyond surveys	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -MAC member advisory council, partner with Manzanita for home bound senior	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -engagemnt with case management	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - member surveys	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration- -case management engagement	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -member engagement surveys, providers surveys
Criteria Consideration - Community connections/resource development and partnerships	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Used Manzanita Outreach to provide local produce to home bound seniors per	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Foodsmart- provider of RD's to provide telhealth nutirion and food security	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Tribal summits/consultations, meetings w local, Hispanic Chamber of Commer	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration --GSA-specifi ALTCS Member Councils	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Area Agency on Aging Transition program
Criteria Consideration - Involvement of of family engagement	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -family surveys, caregiver surveys, involvment	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -HCDM committee participate	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -family and peer involvement	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - members, health care decision makers, designated reps, family members	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -family member surveys
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - used Z codes- increased 93% members whose providers filed to capture HRSN	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - mentions Tribal members	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - FWD section	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -Centene reference vs Health Net?	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -addresses Tribal, rural, people groups, cult, lang, etc
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Not found	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -all AZ,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - AZ only ?	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration yes- Texas and Kansas, but also mentioned Centene? How is this related to Health Net?	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -all AZ,
Criteria Consideration - NCQA LTSS Accreditation	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes accredited and mentions both NCQA and LTSS	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Yes-accredited Medicaid HMO NCQA LTSS yes mentions	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -No LTSS -NCQA accred only for Medicaid/Medicare	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration -NCQA accredited and NCQA Health Equity accredited, no LTSS distinction	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration - not yet NCQA accredited, in process, no LTSS distinction
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Sample 1 Case Management Clinical Intervention and Adherence Report (relevant)	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Sample B.6.1 Utilization Dashboard for ED/ Readmits, SNF, cost management Sample B.6.2 Primary Care Quality Dashboard screening for visits, disease related;	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Exhibit 1 Quality Measure Perf/Heath Equity Dash- screenings/race/county Exhibit 2 Member/Provider Utilization- FWA (not helpful)	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Exhibit H 1 Nursing Facility Scoreboard Exhibit H 2 LTSS Service Timeliness-Kansas	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Sample 1 Core 2.0 Sample 2 Health Equity Dashboards
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Strength- Traing for advocates/CHW, addressed family and caregivers, HRSN, PDSA, HIE, PH and BH needs, NCQA/LTSS	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Strength- NCAQ/LTSS, PDSA, HIE, Caregiver studies, MAC, include tribal pop, Partnerships - liked, Food, ACS	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Strength PDSA, HIE, Lean Six Signa, NCQA, Family/peer involvement, Tribal, cultures, Staff training for QII methods, Data shows high satisfaction/increases	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Strength- NCQA/Health Equity, HIE,CLRS, Tribal, various cultures, PDSA, PH/BH/LTSS over/under, network and EVV mentioned	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Strength- PDSA, Pyx, HIE, Quntuple Aim, Care Management w SHCN, Core 2.o risk chronic dondition/med adherene, utilize HRSN, SAMHSA, Tribal, only one to add
DRAFT RANKING	[After reading all Contractor's responses, enter your individual Draft Ranking here for the Plan identified above] 3	[After reading all Contractor's responses, enter your individual Draft Ranking here for the Plan identified above] 4	[After reading all Contractor's responses, enter your individual Draft Ranking here for the Plan identified above] 5	[After reading all Contractor's responses, enter your individual Draft Ranking here for the Plan identified above] 2	[After reading all Contractor's responses, enter your individual Draft Ranking here for the Plan identified above] 1

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B6: DATA AND PERFORMANCE METRICS
Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members (e.g., data from member satisfaction surveys or member focus groups), the Offeror will collect, monitor, and analyze for the purposes of improving member health outcomes and informing program initiatives.

Provide a detailed description of the processes utilized by the Offeror to inform and/or initiate improvement activities, including reporting tools, monitoring technologies, and/or partnerships, as well as processes used for member and population specific data analyses and MCO decision-making processes.

The Offeror shall limit its response to the submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports or other sample data to demonstrate the Offeror's monitoring and analysis processes.

[PAGE LIMIT 6 with 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data]

EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - NCQA HE Accreditation	Accreditation by NCQA as Medicaid Health Plan and LTSS distinction. No mention of health equity within distinctions.	100% compliance with NCQA LTSS care plan and assessment requirements during EQRO review. Inovalon Quality Spectrum Insight Software, population specific dashboards	No mention of accreditation	NCQA Health equity accreditation.	Contractor does not describe NCQA HE accreditation
Criteria Consideration - Performance Measure Stratification	There was no information on how performance measures are weighted	QM/PI identifies which PIPs to focus on, including using federal, state an dlocal health guidance and directives, including AHCCCS Strategic plan, quality strategy, AZ Health Improvement plan, and the AZ State health assessment. INNOVACCER ingests and aggregates multiple data sources and creates dashboards and reporting to close care gaps, improve health outcomes and inform program initiatives. HRSNs, Z coes, and geographic socioeconomic data to create a member specific social vulnerability index. Patient 360 dashboard. Lightbeam Risk	CHER study to identify regional differences and local community resources and barriers.	Using national hypertension data, AzCH prioritized provider groups based on health disparity data, membership size, and other factors.	Contractor does not describe performance measure stratification
Criteria Consideration - Direct member engagement/reflection of specific needs	Member advisory council, Member services Advocate4Me screens members for HRSN. Mentioned CQI process and identification of disparity for cervical cancer screenings for African American women, reducing the disparity through data analysis.	Member advisory council and enrollee advisory committee for dual members. Client relationship manager and medical management system.	meetings with tribal summits, consultations, meetings with local municipalities, and hosting community grand grounds and town halls. Member advisory council, CAHPS, surveys, appeal and grievance feedback.	will convene quarterly GSA specific ALTCS member councils, adopt Centene LTSS QOL surveys which are currently used in Texas and Kansas affiliates. Assesses the level of case manager engagement and QOL measures. CAHPS. Addressed cardiovascular health disparities through partnership with the American Heart Association. Health Equity Committee which will send recommendations and feedback to target quality improvement initiatives.	Real-time, actionable data from member engagement tools such as Pyx Health, Healthmine, Thrive Health Mobile, and Cognitopia to improve member experiences, such as wellness promotion, health coaching, and addressing HRSN
Criteria Consideration - Use of CLRS and/or HIE (to identify social deterimants of health and address health related social needs)	No mention of CLRS. Speaks to internal data collection and analysis through proprietary means. HIE is mentioned as "one of many" ways that the plan gathers data.	Mentioned use of HIE data in general, but no specifics realted to what type of information is used. No mention of Closed Loop Referral System. bINNOVACCER ingests and aggregates multiple data sources and creates dashboards and reporting to close care gaps, improve health outcomes and inform program initiatives.	No mention of HIE or CLRS.	no mention of HIE or CLRS.	HIE (Contexture) and electronic health record data provides supplemental data sources, such as admission, discharge, transfer (ADT) alerts, laboratory results, and continuity of care documents.
Criteria Consideration - National data comparison to identify disparities	CAHPS, utilization data and risk prediction information.	CAHPS	CAHPS	CAHPS	Disparity data includes race, ethnicity, and language (REaL), health-related social needs (HRSN), health literacy, sexual orientation, gender identification, and cultural/geographical equity factors, including member specific Z-codes, Homeless Management Information System, and public data, such as the US Census and the Williams Institute. Network provider HE data, including demographics, ensures a diverse provider network to serve our populations. CAHPS, NCI
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Specific metrics/ongoing outcome monitoring	CAHPS, utilization data and risk prediction information.	Ongoing use of several means to collect and analyze data, INNOVACCER ingests and aggregates multiple data sources and creates dashboards and reporting to close care gaps, improve health outcomes and inform program initiatives. HRSNs, Z codes, and geographic socioeconomic data to create a member specific social vulnerability index.	Call center reports 48 metrics 5 times per day. 350 metrics trended over time through monthly management reports. FWA risk analysis	translate survey results into actionable improvement efforts. LTSS Key Performance Indicator (KPI) Dashboard. Monitor over and under utilization. Monitor providers at high risk for health and safety concerns and incidents. Monitoring QOC data. FWA monitoring. VBP efforts,	mulitple member data dashboards, sophisiticated analytic monitoring of data from several sources.
Criteria Consideration - Continuous quality improvement/use of PDSA cycle	Utilizes PDSA cycle to identify efficacy of interventions for performance improvement.	clinical strategy committees (CSCs) inform PDSA and rapid cycle POPS prioritize PIPS, and low-resource interventions.	PDSA and DMAIC models used to implement continuous process improvement and performance enhancement. Heavy focus on PDSA throughout response. Well documented use of evaluation of data on a regular basis to inform decisions and	Use of PDSA to implement and evaluate or expand and refine interventions. Linked in with overall data analysus and strategy development. Collaboration with strategic partners and network of COEs to develop integrated solutions .	PDSA cycle use to evaluate performance on KPIs. Description of intervention to affect A1C.
Criteria Consideration - Variation in data sources - claims, surveys, national sources, HIE, etc.	Contractor uses a variety of data gathering methods, through internal proprietary tools, AHCCCS data, Hedis measures, CAHPS, etc. to assess performance and inform action. Hotspotting and case management reviews, and repeat caller dashboard	Mentioned use of HIE data in general, but no specifics realted to what type of information is used.	multiple data sources, AHCCCS data, HEDIS,	Pharmacy data, Medicare data for aligned members, quality metrics (falls, pressure ulcers, wounds) Race, ethnicity, and language, Social Risk Factor data, Z codes, Neighborhood, Economic, and Social Traits, AZ CLRS data Member, provider, stakeholder feedback, complaints and grievances, Quality of Life surveys Utilization (urgent care, crisis, inpatient, IHS, 638), readmissions, placement (HCBS, SNF), service authorizations, crisis services, justice data (e.g., bookings, releases), ADT alerts, care gaps, HEDIS Measures, call statistics, case load ratios and performance, CMS core measures, Medicare STAR measures, SNF CMS quality measures	multiple analytic platforms, use of national data comparisons. Core 2.0, Emcara
Criteria Consideration - Comprehensive response of data life cycle	Mentions throughout that data are collected daily, weekly, monthly. Hotspot data are refreshed monthly.	No detail provided.	Call center reports 48 metrics 5 times per day. 350 metrics trended over time through monthly management reports. Partners in tracking specific kpi receive daily updates. 202 additional QM metrics.		Not addressed.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration			Only contractor to mention EVV in their use of data, which is highly impressive, given that they are not a large utilizing plan for the services tracked through EVV: non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home	
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration				
BROAD CATEGORY - IMPROVES OUTCOMES (QUALITY/MEMBER)					
Criteria Consideration - Use of evidence-based initiatives	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Innovacer is only reference to evidence based initiatives. This supports evidence based decision making through the utilization dashboards and reports that are generated from aggregate member data. Can drill down to the member level.	No evidence based initiatives specifically mentioned.	A Matter of Balance (AMOB),an evidence-based, nationally recognized falls prevention program decreased falls by 30.45%.	CQI activities and decisionmaking are guided by evidence based protocols, constant forecasting of market landscape changes and trends, and the development of an innovative data management and reporting system. Evidence based home colorectal cancer screening. Describe the use of a variety of evidence based use a variety of evidence-based and statistical analytical methods and tools that incorporate health equity and disparity analysis including, but not limited to, HEDIS methodologies, predictive analytics and modeling, risk stratification, and artificial intelligence. Unsure of the type of artificial intelligence referenced here and whether or not it has substantial evidence base.
Criteria Consideration - Staff training, knowledge, etc. based on data	CM LTSS University, demonstrates increase in comprehensive assessment scores. Unsure of what these scores are	No mention of staff training or knowledge	Staff are trained and certified in specific quality improvement methods to manage processes and formulate strategies and integrate best practices across the organization.	Encourage training focused on doctor/member relationships using Provder focus strategies and neighborhood of Care.	no specific mention of staff training or knowledge.
Criteria Consideration - Focus on all member health needs - PH, BH, and LTSS in addition health related social needs	condition prevalence, utilization patterns, race, ethnicity, language, and urban and rural factors.	Multiple mentions of HRSN and Special healthcare needs. Appears to place a high value on identification of actionable data for the population, and use of data to inform interventions, including review of AHCCCS data, comparison to national standards, and efforts to improve overall quality of life.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Our Texas affiliates' LTSS QOL Survey results showed 98% of members surveyed reported they are living where they want to live.	Focus on health disparities and physical health needs. No mention of bhavioral health intervenitons in the response outside of a mention for claims analysis.
Criteria Consideration - Service model adjustments/delivery system changes	Development of KPMs and monitoring progress toward achievement. Contracts initiated with transportation agency for threee additional wheelchair accessible vans, implemented new contract for food disparity in Northern AZ.	Modeled a change in nephrotoxic medications after their DSNP plan to the ALTCS population for members with CKD.	Evaluation of Hedis and NCQA metrics lead to process improvements for follow up after hospitaliation, COPD admission rates, prescription of opoiods at high doses, and diabetes admission rates. Mobile mamography and VBP resource discussions. Wellth data used to improve health outcomes based on member demographics. Identification of member incentives to increase health outcomes.	survey score increases among ACC members for How Well Doctors Communicate (+6%), Doctor Listened Carefully (+5%), Doctor Showed Respect (+7%), and Doctor Spent Enough Time (+10%) (2022 to 2023). improved HEDIS rates overall by 4%, 2) Federally Qualified Health Centers and Strategic Partners improved HbA1c Poor Control (>9.0%) rates by 14% and 20%, respectively, and 3) providers increased rates for 7 Day Follow-up After Hospitalization for Mental Illness by 7%. BHRF Oversight Project to assess quality of care and clinical specialties provided by BHRFs. We developed a dashboard to track metrics such as	CQI activities and decisionmaking are guided by evidencebased protocols, constant forecasting of market landscape changes and trends, and the development of an innovative data management and reporting system.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration				
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration				
BROAD CATEGORY - MEMBER EXPERIENCE					
Criteria Consideration - How data is being used to improve member experiences	Implemented contracts for transportation provider and meal provision to increase member satisfaction scores. Utilizes CAHPS data to increase satisfaction with PCP and ability to quickly access care.	INNOVACCER ingests and aggregates multiple data sources and creates dashboards and reporting to close care gaps, improve health outcomes and inform program initiatives. HRSNs, Z codes, and geographic socioeconomic data to create a member specific social vulnerability index. Patient 360 dashboard. Lightbeam Risk Stratification tool	Develop initiatives based upon member feedback through CAHPS surveys, appeals, grievances, compliance data. Identification of existing or potential health disparities evaluate under reported popultions in survey data and look for improvement opportunities, increased rates by 10% in targeted populations.	over 90 input sources translating feedback to action and closing the loop on feedback. 2023 Action Event.	Core 2.0 enhancements include risk stratification results be available to CMs in the CEC that resides within our electronic case management system and provides CMs with ease of workflow processes and meaningful member engagement.
Criteria Consideration - Member engagement/insight at every step of process - beyond surveys	Mentions the MAC and member satisfaction survey. Mentions using member engagement in analysis of case management services.	member advisory council and Community listening sessions, otherwise all collected through surveys.	No member involvement noted beyond the member experience surveys and advisory council.	Our Quality team's mantra, "behind every data point is a heartbeat", exemplifies our passion for using data to improve lives.	Real-time, actionable data from member engagement tools such as Pyx Health, Healthmine, Thrive Health Mobile, and Cognitopia to improve member experiences, such as wellness promotion, health coaching, and addressing HRSN
Criteria Consideration - Community connections/resource development and partnerships	Partnerships with ACOs and transportation providers are mentioned.	Partnerships with Foodsmart and American Cancer Society.	Mulitple community partnerships mentioned, advisory councils, town hall, etc. Provided multiple examples of community engagement.	Medicaid Health Homes an Strategic Partners	SonoraQuest partnership for home screenings for colorectal cancer, Value Relationships to reduce occurrence of falls. Area Agency on Aging
Criteria Consideration - Involvement of of family engagement	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Member advisory council and enrollee advisory committee for dual members. Client relationship manager and medical management system. Family members are chosen to participate in the Governance committee. Conducted a caregiver study through University of Arizona.	experience surveys and advisory councils.		Feedback from the Member Advisory Committee, member led ALTCS Member Council, Youth Leadership Council listening sessions and focus groups, family members, and caregivers. Provider Performance Data Response data obtained from provider surveys that examine network adequacy, accessibility, burden, and satisfaction
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Contractor used only the contracts from B2 when addressing performance. Much of the information was vague and did not cite any particular line of business or contract, so I assume they are speaking to their AZ contract.	Cited 3 contracts that all are in AZ, variety of smaller contracts. Cited ACC line of business throughout their response.	Medicare Dual Special Needs Plan (Arizona)	Used RBHA and ACC contract in their response in monitoring technologies and reporting tools. and reference to SMI members.	
Criteria Consideration - NCQA LTSS Accreditation	LTSS accreditation is mentioned.	100% compliance with NCQA LTSS care plan and assessment requirements during EQRO review. Inovalon Quality Spectrum Insight Software, population specific dashboards	N/A	N/A	Not addressed.
Criteria Consideration - [Enter Consideration Here]					scored 100% in quality improvement and population health management accreditation with NCQA
Criteria Consideration - [Enter Consideration Here]					After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
DRAFT RANKING	4	1	5	2	3

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B6: DATA AND PERFORMANCE METRICS
Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members (e.g., data from member satisfaction surveys or member focus groups), the Offeror will collect, monitor, and analyze for the purposes of improving member health outcomes and informing program initiatives.

Provide a detailed description of the processes utilized by the Offeror to inform and/or initiate improvement activities, including reporting tools, monitoring technologies, and/or partnerships, as well as processes used for member and population specific data analyses and MCO decision-making processes.

The Offeror shall limit its response to the submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports or other sample data to demonstrate the Offeror's monitoring and analysis processes.

[PAGE LIMIT 6 with 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data]

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - NCQA HE Accreditation	Offeror did not mention pursuit of NCQA Health Equity Accreditation.	Offeror did not mention pursuit of NCQA Health Equity Accreditation.	Offeror did not mention pursuit of NCQA Health Equity Accreditation.	Achieved NCQA Health Equity Accreditation, demonstrating commitment to health equity.	Offeror did not mention pursuit of NCQA Health Equity Accreditation.
Criteria Consideration - Performance Measure Stratification	Data analytics and reporting tools such as the Quality Solutions Platform includes data/reporting of HEDIS and CMS Core Set measures (including member-level stratifications by race and ethnicity criteria) to identify and address health	**NO PM STRATIFICATIONS.** Offeror did not mention stratification of performance measure data by criteria such as race, ethnicity, age, gender, etc. Indirect mention: use of the Inovalon reporting tool (NCQA certified performance	Two of the three sample reports provided included examples of performance measure stratficiations. Sample Report 1, Quality: focuses on quality measure performance and improvement and the example provided is specific to Breast	Offeror indicated that the LTSS KPI Dashboard reporting tool will stratify data by demographic criteria such as age, ethnicity, and location **(see Use of Data Criteria Considation 4).** Additionally, HEDIS measures are analyzed by race, ethnicity,	Offeror indicated that the Health Equity Dashboards identify gaps in care, utilization patterns, PM trends, vulnerable population outcomes, and disparity identification/analyses by applying different criteria such as gender, REL, and
Criteria Consideration - Direct member engagement/reflection of specific needs	Offeror highlighted the use of member survey data and informaiton collected directly from members as a means to improve member access to and satisfaction with care. Examples included: insights gathered from a Member Advisory Council	Direct member engagement highlighted through the Offeror's collection and analysis of data from: the PSCP process, Member Advisory Council and other similar committees, Governor's Abuse and Neglect Prevention Task Force	Direct member engagement highlighted through the Offeror's collection and analysis of data from: self-reported member data through health appraisals, CAHPS surveys and other member satisfaction surveys, meetings such as Tribal	Offeror uses a collaborative approach to engage with members, healthcare decision makers and representatives, family members, community members, providers, and other MCOs to collect data to improve member/health system	Offeror highlighted the use of Member Feedback/Survey data (including HE indicators from CAHPS, Net Promoter Scores, and NCI for EPD starting in 2024-- **Commitment**, Member Advisory Committee, ALTCS Member Council, Youth
Criteria Consideration - Use of CLRS and/or HIE (to identify social deterimants of health and address health related social needs)	Offeror highlighted the use of the Health Information Exchange data as a primary data source used across data analysis processes to identify social determinants of health/health related social needs. However, no specific information on how the	Offeror listed several data sources used to identify members with special health care needs and health related social needs, including the HIE. However, no specific information on how the HIE data was being used. Offeror did not	Offeror listed several data sources used as part of their overall data collection and quality improvement processes, including the HIE. However, no specific information on how the HIE data was being used. Offeror did not mention use of	Offeror listed several data sources including ADT alerts through the HIE to monitor utilization and the AZ CLRS to support health equity efforts. However, additional details/examples of how this data is used was not provided.	The Offeror listed various Health Equity and Disparity data sources to identify SDOH and HRSN (including use of REL, HRSN, various equity criteria, Z-codes, public data, and network provider health equity data to ensure diverse provider
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	Offeror included information related to efforts to increase/measure use of Z codes by providers to better understand members' health related social needs (for example, from 2021 to 2022, there was a 93% increase in the number of	Offeror highlighted the use of the Innovaccer platform which aggregates various data sources to create dashboards and report used to support health equity efforts by: aggregating Z code data, HRSNs identified through PCSPs, and	Offeror also noted that Health Risk Assessment data is used to incorporate analysis of Z-code data, HRSN, and SDOH trends.	Offeror highlighted how current and proposed practices aligns with national CLAS standards throughout the response (CLAS -Culturally and Linguistically Appropriate Standards).	N/A
BROAD CATEGORY - USE OF DATA					
Criteria Consideration - Specific metrics/ongoing outcome monitoring	**Sample Report 1, CM Clinical Intervention and Adherence Report:** Includes metrics tied to review of members' services and BH assessment (LTSS focus).	**Sample Report 1, Utilization Dashboard:** focus on utilization information (medical needs such as inpatient, outpatient, and professional services, avoidable readmissions, SNF average LOS, other utilization/cost metrics)	Continuous monitoring of member and provider performance and quality of care through Monthly Management Reports (over 350 metrics across all operational areas such as clinical, quality, call center, claims, network, etc.). Metrics trend	Offeror's leadership monitors over 150 key metrics across all LOBs to identify, address, and monitor issues related to access, health disparities, and quality. Uses technologies and input from members, caregivers, providers, and stakeholders.	General data processes: collecting comprehensive qualitative and quantitative data in a standardized format across data sources. The data is analyzed and monitored to inform initiatives and track progress in member health outcomes.
Criteria Consideration - Continuous quality improvement/use of PDSA cycle	Offeror indicated that data analytics tools are used to inform/initiate perfomance improvement activities and process improvements. General process includes: using data to identify process improvement opportunities, developing a	QM/PI Department identifies PIPs to improve outcomes for members with SHCNs and members receiving LTSS. Interventions are informed by different sources such as Clinical Strategy Committees. PDSA cycles are used to evaluate PIP	Offeror applies the Institute for Healthcare Improvement (IHI) model of improvement based on PDSA rapid cycle intervention framework for continuous improvement, including elements of Lean model. Example of PDSA for FUH 7 Day	As part of the evaluation of implemented improvement strategies, the PDSA cycle is used to evaluate, expand, and refine interventions.	CQI process aligns with QMPI program goals, which uses the FOCUS model to conduct PDSA cycles (initiatiing/monitoring CAPs and PIPs in clinical and non-clinical areas). The FOCUS model includes the following steps: Find the Problem,
Criteria Consideration - Variation in data sources - claims, surveys, national sources, HIE, etc.	Offeror included Figure 1 which displays range of data sources including claims, assessments/PCSPs, eligibility/enrollment, MAC and member surveys, HIE, public health/community data, provider surveys/input, and QMPI data.	Offeror included a list of varied data sources such as: claims, encounters, enrollment, medical records, member surveys, hybrid data, AHCCCS member reference files, enrollment transition, blind spot, DUGless data, HIE data,	Offeror included a list of varied data sources such as: AHCCCS provided data, member claims, medical records such as EMR data, lab data, self-reported member data through health appraisals, HIE, member and provider survey data,	Data sources include: feedback from members, providers, stakeholders including complaints and grievances and quality of life surveys; PM data such as HEDIS and CMS Core Set, call statistics, case load ratios and perfromance, Medicare STAR	Offeror listed various data sources such as: Health Equity and Disparitiy Identification data (including use of REL, HRSN, various equity criteria, Z-codes, public data, and network provider health equity data to ensure diverse provider
Criteria Consideration - Comprehensive response of data life cycle	Offeror listed reporting tools and monitoring technologies in use to collect and track/trend data on an ongoing basis. Data is used as part of the Offeror's ongoing decision making processes to improve member outcomes and inform	Quality Management/Performance Improvement (QM/PI) Committee is chaired by the CMO and is accountable to Board of Directors. The QM/PI Committee is responsible for all QM/PI activities including the collection, evaluation, and	Offeror uses the Quintuple Aim of improving health outcomes, member and provider experience, reducing costs, and advancing health equity by decreasing disparitites as the overall strategy for collecting and using data to inform	Quality Management/Performance Improvement (QM/PI) Program used to analyze data and inform decision-making/drive improvement. *Performance Improvement Key Steps* include: perfomring data analysis, developing strategies,	The Offeror's QM/PI Program is overseen by the board of directors and directed by the CMO to support the VP of Quality Management and Director of Performance The Management. This team guides the Continuous Quality
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	N/A	N/A	Offeror mentioned data integrity/quality assurance processes (e.g. input validation, removal of duplicate data, access controls, audits). Additionally, the sample reports included comment boxes highlighting specific data points and their	N/A	Offeror included information about their data integrity evaluation processes: the Offeror continuously evaluates data systems and infrastructure by testing reliability and validating, and developing solutions to address system limitations.
BROAD CATEGORY - IMPROVES OUTCOMES (QUALITY/MEMBER)					
Criteria Consideration - Use of evidence-based initiatives	Offeror noted the use of evidence-based guidelines to implement targeted interventions focused on improving member health and health equity. Examples of evidence based iniatives include: 1) use of culturally and linguistically appropriate services and health education materials (e.g., cervical cancer	Offeror described a PIP focused on improving member outcomes for members with chronic kidney disease (associated with significant mortality and high cost) in their Medicare Shared Savings Progam. A root cause analysis was conducted to identify several interventions: 1) monitoring PMPM CKD levels and length of time	Sample Report 1, Quality: Included the following evidence-based initiatives: 1) Breast Cancer Screening results and data pointed to improvement opportunities such as: locations of mobile mammography units and VBP resource discussions. 2) Diabetes-focused measure for poor control results and data led to interventions	Offeror included several example of evidence-based initiatives in the response: **1) Example:** Monitoring Visit Initiative analyzes QOC data quarterly to identify providers at high risk for health/safety concerns and incidents--> QOC staff provides coaching to the high risk providers-->37% reduction in immediate	The use of the Core 2.0 Reporting Tool to identify and refer high needs/risk members were the member egagement tool Pyx Health resulted in: the Offeror decreasing the total cost of care for members by 25%, hospitalizations by 49% and increased depression medication adherence by 15% in 2023. **Internal Note:**
Criteria Consideration - Staff training, knowledge, etc. based on data	Offeror noted their dedicated analytics ream responsible for collecting data and reporting findings for various programs such as Continuous Quality Improvement (CQI), Population Health Management (PHM), and Quality Management and Performance Improvement (QMPI). Functional area leads review	Staff are provided with several data analytics/reporting tools. For example, the Innovaccer population health platform is used to aggregate date and make it easy to understand/actionable for staff. Example reports included the Primary Care Quality Dashboard and Patient 360 (see details in Criteria Consideration 1 of	Trained and certified staff in QI methods to manage processes/strategies and integrate best practices. Overall process: Staff, including workgroups and committees, evaluate	Internal staff/SMEs are involved in reviewing and reporting data regularly as part of the Offeror's QM/PI Program **(see Use of Data Criteria Considerations 1 and 4)**.	Analytic platforms are used by staff to track/evaluate performance and make informed decisions to implement interventions. QMPI staff oversee CQI initiatives using data analysis, monitoring, and reporting. The QMPI staff is responsible for clarifying/understanding the problem through data, conducting root
Criteria Consideration - Focus on all member health needs - PH, BH, and LTSS in addition health related social needs	While there was a large focus on identifying/addressing members' health related social needs, the Offeror also indicated that data was being used to analyze members' medical and BH needs to develop interventions for continuous quality improvement. The three sample reports provided included examples of different	**LACK OF LTSS FOCUS.** Offeror indicated that data was being used to analyze members' medical, BH, LTSS, and health related social needs to develop interventions for continuous quality improvement. The three sample reports primarily included examples of data used to address members' medical needs,	**LACK OF LTSS FOCUS.** Offeror indicated that data was being used to analyze members' medical, BH, and health related social needs to develop interventions for continuous quality improvement. Of note: no reference to members' LTSS or case management needs with other contracts (e.g., Contract 3) but did mention	Offeror indicated that within the LTSS KPI Dashboard reporting tool, it will include metrics for CM and CM case loads, authorizations, service initiations timeliness, prevlance of falls, reassessments after IP discharge, assessment and service plan timeliness, setting summary, etc. Will be combined with LTSS, BH, and Social Risk	The Offeror described several data analytic platforms used to assess all member health needs including medical/physical, BH, LTSS, and HRSN among others. For example: *Consolidated Outreach and Risk Evaluation 2.0* (risk stratification tool which include predictive risk scores and clinical impact factors to identify CM
Criteria Consideration - Service model adjustments/delivery system changes	Example: CAHPS survey results data shared as part of the Quality Management Committee was used to develop a VBP pilot program with two ACOs to focus on improving member experience with their personal doctors/getting needed care quickly.	**See example described in Improves Outcomes Criteria Consideration 1 above.** Offeror did not appear to include additional examples of how service model adjustments/delivery system changes made as a result of data analysis.	Offeror described a collaborative approach with providers whereby data is shared/integrated to provide the most recent and relevant member data. For example, the Offeror provide quality performance data for assigned members to ACOs and quality improvement provider partners on a daily basis to allow	**See provider-focused Examples 1 and 2 and member-focused Examples 3 and 4 described in Improves Outcomes Criteria Consideration 1 above. See also Commitments highlighted in various Criteria Consideration.**	Member-based partnership: The Offeror's QMPI Team identified a health inequity in the HEDIS measure for Colorectal Cancer Screening for the ALTCS population and implemented an evidence-based home screening program for improved/innovative service delivery methods. This improved the measure rate
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	N/A	N/A	N/A	N/A	N/A
BROAD CATEGORY - MEMBER EXPERIENCE					
Criteria Consideration - How data is being used to improve member experiences	Examples of how data is being used to improve member experiences: 1) VBP pilot incentive for two ACOs based on CAHPS survey results to improve members' rating of personal doctor and getting needed care quickly. 2) Information	While the Offeror included information about how they are engaging members to collect information on member experiences (e.g., member surveys, Member Advisory Council), there were no specific examples provided of how that	Sample Report 3, Member and Provider Experience: Includes data from member and provider satisfaction surveys including CAHPS surveys, demographic-based CAHPS reporting, and other informal surveys. Member survey demographic data is	**Commitment:** Conduct annual HCBS CAHPS survey to measure experience and develop interventions based on results to improve member satisfaction and experience	The Core 2.0 Reporting Tool was used to identify high needs/risk members based on various data sources. The identified high needs/risk members were referred to use a technology-based member egagement tool Pyx Health to address HRSN
Criteria Consideration - Member engagement/insight at every step of process - beyond surveys	See response for Criteria Consideration 3 under Broad Category for Health Equity.	See response for Criteria Consideration 3 under Broad Category for Health Equity.	See response for Criteria Consideration 3 under Broad Category for Health Equity.	Community Consensus Collaborative engages community stakeholders to track member/family/stakeholder feedback through KPI Dashboard, take action based on feedback, and communicate with stakeholders on an ongoing basis. Includes	The Offeror indicated that their QMPI staff share results and outcomes of process/quality improvement initiatives and interventions with members, families (councils), providers, the State, and other stakeholders to obtain feedback and
Criteria Consideration - Community connections/resource development and partnerships	Examples of community partnerships established to improve member experience: 1) information collected from a Member Advisory Council meeting pointed to a food insecurity gap in the Northern GSA which led to a program providing produce	Offeror described two community-based partnerships: 1) Foodsmart partnership to provide telehealth nutrition and food security support services to ACC and ALTCS populations. 2) American Cancer Society partnership to improve colorectal	Offeror described its monitoring and analysis process for Quality/Quality Measures data: Workgroups collect and analyze data to develop action plans/interventions for improvement, share findings with clinical leaders and	Provider partnerships: Offeror distributes actionable data to providers to improve member health outcomes. For example: care gap notifications, ED utilization, and member/practice level clinical quality and cost reports available through Provider	Value-Based Provider Partnership: The Offeror partnered with one value-based services providers to improve rates for members receiving influenza vaccines (this was identified as a gap in care using various data sources such as pharmacy and
Criteria Consideration - Involvement of of family engagement	Offeror stated that data/information from members, families, and caregivers are collected and used within their integrated clinical platform. Did not provide much detail on family engagement but did include specific examples of how members	Offeror indicated that the Governance Committee includes BUFC executive leaders, peers, and family members but did not provide additional detail on how family members are involved in the committee's strategic planning, process	Offeror indicated that peer and family representation is included in their Governance Committee and Medicare Advisory Board, both of which are involved in reviewing performance data and results from the Monthly Management	**Commitment:** See notes above about the ALTCS Member Council (Health Equity Criteria Consideration 3). **Commitment:** Measure member HCBS experience by asking member/caregivers to complete short surveys after every CM visit; results	**See response above for Criteria Consideration 2.**
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other	N/A	N/A	N/A	N/A	N/A
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Offeror appeared to reference Contract 1; did not note reference to Contracts 2 and 3.	Offeror appeared to reference Contracts 1 and 2; did not note reference to Contract 3. Multiple references to current AHCCCS Contracts for the ACC and EPD populations.	Offeror appeared to reference Contract 1; did not note reference to Contracts 2 and 3. Multiple references to current AHCCCS Contract for the ACC population (and potential application pf processes to ALTCS population if awarded).	Offeror appeared to reference Contracts 2 and 3 directly; references to Contract 1 appeared to be indirect.	Offeror appeared to reference the only cited Contract included. However, in some instances, it was not clear which populations were included in specific examples provided (see notes above).
Criteria Consideration - NCQA LTSS Accreditation	Recently awarded NCQA LTSS Distinction as part of its accreditation efforts (also awarded NCQA Medicaid Health Plan Accreditation).	Offeror did not mention award of NCQA LTSS Distinction (or NCQA Medicaid Health Plan Accreditation) as part of its accreditation efforts.	Offeror referenced NCQA Accreditation requirements, but did not explicitly cite achievement of NCQA Medicaid Health Plan Accreditation (or pursuit/achievement of LTSS Distinction in other states). **Internal note:** LTSS Distinction not required by AHCCCS for non-ALTCS Contractors	Offeror did not mention achievement of NCQA Medicaid Health Plan Accreditation (or pursuit/achievement of LTSS Distinction in other states). **Internal note**: LTSS Distinction not required by AHCCCS for non-ALTCS Contractors	Offeror noted achievement of NCQA Health Plan Accreditation (with 100% scores in Quality Improvement and Population Health Management). **Internal Note: NCQA Health Plan Accreditation under Corrective Action; LTSS Distinction status TBD**
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	2- tied with Mercy Care (stronger with direct member/family engagement but less specific with Use of Data/Improving Member Outcomes and Experience)	4	3	1	2 -tied with ARIZONA PHYSICIANS IPA, INC. (stronger with Use of Data/Improving Member Outcomes and Experience, but less specific information provided about

The Offeror described several data analytic platforms used to assess all me

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B7: NETWORK DEVELOPMENT
Describe the Offeror's network development strategy, including methods to build Home and Community Based Services (HCBS) providers and institutional capacity in rural areas and maximize available resources. Also discuss specifically how the Offeror will assist rural nursing facilities seeking to expand into community-based care.

Provide action steps and a timeline for the first three years of the Contract, along with measurable outcomes to be achieved. The action steps *should focus on the contract start (execution) date and shall illustrate how the Offeror's operational areas will work in an integrated fashion to identify and address network needs.

[PAGE LIMIT 4]

EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**
SCORER:
CONSULTANT FACILITATOR: Andy Cohen, Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Understand the unique aspects according to GSA	Rural members have higher trends in INP and ER, lower PCP and BH utlization				
Criteria Consideration - Addresses HCBS providers and institutional capacity in rural areas	Build capacity- VBP, workforce investments (staffing agencies), healthcare hub (health care career seakers)	50 new contracts or Letters of intent for providers Work to exapend ALF in neighboring states, enhancing contracts with central and south ALFs to address shortages in the north.	implement programs to build highly skilled HCBS/institutional providers, focusing on rural needs	Emergency wheelchair repair program $2M in WFD funding to address DCW shortages SNF-in-home- wrap around care and extended care services	Develop HCBS settings through networked FQHCs, along with field virtual and MSICs. Expand TBI, dementia, SUD and aggressive behavior programs in NF/ALFs
Criteria Consideration - Innovative	CareBridge- critical clinical support for HCBS members In-Home primary care Spectrum Anywhere Care Reintegration Specialists- support CM in preping member for discharge back to community	Train RHC employees to provide HCBS care	Partner with higher education to fund up to 1000 scolorships for residents in rural communities Fund up to 500 scholorships for AZ minority students health care educational goals	LTSS dashboard enables providers to track VBP targets Member connect tablets Supporting caregivers- holine where members and caregivers can request backup covrage	Home assist health- partners CMs and CHWs to better assist member Caregiver engagement platform- support tools and education Hospital and NF at home- acute care in home Bariatric program in SNF/ALF
Criteria Consideration - Assistance with rural nursing facilities seeking to expand into community-based care	TA for NFs on qulity ratings and licensure requirements needed. Provide grants for infrastructure improvement to expand services	Identified 1 NF interested in expanding to HCBS for companion care	Support NF longevity and transformation while increasing availbility of community based care Create grant funded opportunities- to build community networks and HCBS capacity to serve members Community reinvestment funds- at least one contract	Hold JOCs and help NFs expand to community based care. Hospice of the valley to provide consulting for 2 rural NFs interested in exapdning.	Workforce and licensure are barriers to NF exapanding to community care- identified 2 providers ready to expand. 25% of CRI to support NF expanding into HCBS Rural health specialists- liaison between plan, NF and HCBS providers
Criteria Consideration - [Enter Consideration Here]	Initiate SNF VBP to increase revenue	COE designation- one provider for Dementia COE eff 12/25/23 VBP incentives for whole person care	Implement VBP for direct care agencies COE for rural NF who expand to communited based services, decrease NF days, increase transition to HCBS settigns, participate in VBP	Align VBP contracts to incentivize quliaty and build on goals	
Criteria Consideration - Other	Supportive of informal caregivers- invest to irmprove access to support group and peer support groups		COE, enhanced rates- for providers who recruites underrepresented minorites, provide support to retain staff, develop, support collaborative data reporting, participate in VBPs	Network already includes all required NF statewide, and 290 ALTCS unique providers 'retained from a prior contract'. ALTCS COE- develop rural AZ NF COE that has expaned to community based care	COE for dementia and DCWs Need for NF and HCBS providers to address social isolation, transportation, resource deserts and workforce challenges
BROAD CATEGORY - NETWORK DEVELOPMENT STRATEGIES					
Criteria Consideration - Strategies that address access to care and network adequacy	SNF at home pilot		Travel enhancement program- avilable to providers who deliver HCBS services- opt in to accept referral and get enhanced rate	monitor gaps, cross-functional committee, evaluates OON utlization and idetnifies which providers to bringin network. LTSS KPI Dashboard- will allow to proactively identify network access anomolies, health disparities emerging issues, root causes, and resolution	
Criteria Consideration - Use of data	member/provider feedback, call center trends, member/provider survey, disputes, Quest cloud analysis, Zelis Network 360, state file review	Geo-reporting, HRA data, PCSP data, CM input, provider/member feedback, Rovicare HCBS capacity tracker, Appt availability monitoring, UM/QM process, member pop health data, network and SCA reporting		Feedback, geo-mapping, time/distance analysis, utlization data, member trends, cultural/linquistic grievances, hot spotys, health diparities, health equity issues, wait time surveys, EVV data, workfroce, provider panel size.	436 and 417 peformance, member grievances, quality of care, utilization, surveys, placement data, timeliness of DME, health professional shortage areas, EVV, population data, disparity data, public data, health equity data
Criteria Consideration - Identify and resolve barriers to service delivery		Partner with BH orgs to locate and offer care at SNF and ALF Expand telehealth to offer virtual/field clinics in home, in ALF, in SNF)		Peer/Family support- expand training to include CHW certification Require NEMT broker to allow NF, BH and HCBS providers to directly contract for services. Also will implement direct contracting for NEMT services	
Criteria Consideration - Provision of three year timeline with actionable steps and measurable outcomes	Detailed and measurable outcomes with specific units of improvement.	Timeline started upon award, not much the 3rd year of contact.	List of activities provided over 3 yr period	list of activities over 3 years- some items pre-golive	Provides overall list, and broken down action steps
Criteria Consideration - Innovative	Connecting with NF in other states, like OH, who have moved into community based care to determine best practicies, connecting them to AZ providers via JOC	Leverage Banners' GME program to expand workfroce. Caregiver support group 10/24 Caregiver advocate in each GSA Caregiver respite co-op- establish network of caregivers to offer support	Care for Caregivers'- increase % of DCWs and self directed care caregivers Fund AHCA WORKS- workforce development program Blue At Home- Blue ALTCS Academy- education on ALTCS/HCBS services	Integrated adult day club and dementia hub- will expand to 2 rural HCBS providers interested in providng this service.	CareBridge- tablet for virtual and in home care services Health care and social programs- primary care centers in under served areas Your health connect- remote patient monitoring Home modifications- hidrent and tylers house- home repairs
Criteria Consideration - [Enter Consideration Here]	Assisted 4 NFs with development of specialized BH units, and AL alternatives for members with BH needs. Assisted 2 NFs exanded into community based care, supported them to convert wing of NF to ALF.	Alocated funds for rural areas 2022-2023, for ALTCS support programs- nutrition, medication, transport and housing.		PH/BH integrated care in place- BHMPs participate in NF"s clincial rounds Pilot TBI curriculum in rural NFs and ALFs	
Criteria Consideration - Other	Double # of providers particiapting in HEPi Improve quality outcomes and cost for CareBridge Provide grants for NF for licening or development costs Increase quality outcomes for HCBS VBP programs	Contract with NFs for VBP Hold regional Wellness events quarterly, 2/yr in rural counties Train HRC employees on HCBS- bi-annually Mobile clinics	Honor existing network relationships for 1yr Increase DCW/nurse workforce in rural GSAs Increase use of housing, food and other VBID/HRSN benefits Increase in technology use increase in improved quality of life, loneliness scores, high value	DME repair pilot SNF in-home pilot Support DCW pipeline Caregiver empowerment programs SNF/ALF Care in place	Increase rural NF exapnding into HCBS Increase utlization of PRO/FRO in all GSAs Establish NF and ALF with BH specialty in each GSA Assist NF and ALF looking to add NEMT in rural areas Establish at least one DCW and Dementia care COE per GSA
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Spoke mainly to their AZ Medicaid experience	Spoke to their AZ Medicaid experience	Spoke to AZ Medicaid and DNSP experience	Spoke to AZ Medicaid and TX experience	Spoke to AZ medicaid experience
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	1	2	5	4	3

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B7: NETWORK DEVELOPMENT
Describe the Offeror's network development strategy, including methods to build Home and Community Based Services (HCBS) providers and institutional capacity in rural areas and maximize available resources. Also discuss specifically how the Offeror will assist rural nursing facilities seeking to expand into community-based care.

Provide action steps and a timeline for the first three years of the Contract, along with measurable outcomes to be achieved. The action steps *should focus on the contract start (execution) date and shall illustrate how the Offeror's operational areas will work in an integrated fashion to identify and address network needs.

[PAGE LIMIT 4]

EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**
SCORER:
CONSULTANT FACILITATOR: Andy Cohen, Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Understand the unique aspects according to GSA	2 a few mentions, but I would have liked to see more	5 Locally owned plan, so they see and understans the community needs and what will work/be accepted. Has a pulse on the GSAs and what is needed in each area, considers community and cultural uniqueness	3 Actively recruit providers that understand the diversity in each GSA	4 We are a part of AZandknow these members:	5 experience in our existing Geographic Service Areas (GSAs) Contracted with all FQHC providers already
Criteria Consideration - Addresses HCBS providers and institutional capacity in rural areas	3 I like that they call out proactively seeking to understand. Actively working to better the situations by working with stakeholders. Obtaining buy-in and instituting solutions based on the culture of the area. Shows active and proactive involvement in making the situation better	4 I like the approach (Partnership and technology) they have outlined. Well rounded approach using technology to be both pro and reactive to community needs. Partners with providers to train and expand. Looking into other states as possible resources	4 Use of funding to assist with provider education Blue@Home- 24/7 tech based services Many programs to offer in-home care to members and providers using community programs in existance	5 Well thought out process	5 our current statewide network is ready to serve ALTCS members on day onein our expansion areas Informal support systems for caregivers attention to minority group seminars
Criteria Consideration - Innovative	5 Seeking out best practices outside of the state.	5 Looking to increase capacity in bordering states to close gaps in rural areas. Invests in Medical education in future workforce Strong community programs	5 Travel incentives for providers who opt in to travel program. Will close some gaps in care. Many different available resources to offer members and caregivers that allow in home alternatives	3 100 hours of consulting for 2 SNFs	5 Older adults Home modifications
Criteria Consideration - Assistance with rural nursing facilities seeking to expand into community-based care	5 Support with expansion, licensing, red tape. Seeking out best practices Assist SNFs with licensing Implementation of specialized BH services	5 Increase of mobile health care in all rurtal counties 24/7 telehealth to PH, BH nad HRSN Caregiver Support Program place aCaregiver Advocatein each GSA to ensure caregivers have a voice and receive all program benefitsto develop skillsand increaseretention. Many trainings offered for understanding and skill enhancement Currently recruiting NF to expand into HCBS-companion care, with continued work to identify more.	5 Offers a learinig academy to support expansion efforts. Collaboration woth providers to develop trainings. Low expectation of satisfaction with survey (>50%) provide funding for 1 contract	4 seems a little shy of details	5 Collaboration with multiple sources
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - NETWORK DEVELOPMENT STRATEGIES					
Criteria Consideration - Strategies that address access to care and network adequacy	5 Grants, education	5 Mutiple citations of current ongoing activity to support expansion in North GSA. Bulk up ALF in Central and South GSAs Use of Graduate Medical Education (GME) program and active education and recruitment/retainment of providers Ample funding to ensure proper care in under served communities.	5 Will honor existing providers and facilities with in network status w/out PA for at least 1 year. Formed a committee that developed a strategys to address workforce shortages, network adequacy in rural and tribal, retention of providers and quality of care through the members experiences.	5 Very actionable strategies and use of data to address shortages/gaps Alignment to CLAS 10-12	5 MC identified opportunities to supportskilled nursing facility(SNF)and HCBS providers We also develop innovative arrangements with providersaimed at creating services and increasing capacity for members in their setting of choice 91st percentilefor our policies and communications
Criteria Consideration - Use of data	5 Use of data to understand inequities in access to care	5 Use data to assess each community unique needs, trends as well as challenges Uses data to monitor staffing, real-time work-force availibility as well as opportunities for expansion	5	5 Very good data elements: We reviewed other MCO networks and used AHCCCSreferencefiles to analyze gaps;	5
Criteria Consideration - Identify and resolve barriers to service delivery	5 Proactive in searching out disparities and working to find solutions that are member-success driven. Use of Mobile healthcare.	5 Uses data and communication with stakeholders to identify barriers Offer HCBS in all rural areas statewide expand telehealth	5	4 Feedback Monitors 150 key metrics across all LOB	5
Criteria Consideration - Provision of three year timeline with actionable steps and measurable outcomes	5	5	5	5	5
Criteria Consideration - Innovative	4 Use of Mobile helthcare Using innovative partnerships to maximize available resources	4	3 Enhancement of provider directory	5 Seeking out best practices outside of the state. We reviewed other MCO networks and used AHCCCS referencefiles to analyze gaps	5
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Once	Addressess the current network adequacy of cited AZ contracts as well as goals to improve	2 Some	3	
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - HEALTH EQUITY [REQUIRED]						
Criteria Consideration - Understand the unique aspects according to GSA	54 - Note general challenges of rural areas, some facts (ER utilization grew 4% urban, 26% in Yavapai 2021-2), rural members use less PCP, BH services. Beyond that, not much else as they focused on programs, activities and did not really address the conditions other than in generalities.	58 - Did not really address south, but cited actions in the north - shortages of ALFs, and their plans to address that by moving central, south ALFs to the north	Did not really address parts of the state, except to note on page 69 that DCW growth must be 22% in rural areas (AZ 9% over all). Actopn step in the plan (page 70) refers to needs analysis by GSA	To prep for this bid, they met with 134 stakeholders in 40 sessions to help with their strategy. 68-69 emergency wheelchair repair program	32- Contracted with all AHCCCS LOBs. Met with 94 providers and organizations, inlcuding providers in the south	Most plans didn't really address this in detail, hard to pick a better one,
Criteria Consideration - Addresses HCBS providers and institutional capacity in rural areas	56 - Notes census at NFS decreased since pandemic, hence the need to expand their services to in community Insitutional is below under line 14 mostly, providers are: 54-VBP models, $500k grant to HCBS staffing agencies to add 2,000 DCWs, Healthcare Hub an online resource for health care career seekers. 55 Carebridge, heavily-rural memeber weighted team support for HCBS members	59 - Two strategies to build capacity, increase provider ability to serve more members, increasing provieder skills. 58- Added 50 new contracts or LoIs to the north, which shows expansion to new area if they win 59 - also discussed ALF shortage in the north and their plans (line 11 above), Will use their GME program to expand workforce, Used HE/HRSN $1.24 to fund rural prgrams, 20% for ALTCS, Table 59 - Lots of efforts here, generally partnerships with providers to expand services, but one says they are 'Outreach to ALFs... to gague interest'. which suggests these may not all be ongoing efforts" Train RHCs for HCBS care, partner with FQHCS	Note differences in the issues facing capacity rural vs. statewide, but 4 strategies don't significantly vary and appear targeted statewide	68 - $2 m. in workfoce development funding. Says "reimbursement model will address rural/urban facility differentials and specialized service compensation." Suggests payments will be higher rural?? 69-SNF-in Home program. Adobe Care & Wellness uses in home care to reduce disparities, CareSnync a SNF provides wrap arounbd care, will include home mods, safety support, SRF, telemonitorint meals, therapy, daily skilled nirsing, social services, personal carte. DCW Back up Program supports caregivers by offering them a backup when needed Peer/Family Advocacy Project trains for CHWs. Discussed oversignt of NEMT that reduced grievancess since 1/22, because rural transport cited by 50% of interviewed stakeholders as a problem, AZCH helped create a first Adult Day club and demential club, plans to expand. COPA's integrated care in place model, SUD contimmum of care, currciulm for TBI post doctoral students in rural SNFs abnd	Ready to go day one per 436 statewide.. Supports service plan, CM. Trains cargivers. Will develop HCBS for members with special healthcare needs. Current network serves members with BH conditions in SNFs and ALFs 41 SNFs and 34 ALFS have pecial BH programs for TBI, dementia, SUD and aggresive behaviors. Hospital and SNF a5t home programs, Bariatric Program in SNFs and ALFs (created opportunities to save 90%), CareBridge, cell phone program to connect to services, Okja Street Healyh is primary care centers in underserved areass reduces hospital emissions, readmit and ED visists, Remote Patient Monitoring and in-Home visists, extendes services into the home, Hidrent and Tylers house help with home mods.	APIPA HNA, Mercy best here
Criteria Consideration - Innovative	55 - In-home primary care. Support for caregivers, $99,000 grant over 3 years to improve access to caregiver support groups, Careforth caregiver coaches.	Discusses a lot about knowledge buidling and skills (page 60), but some of it is required or basic. Did not just focus on NFs expansing to HCBS, but other types of providers as well at a high level	Will honor all existing contracted provider for a 1-year transiton See also the individual steps in thei strategic plan	See above	See above	APIPA HNA, Mercy best here
Criteria Consideration - Assistance with rural nursing facilities seeking to expand into community-based care	Page 55, discusses education plan to SNFs to discuss CMS Star rating, develop plan to expand servics to home health, daycare, how to access these grants, developing SNF VBP. Page 56 - assisted 4 SNFs in developing specialized BH units, 2 in Yavapai and Navajo to expand into HCBS, converted a wing of a SNF into an ALF 57- SNF at Home pilot program - that provides SNF level care safely in least restrictive locaton, stated Oct 2023, will look at it for expansion under contract.	60 Cites reason for this being important, and says if they will, they will do this not just with NFs, but with other facilities. Have some goals on 59 where they talk about this with FQHCs, Ics, ALFs, but no concrete focus on this	Strategy 3 of their plan addresses this 1. Blue ALTCS Academy - Training, resources for providers wishing to get into HCBS, community investment funding into NFs expanding into HCBS, Creating COEs of NFs expanding into community services	70 - Got feedback from AHCA on this, tht census levels have not recovere. Plsns to meet with them to identify models. Also, Woll contract with Hospice of the Valkley to provide respite in two interested rural SNFs, Copa to leases spces and provider nursing and support to a BHRF, will develop a rural SNF COE (not really HCBS?) 71- Will hire specialized SNF/DCS provider relations taff	34-35 Met with SNFs statewide for input. Will develop a health strategy to expans them in HCBS, offer money to support this	APIPA best, next HNA as both have done this already. Rest are planning
Criteria Consideration - [Enter Consideration Here]						
Criteria Consideration - Other						
BROAD CATEGORY - NETWORK DEVELOPMENT STRATEGIES						
Criteria Consideration - Strategies that address access to care and network adequacy	See above, line 12 and 14 as it relates to HCBS and NFs, and Nfexpansion of services into HCBS services. More generally: 54 - their approach to network buidling by outreach and data analysis, call center data 56- MD Ally, avoid ambulance, ER use by working with dispatchers and first responders to reduce ER useage AristaMD - E-Consult services, expands local care through peer consultation, exp. Beneficial to rural PCPs	58 - VBP program, increase membership so that 75% of current ALTCS spend is VBP, 14 COEs	69 - 2004-2007 strategies are 1. Build HCBS capacity, 2 Maximize resources, 3. Assist NFS seeing to expand into community based care, 4. Enhnace Data and Network to meet person centered needs (choice)	68-Current network meet standards, DSNP also overlaps, take steps to review HSAG gap file and other plans' networks , met with community and AZHCA	32 - Network plan, data, review data sources, compliance requirements, member surveyt results, meet with members, ALTCS council , build network by 50-100 prioviders each year	
Criteria Consideration - Use of data	Referred to, but did not cite results Quest, data center analysis, did quantify needs of rural related to ER utizilization page. Did address target outcome improvement numbers for VBP, its various programs when looking at 30year plan. Adding NFS to VBP	Say they do this page 58 and list data sources Adding NFs and HCBS to VBP	Strategy 4 of their plan discusses data, but they generally include data collecting or data oversight of COES, ACO	Did a very good job of supporting its understanding or rural needs, impact of programs etcetera with data. Ex: Reduction in complaints due to oversight of NEMT, increasing rural blood presure resluts meausre by 33%	Some use of data ex: number of SNFs and ALFs with specialized programs (33)	AZCH did the best here
Criteria Consideration - Identify and resolve barriers to service delivery	Did not directlyaddress the conditions, barriers outside of what we asked them to address in the response, but fromt their activity, it looks like ER diversion, WFD shortage of providers	Did not directly address this beyond expansion of HCBS services and ALFs (in the north).	Workforce shortates 69- Nurses and Home helth Aids most in-demand health care jobs in AZ, and noted DCWs must grow at 9% each year, and 22% in rural areas to meet current minimum needed by 2026	Generally assumed based ypon the projects prorposes - $2 m in workforce developkent funding, reimbursement page(68) as well, addressed transportation prnlems in rural areas (69).	Generally only indirecty to support projects.	No winners, pretty much all of them referred to problems in terms of the proposed solutions
Criteria Consideration - Provision of three year timeline with actionable steps and measurable outcomes	56-57 Year 1: Listening sessions, EVV, utilization member data, ID SNFs for expanding services and for SNF at home care model, meet network adequacy requirements. Year 2 Evaluated VBP performance, support MD Ally, AristaMD, increase number of providers, CareBridge outcomes 1-2% above baseline (see 12), increase in use of programs mentioned Year 3 - Evaluate SNF at home for expansion, VBP 3-5% above baseline	61 - Year 0 - evaluate needs, add CareBridge, north comply with network standards, 2 VBP NFs, one added each year, train PCPs on dementia, medications and interactions Year 1 - outreach to ALFs and NFs on HCBS expansionm mobile clinic expansion, expand Telehealth, train SNFs in BH Year 2 - REspote co-of in each GSA, VBPs to include HCS and HRSN incentives for ALTCS members with BH needs Year 3 - continue activities above	Has 4 strategies on pages 69-72 1. Build capacity - by funding 1000 or 1500 scolarships, continue AHCA works, promote grants, 2. Maximize resources - Alerts to HCBS providers on call to provide underserved areas, more used of virtual services, social isolation services (Pyx, 'Blue Pets') 3. See line 14 above) 4, Data enhancement - Actively recruity, implament an ALTCS ACO, offer COE designation to proticers who mirror community demographics, retain develop, (doing a similar project now with NA Demnetia Care Center, survey for opportunitiies	71 - Recruitment, cred complete by 9.10.24, Will hire specialized SNF/HCBS PR staff Doing specific ALTCS VBP strategy. SNF in home ready by 6/20/25, DCW suppoert by 9/30/26, Peer Faily advocacy by 9/30/25, SNF COEs by 9/30/25, TBI curriculum by 9/30/26, SNF respite care 9/30/25	1. Ensure immediate access, meeting standards. Develop expansiton plan, incentives to underserved areass, WFD initiatives, peer and family enhancements. Escalation process for addressing needs with managemnt. 2. Refine initiatives. Providers meet quality standards. 3 More refine and expanding networks, allow members to reside in setting of their choice, aligned with plan	BCBS spend the most time on the plan (to the exclusion of all else, pretty much), HCA did the tightest, best plan coordinated with the rest of its proposal. Mercy and BUFC did the worst.
Criteria Consideration - Innovative			Strategic plan strategy 2a creates a set of HCBS providers who respond to alerts for underserved member areas, and get paid enhanced rate,	See lines 12, 14	See line 12	See above, 12 and 14
Criteria Consideration - [Enter Consideration Here]						
Criteria Consideration - Other	General commetns == strong use of programs, but not sure of the analysis use to how they decided to do some of them -- clear they see ER use, WFD as a challenge, but the address the issues in the RFP (rural expansion of services, WF and facility capacity) well, , but other issues less well identified, but have a lot of programs addressing stuff. Didn't really address any experiences from other plans.	General comments -- some very vague comments, like 58, they say they have data driven approach for network optimiztion that tell them things, but not sure what its telling them. Less details on NF expansion into HCBS than United, but more on other provider types expanding their servics to hCBS, but the activibies and their wording suggestes it it less formed and focused	Pretty much all of the submission was a detailed 3 year plan. Its focused on 4 key steps as outlined in row 21 and 14. This submission is very unlike the others in that its really a network plan addressing the need for HCBS services that includes the submission requirements for capacity building and getting NFs into HCBS services	**Question for group -- bid listed as HNA, but bid is as AZCH in text and leaderhead. Does that mattter?** Did very good on rural based programs, and bringing SNF, HCBS services, inlcuding saying will focus on rural rates. Timeline did a good job of addressing them. Some of the answers under expanding serfvices in rural areas are SNF based, so overlap between that and the specfic HCBS-SNF. Did a good job of addressing the ourreach they did to the community and AZHCA about needs, and incorporated some f it (NEMT reliabiity) into their bid. Doesn't have a strong workforce shortate section (just money)	Have a number of good ideas for expanding services into rural areas. Network has a number of SNFs and ALFs that provide speciality care to ALTCS programs. Problems: Expansion of SNFs to HCBS is more of a commitment to money, and a plam to plan, wheras other plans seem to be more advaicned. Plan doenst seem to address timeline for itnitiatives metnioned -- disconnect there, plan year 3 allowing "Our goal by the end of year three is to have progressively achieved a network for members to reside in the setting of their choice, aligned with their PCSP." (35)REally? Only by the end of year 3. Also mentions year 1 complyting with AZEIP, which is not addressed elsewhere.	
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS						
Criteria Consideration - Use of cited contracts	Not really separate from existing contract activity. Did not see Tenncare or Mycare Ohio referenced	59- DSNP andBUFC exceeds CMS and AHCCCS network standards	Not really addressed	68 - Refers to their experience in AZ with Medicare (and Medicaid) and experneice in TX and Kansas through Centene	Mention their role in other plans in the state as a way of understanding the state, but that's about it	Noone really addressed non-arizona experiences that I saw
Criteria Consideration - [Enter Consideration Here]						
Criteria Consideration - [Enter Consideration Here]						
DRAFT RANKING	2	5	4	1	3	

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B8: WORKFORCE DEVELOPMENT
Describe the Offeror's overall workforce development strategy including the Offeror's workforce development philosophy, the use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Additionally, the Offeror shall describe how the Offeror will: a.Assist and incentivize providers to improve workforce monitoring, assessing, planning, and forecasting workforce trends so that the provider can be more strategic in their efforts to recruit, select, train, deploy, and support their staff,
b.Assist providers to improve post-training coaching and supervision to ensure the skills are applied and used effectively to improve member experience and outcomes, and
c.Integrate the operations of the Offeror's workforce development function within the operations of the network, medical management, and quality management departments.

PAGE LIMIT [4]

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein

SCORER: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein

OFFERORS	ARIZONA PHYSICIANS	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH	HEALTH NET	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration -Addressing how the workforce should match the population of members being served or representative of the communities in which they serve.	***Observation:*** *The Bidder is addressing under*	***Observation:*** *The Bidders response does not mention addressing matching of workforce and member popultions.* ***Conclusion: The response does not meet expectations. (-) ()***	After reading Contractor's response, enter your individual	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration **Observations:** *The Bidder; acknowledges the importance of "delivering culturally responsive solutions", describes how CHWs are "critical to promoting equitable care ...and how they (CHWs) serve as "trusted liaisons to local service so that they align with member cultural preferences". The Bidder has a partnership with the Arizona Community Health Workers Association(AZCHOW) and is currently performing a service needs and provider gaps assessment of Arizona's rural*
Criteria Consideration - Addressing the use of technology (or other innovative techniques) to extend and enhance the workforce (in underserved and unserved areas) and increase member access to care (e.g., telehealth services,	***Observation:*** *The Bidder refers extensively*	***Observation:*** *The Bidders approach to using technology is a part of the Caregiver Support Program where the Bidder support and engage caregivers through comprehensive programs for formal agency staff and informal caregivers, like familyand friends. These programs offer resources like respite care co-operatives, peer support, assistive technology, collaborative care planning, personalized skill development, burnout, and stress reduction and community integration initiatives.* ***Conclusion: The***	After reading Contractor's response, enter your individual	After reading Contractor's response,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidder (MC) is addressing the use of technology for the workforce by: implementing innovative provider incentives to promote WFD and HCBS provider retention and use use of technology such as the health information exchange. Additionally the Bidder is using Trualta, a virtual engagement platform that includes hundreds of courses and learning opportunities that help caregivers manage burnout and build skills and the partnership with Phoenix Bioscience*
Criteria Consideration - Use of the collection of demographic data (workforce and members) to support workforce planning (at health plan and provider levels) to address health equity and disparities	***Observation:*** *The Bidder references a number of*	***Observation:*** *The Bidder uses data from Rovicare data to identify health inequities. The Bidder processes this type of data both within the network as well as with the Alliana and providers through community forums. The data is used to conduct additional assessments and to inform network WFD Plans as well as Alliamce level plans. The Bidder also will assist areas experiencing significant health inequities byfinding CHW apprenticeship placements in tribal areas and among Spanish speaking*	After reading Contractor's response, enter your individual	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations*** *: The Bidder makes 19 references to data collection, processing and the use of data to forecast needs, determine health equity composition, informing provider WFD Plans about a variety of culural equity, and provider demographics needed to make provider workforce planning more strategic, paying attention to local cultural and service needs, improving member experience as well as staff and program development and performance.* ***Conclusion: The***
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - WORKFORCE STRATEGY AND PHILOSOPHY					
Criteria Consideration - Demonstrate awareness and provide description of how they operationalize the minimum requirements (e.g., ACOM policy, Health Plan Association collaborative, ARP funded initiatives etc	***Observation:*** *The Bidder demonstr*	***Observation:*** *The Bidder demonstrates awareness of WFD requirements and decribes how they operationalize minimum requirements of ACOM 407, AzAHP etc. by aligning the requirments with organizational values and goals for thintention of improving the capacity, capability, and connectivity of our provider*	***Observations:*** *The Bidder demonstra*	***Observations:*** The Bidder	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidders opening sentence includes three references to the most important aspects of ACOM 407, "...integratesWFD operations(WFDO)across the organization, uses data analytics to forecast needs, conducting a gaps and needs assessment using the United Way, using Trualta as a way to "manage burnout" and builds and invests in collaboratives to connect providers with system stakeholders". The Bidder references*
Criteria Consideration - Innovation - Describe their unique vision, values, and approach. Should also include awareness of proactive (risk mitigation) and reactive strategies	***Observation:*** *The Bidder's unique*	***Observation:*** *The Bidder goal is to build a more cohesive and effective healthcare system through WFD activities. At the system and network levels the Bidder collaborates with other health plans, AHCCCS, AZAHP, providers and stakeholder groups to reduce fragmenttation. The Bidder believes that investing in the*	***Observations:*** *The uniqueness of the*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidders opening sentence includes three references to the most important aspects of ACOM 407, "...integratesWFD operations(WFDO)across the organization, uses data analytics to forecast needs, conducting a gaps and needs assessment using the United Way, using Trualta as a way to "manage burnout" and builds and invests in collaboratives to connect providers with system stakeholders". The Bidder references*
Criteria Consideration - Implementable - A plan with practical/reasonable strategies.	***Observation:*** *The Bidder did not*	***Observation:*** *The Bidder primarily describes the intention to continue the current WFD activities and initiatives. There are few new programs identified. The 3 year partnership with UA that provides occupational training including preventing abuse and neglect, improving quality of care and placing a Caregiver Advocate in*	***Observations:*** *The Bidder's plan to*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidders plan, (the various initiatives outlined in the response) states as its intention to expand comprehensive programs to assist and incentivize providers to be more strategic in their WFD activities, including efforts to recruit, select, train, deploy, and support their staff". The initiatives are aligned with AHCCCS's priorities to increase the connectivity of the workplace with members (Provider Tools to Improve Member Connectivity", developing a mentoring*
Criteria Consideration - Use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Monitoring both at the health plan and provider levels	***Observation:*** *The Bidder states*	***Observation:*** *The Bidder collects and uses data as part of the Alliance as well as an indepenedent network. The Bidder applies the data to providing TA to providers as well to inform it's internal processes. Information from internal sources such as network, call center, provider satisfaction, grievance and appeals*	***Observations:*** *The Bidder's approach*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidders plan, (the various initiatives outlined in the response) states as its intention to expand comprehensive programs to assist and incentivize providers to be more strategic in their WFD activities, including efforts to recruit, select, train, deploy, and support their staff". The initiatives are aligned with AHCCCS's priorities to increase the connectivity of the workplace with members (Provider Tools to Improve Member Connectivity", developing a mentoring*
Criteria Consideration - Acknowledge the less traditional workforces for HCBS including paid family members, parents, neighors, friends, etc.	***Observation:*** *The Bidder reference*	***Observation:*** *The Bidder notes the importance of CHWs and Promotores de Salud from tribal areas and among Spanish-speaking populations but does not reference or offer strategies for paid and unpaid family caregivers etc..* ***Conclusion: The response does not meet expectations. (-) ()***	Observations: The Bidder's response	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration **Observations:** The Bidder has a specific area of of initiatives; "Supporting Family Members in Becoming Professional Direct Care Givers" that is intended to recruit and incentivize familes to become caregivers". The Trualta platform helps to upskill families by offering "access to trainings, on-demand personalized supports, and support groups to help care for loved ones at home". While these initiatives could potentially reach the Members' friends and neighbors, the Bidders
Criteria Consideration -	After reading Contractor's response, enter your	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	***Observation:*** *The Bidder's initiative*	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response,	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - PROVIDER FUNCTIONS OF WORKFORCE DEVELOPMENT (Letter A of submission requirement)					
Criteria Consideration - Engagement of the providers and their workforce operations (i.e. providing technical assistance, training on workforce planning, etc.	***Observation:*** *The Bidder offers*	***Observation:*** *The Bidder engages providers and their WFDOs by ensuring they have access to all the workforce training and competency requiriements and the resources required to comply with the requirements. The Bidder is currently encouraging providers to develop WFD Plans and gives bonuses to providers who*	***Observations*** *: The Bidder will engage*	*The Bidder intends to*	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidder lists 5 discreet initiatives for providin TA such as; training and targeted technical assistance to improve the effectiveness of provider hiring, training, andretention; working with Medical Management to*
Criteria Consideration - Evaluation of provider workforce plans for member and network needs (i.e. health equity, unique member needs, GSA, network needs, etc.)	***Observation:*** *The Bidder did not*	***Observation:*** *The Bidder believes that WFDPlans help providers to better assess their workforce, and plan, recruit, select, train, deploy, and support staff and encourages organizations to plan workforce improvements by developing annual WFD goals, connects the WFD plans to their onboarding processes, competency*	***Observation:*** *The Bidder does not*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observation:*** *The Biddder's Programs to Incentivize Provider WFD Efforts includes initiatives to incentivize providers to develop WFD Plan, recognizes and rewards providers whose plans yield results and whose staff positively impact*
Criteria Consideration - Integration of the provider workforce plans into their operations (quality management, staffing goals, customer service, member health outcomes, etc.	***Observation:*** *The Bidder did not*	***Observation:*** *The Bidder belief that WFD Plans help providers in a number of ways has established a long-term goal of expanding the P-WFDP submission process to ALTCS providers. In the mean time the Bidder is providing encouragement financial incentives for providers to complete a P-WFDP by giving*	***Observation:*** *As mentioned in the*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observation*** *: The Bidder established a Provider Monitoring and Oversight program to ensure members receive high-quality care in community and facility settings. QM audits HCBS providers to ensure they comply with all provider requirements*
Criteria Consideration - Outline provider incentives such as value-based purchasing contracts/payments, training, etc.	***Observation:*** *The Bidder presente*	***Observation:*** *The Bidder offers TA and and designations as a Center of Excellence for providers that develop a speciality in. They are providing a financial incentive for providers to complete a P-WFDP. THe Bidder also offers a caregiver support program use incentives to measure and incentivize high*	***Observation*** *: The Bidder does not*	After reading Contractor's	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Observations: ***Observations:*** *The Bidder describes several types of incentive programs for providers. DAP model to incentivize providers to develop WFD Plans with 1:1 TA to improve the effectiveness of recruiting, hiring, training, and retaining staff. Provider*
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - PROVIDER COMPETENCY DEVELOPMENT (Letter B of submission requirement - Training and Coaching)					
Criteria Consideration - Supervisory development training including use of lead-workers/coaches	***Observation:*** *In the section entitled; Assisting*	***Observation:*** *The Bidder reviews supervsiory reccomendations during provider meetings as part of the Alliance level Provider Workforce Development Plan activities. The WFDA assists providers supervisors with pre-hire competency assessment processes, best practices for onboarding staff, and post hire check-in. The WFDA reviews competency determination criteria and advises supervisors on best WFD pratice strategies. The Bidder also intends to place a Caregiver Advocate in every GSA*	***Observation:*** *The Bidder intends to deliver a number of*	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidder will assist Providers to Improve Coaching and Supervision to Improve Member Outcomes by: Continuing the ALTCS DCW program helping providers develop mentoring programs by offering a Train-the-Trainer program to help providers grow mentors within their organizations and participating in AHCCCS sposored Professional Development training for supervisors and HRD managers and trainers. Conclusion:* ***Conclusion: The Bidders response***
Criteria Consideration - Measures to help determine/evaluate competencies of the provider staff	***Observation:*** *Tthe Bidder describes a tablet*	***Observation:*** *The Bidder describes how the WFDA assists providers supervisors with pre-hire competency assessment processes, best practices for onboarding staff, and post hire check-in. The WFDA reviews competency determination criteria and advises supervisors on best WFD pratice strategies. The Bidder also provides provider supervsisors with a competency tracker tool that helps ALTCS providers ensure their staff are complying with required training programs. .* ***Conclusion: The***	***Observations*** *: The Bidder's approach to using data*	After reading Contractor's response.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observation:*** *The Bidder has a process the Thrive Mobile member surveys, to identify DCWs who positively impact member experience and are high performing DCWs. However the Bidder does not list or describe other tools or processes it intends to use help providers comply with this important requirement of the R9-10 verification of Personnel competency.* ***Conclusion: The Bidder's response did not meet expectations: (-) ()***
Criteria Consideration -Strategies for fostering career advancement (e.g., Pipeline AZ, community colleges)	***Observation:*** *The Bidder states that to address*	***Observation:*** *The Bidder describes steps for advancing career development by providing providers with post training ALTCS WFD Toolkit that includes templates for career advancements and post training guides for supervisors. The Bidder's response omits any references to the AZ Healthcare CAreers or the Community College CET project..* ***Conclusion: The response does not meet expectations because it omits the two ARP initiatives aimed at worker career development. (-) ()***	The Bidder outlines a number of initiatives designed to	After reading Contractor's response.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidder describes several programs to Support Provider Recruitment and Hiring by Developing Arizona's Health Care Workforce Pipeline. Increasing Provider Participation intheArizona Healthcare Career HUB (HCH), Marketing the HCH to individuals interested in pursuing health care careers,such as traditional and vocational high schools, Arizona Community College District Gateway Colleges, High school Home Health Aid program graduates, and transitional aged*
Criteria Consideration - Cultural Competency Training for Transportation Staff.	***Observation:*** *The Bidder intends to partner with the*				
Criteria Consideration - Other					
BROAD CATEGORY - INTERDEPENDENT WORKFORCE OPERATIONS (Letter C of the Submission Requirement)					
Criteria Consideration - Strategies to integrate the workforce team into quality management, network development, case management, etc.	***Observation:*** *The Bidder uses the organizatio*	***Observation:*** *The Bidder describes cross departmental communication strategy with the required business units as their approach to coordinating stategies with other units. The Bidder also changed the reporting relationship of the WFDO to the operations unit to improve coordination.* ***Conclusion: The response meets***	Observations: The Bidder intends to Develop a best-in-class	After reading Contractor's response.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observations:*** *The Bidder describes a process that links and aligns WFD-O with other required and non required business units. The network, medical management, and quality management(QM) units work jointly witht the WFDO to develop the Network WFD Plan, by*
Criteria Consideration -Reporting structure to executive leadership including internal committee participation	***Observation:*** *The Bidder describes routine*	***Observation:*** *The Bidder reports up to the executive leadership team through their immediate supervisor the Senuior Director of Network Management. The Bidder states the WFD Administrator is a member of certain committees but does not state which committees the WFDA is a member of.* ***Conclusion: The response***	**Observation:** *The Bidder does not mention reporting*	After reading Contractor's response.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration ***Observation*** *: The Bidder formally coordinates WFD activities through the quarterly WFD Advisory Board and Taskforce. The task force reviews the Network WFDPlan, provides strategic advice onfactors impacting WFD, and helps ensure compliance with WFD*
Criteria Consideration - Prioritization and standard work for issue resolution for workforce needs that includes interdepartmental engagement	***Observation:*** *The Bidder describes the high*	***Observation:*** *The Bidder provides a high level description of the standard work process with Networks, QM and MM and BUFC leadership for using process improvement tools to identify, decide and act upon issues that become WFD priorities. An interesting component of this process is that WFD trains the staff of*	**Observation:** *The Bidder does not mention prioritization*	After reading Contractor's response	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration Observation: The Bidder formally coordination process WFD activities through the quarterly WFD Advisory Board and Taskforce. The task force reviews the Network WFDPlan, provides strategic advice onfactors impacting WFD, and helps ensure compliance with
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts					
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	#2	#3	#4	#4	#1

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B8: WORKFORCE DEVELOPMENT

Describe the Offeror's overall workforce development strategy including the Offeror's workforce development philosophy, the use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Additionally, the Offeror shall describe how the Offeror will:

a. Assist and incentivize providers to improve workforce monitoring, assessing, planning, and forecasting workforce trends so that the provider can be more strategic in their efforts to recruit, select, train, deploy, and support their staff,

b. Assist providers to improve post-training coaching and supervision to ensure the skills are applied and used effectively to improve member experience and outcomes, and

c. Integrate the operations of the Offeror's workforce development function within the operations of the network, medical management, and quality management departments.

PAGE LIMIT [4]

EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**

SCORER:

CONSULTANT FACILITATORS: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration -Addressing how the workforce should match the population of members being served or representative of the communities in which they serve.	59- Notes workforce needs Spanish speakers, has a program to address this 59 - Tennessee dashboard looks at hours, demogrpaic needs of staff, will do similar dashboard here.		74 Menbtion WF should reflect membership diversity, including tribal representation. 75 - Say they are the only AHCCCS-MCO-affiliated plan with caregiver coverage options in every AZ county, and so has the largest pool of candidates to increase their caregiver workforce - helps in rural areas. 77 Pursuing Equity Learning network uses grants to re-envision WF programs, promoting worker voice in program development, will use data to promote diversity, inclusion BCBSAZ diversity scholarships help disadvantaged students meet education goals	See line 38 - P. 74As part of organization, there is a WFD Committee whose Health Equity Administrator tracks demographic data to help workforce recuting.	36 - See line 25 about county data sets
Criteria Consideration - Addressing the use of technology (or other innovative techniques) to extend and enhance the workforce (in underserved and unserved areas) and increase member access to care (e.g., telehealth services, enabling technology)	Use SDOH data they have in conjunction with resources in line 20 to develop these partnerships. 61 - Have a VBP to incentize DCWs working with members to close HEDIS gaps in care. Mentioned barrier was lack of real time data, but Tennesse EVV data is realtime, and want to use that. 61 - Giving CFT traiing to internal staff.	63 - $4 mil investment in CBO programs to address health-related social needs, use Rovicare to faciulitate referrals, transitions of care, use Rivicare to track timeliness, ATC. Data sent to QM and Network Committees. 63- Work with ASU, UofA on CHWs program, especially in tribal, Spanish-speaking areas, people get $$ for completeing the program and another $$$ when they start work as a CHW. 64 REvuew utilization trends through Olio to decrease length of stay in wrong level of care.		72-73 - Funded CHW program that resulted in 117 students, invested in Education Unidas in Cochise, which created workers, 98% of them stayed in Cochise.	
Criteria Consideration - Use of the collection of demographic data (workforce and members) to support workforce planning (at health plan and provider levels) to address health equity and disparities	59 - Using SDOH dashboard to drive partnerships.	63 - Use Rovicare function to track HCBS Capacity and to forecast and plan strategies to address furture workforce needs. 64 AHWGMA survey to forecase needs accross the state, HNEQ questionnaire for employees, WFD Plan Data report looks at all ACC WFDs for trends.65 - Mentoned eample of Rovicare finding slow/incomplete referrals, source was lack of provider traning in Hoyer lifts, targeted training improved referall timeliness	74 Says they will colect, analyxe data to support AHCCCS initiatives and their strategy. Example, Blue ALTCS Academy, educates partticipants in ALTCS continuum. Use analytics like they did to get NCQA accreditation, use data in PDSA format, use data to amplify member and provider council to help with processes. Will ttack and report state outcome meausres. BLS Quotient benchmark data to compare local to national employmentby occupation, work with plans on an annual statewide WF survey, use EVV, NCI-AD, HCBS Consumer Assessmebt of Heatlhcare providers		36 - See line 25 about county data sets. Per 2021 survey, Arizona will need 190k new DCWs by 2030. Using DCWs to address assist in new services, avoid ED use
Criteria Consideration - [Enter Consideration Here]		63 - Use data including call center trands, satisfaction surveys, , Rovicare to support strategies			
Criteria Consideration - Other					
BROAD CATEGORY - WORKFORCE STRATEGY AND PHILOSOPHY					
Criteria Consideration - Demonstrate awareness and provide description of how they operationalize the minimum requirements (e.g., ACOM policy, Health Plan Association collaborative, ARP funded initiatives etc.	58 Says philosophy addresses AWFDA's 5 Cs	Not sure -- mayne throughout they address this?	74 - Mention 5 Cs, how their strategy complies with the AHCCCS Strategic plan, AHCCCS WF Strategy, Olmstead and ARPA spend plan, and AWFDA		36 - Meet or exceed AHCCCS requirements, including 407, works ith AZAssociation of Health Plans
Criteria Consideration - Innovation - Describe their unique vision, values, and approach. Should also include awareness of proactive (risk mitigation) and reactive strategies	58 -5 Cs	62- Have a WFD team that works witg AHCCCS and AzAHP, WFD Alliance, Strive coordinate abdcoolaborate withn MCOs, AHCCCS, AZAHP, community, Advisory committtee, Coalition. Competency-based job description for BUFC staff. Collaborations with ASU, Community Health Worker Training Program, Yuma Patheays PeerWorks, ProjectFuture, UA	74- Strategies include developing DCWs, include paid Peer and Family, paid and unpaid caregivers to ensure they deliver LTSS services consistent with AHCCCS values and maximize outcomes. Also mention Quintiuple Aim- imrpoving equity, quality outcomes, member and provider satisfaction, containing costs)	72 - Invest isnWFDstrategies that promote retention and competency of current WF, track data to inform priorities, forecast needs, build a workforce to support diverse membership. 73 - Plan to fund initiatives to support members to hire family members vis SDAC, support pipeline AZ, ALTCS PFRO program , TA for the advocates, fill WF gaps through CHWs	36 - 2015 survey of providers found shortage of DCW, initiated a program that tested and identified new and innovative strategies, and offerd 1.7 mil to 6 HCBS peoviders, who hired 4,000 new DCWs in 3 years.
Criteria Consideration - Implementable - A plan with practical/reasonable strategies.	1. 59 - Recruit and retain 2000 DCWs 2. SMCC Internship = 32 paid internships over 4 years, focus on 18024 year olds who are underrepresented 3. Need hispanic-language support, Duet CBO targets this population. 4. Tribal internship in Phornix	64 - Add Caregiver Advocate to each GSA, share best practices, innovations, adapt the ACC toolkit toALTCS for post training coaching The plan looks like its in the proposal features		72- lays out a number of programs, most with timelines and goals. Recruitment: Supported CHW certification program with $$, resulting in 117 students. 73 - AZ Community Scholarship fund, $400k endowment, plans to spend $2 mil in money for ALTCS WFD., contract with Copa for a neuropsych track for TBI. Retention: Most use VBP methods where agencies share incentives with frontline staff. Caregiver Technical Assistance Center - 3 year grant for continuing education for caregivers focusing on using tech, allow for networking, advocate for the profession. Specialized training in health equity serving tribal members, demntia patients, scholarships for provider leaders.	36. Will fund $1.6 million to continued to develop practices and achieve the WFD vision, 37 - COE for providers employing DCWs, use EVV, get high value COE contracts
Criteria Consideration - Use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Monitoring both at the health plan and provider levels.	58 - Uses AHWGMA;s tool to capture provider trends on WF capacity and recruitment. HNEQ questionnaier to cover metrics on salary, Az Provider Workforce database ti help decisionmanking. 60 - Using a WFD dashboard to monitor WFD initiatives 60 - Uses CAHPS data to show where workforce skills are used and where there are gaps. Also, have tablet-based tool to assess skills after training 61 - Mentions auditing to observe skill use after trainining. 61 - Mentionds Tennessee showed how EVV data can help id workforce challenges,			72 - Use CMS Child and Adult core measures, HEDIS, utilization and other internal data, external data such as AZ Healthcare WF Goals and Metrics Assessment and data from employees, natrional data from 2022 Integrated Care Salary... survey, stakeholder data like the C3 dashboard, , then work with AHCCCS and other plans to respond to indicators. Example, Metrics Asessment showed decreased time people spend in the job to inform their solutions.	
Criteria Consideration - Acknowledge the less traditional workforces for HCBS including paid family members, parents, neighors, friends, etc.	59 - Notes 18-24 are underrepresented in workforce	64 - Programs to offer respite, peer support, develop skills, reduce burnout ad stress for caregivers, Devoted Guardians motivates and incentivise high performing caregivers. 65- Website has modules for reducing burnout. Will offer them to proviuders as well as modules on TBI, aggressive behaviors, pregnant/post partum	74- Notes ALTCS okabs have both paid and unpaid caregivers, making WFD very imortant. Notes DCW workforce must increase annual 9% (22% for rural) to reach minimm staffing by 2026. Cause - low wage, worker dissatisfaction. 75- Notes that discussions with caregiver agencies suggests that most of ALTCS cargegiver candidates and many current workers are concerned that if they advance their carear as a caregiver, fear they would lose AHCCCS coverage.	See line 34	
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - PROVIDER FUNCTIONS OF WORKFORCE DEVELOPMENT (Letter A of submission requirement)					
Criteria Consideration - Engagement of the providers and their workforce operations (i.e. providing technical assistance, training on workforce planning, etc.	60 - $99k grant for Consumer Direct WFD leader 60 - monthly and quarterly meetind such as training and prevention task force, AZ sexual violence, I/DD respons collaborative, traum informed care, cultural competence, , EVV,		75 - Provider strategy is 1. Biannual training in WFD, 2. 6 Supplemental surveys of DCW each year (hot topic surveys to assess needs for providers thoruhout the year) 3. Establish WFD COE standards, pay enhanced rates 4. Sponsor Arizona@work to increase job applications, career training. 5. Certify 1000 new nurses, CNAs and AL Caregivers (Go beyond ARPAb funding -- is this likely? 77 mentions NAU nursing program linkages that offer 11 scholarships) 6. Fund DCW career ladder prograoms in rural communities (1000 scolarships) 7. Matriculate 500 people in Blue ALTCS academy, 8. Quarterly traiing and equipment to increase DCW use of tech (Pyx, Wellth, Bluecare anywere Telehealth) 9. Offer healthcare coverage for DCWs who would lose AHCCCS coverage due to advancement.	73- Help them translate data, offer workshops, individual TA, bty 2024 will aggregate, track, and trend data from providers along with internal data to give picture of WF, help them respond to needs. 74 - Exampe given, ACC-RBHA experience showed providers struggle with succession planning, response, help providers create competencies with staff to support mission. Workshops, TA, assist them in applying for funding	36 - Offer a range og no-cost easy to use resources and tools. Have countly le el trend and forecast report that uses data, including labor market, county helyh equity and EVV data. AZ CHOW is doing service needs and provder gap assessments or rural counties and comunities, and Mercy will be incorptating this to better assist providers in developing a culturally competent workforces 37 - ALTCS DCW Program meets provider 1:1 to offer TA, guidance on hot topics, presentaitons. Providing tools to address retention, cretative compensation, burnout, doing DAPs to incentivize provider WFD plans, technical assistance on recruting, hiring, provider relations staff educate provider in online career center, let caregivers know it exists, partnership with Phoenix Bioscience Core focused on diversity recruitmentrural placements - has 10 internship sites, support job fairs, veteran engagement program, 38 - tribal, medical residency programs, United Way DCW partnership with 3/4 mil to hire 420-500 DCWs 39 - CHWs - partnerships with groups to support CHWs, $250k to support these programs to create CHWs.38 - ALTCS DCW Program, mentoring at agences increased HEDIS scores, improved staff satisfaction scores 39 - Covenant training for SNFstaff, Oakwood traiining for dementia care
Criteria Consideration - Evaluation of provider workforce plans for member and network needs (i.e. health equity, unique member needs, GSA, network needs, etc.)		64 - ACC pproviers submit P-WDFDPs 65 - discuss P-WFDP with providers (with respect to hiring strategies)		74 - Help them with building provider WFD plans	While the incentivize providers to create them,its not clear they have a process for using them once they are made
Criteria Consideration - Integration of the provider workforce plans into their operations (quality management, staffing goals, customer service, member health outcomes, etc.		See 26			Unclear
Criteria Consideration - Outline provider incentives such as value-based purchasing contracts/payments, training, etc.	60 - Grant in 25 allows Consumer Direct to manage their provfam, forecast need, expand LIMs system, keep metrics	64-v Developing incentives for providers to submit PWFDPs, do marketing camaign, workshops, one-on-one sessions. Developing COEs.	See 25	See 19Retention: Most use VBP methods where agencies share incentives with frontline staff. Caregiver Technical Assistance Center - 3 year grant for continuing education for caregivers focusing on using tech, allow for networking, advocate for the profession.	37 - COE for providers employing DCWs, use EVV, get high value COE contracts
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - PROVIDER COMPETENCY DEVELOPMENT					
Criteria Consideration - Supervisory development training including use of lead-workers/coaches		65 v- JTED apprenticeships in Pima/Yuma to support providers to sustain coaching afer training. 65 - reviews PWFD activities with providers, and hrlp with supervision like onboarding, post hire-checkings, talk about peer support, dicuss 30/60/90 post hire discussions.	76- Coaching and mentoring for 500 supervisors through trainings, offering 20 positions/year to high potential supervisors in BCBS leadership development programs, Sponsoring 20 organizations to send leaders to NARBHA;s AZ Wellbeing Collaborative, quarterly diversity, equity ad inclusion training	See 19 74 - Fund key supervisor positions, offer training, . Ex: Learning Collaboratives, where SNF and HCBS providers can ask questions and share experiences, inplment what they trained on.	See line 34 and 29
Criteria Consideration - Measures to help determine/evaluate competencies of the provider staff	See 20 above, training CAHPS, tools and monitoring.	65 - Competency Tracker template to ensure providers comply with WF training functions.			39 - Keep data on staff performance via member satisfaction, outcome data to inform WFD programs, including training.
Criteria Consideration -Strategies for fostering career advancement (e.g., Pipeline AZ, community colleges)		63 - Noted concerns in Member and Family Survey, UA study that showed lack of advancement was a problem for DCWs. Committed to a 3-year program with UA to provide additional occupational training, including abuse/neglect training	75- Notes that discussions with caregiver agencies suggests that most of ALTCS cargegiver candidates and many current workers are concerned that if they advance their carear as a caregiver, fear they would lose AHCCCS coverage. Proposal is to use AHCCCS-like no-cost ACA coverage for them. 75-76 - have more strategoies including 1000 DCW scholarships, 500 works vis Blue ALTCS, 1000 nursing scholorhips -- see line 25) 77 - Blue ALTCS Academy will have tracks to paid caregiver jobs like CHW, Promotores, intervener and Peer and Family to develop skills, knowledge. This is needed in rural areas, will provide an app where caregivers can find providers and offer support through the app to resources. Have a Blue Caregiver Cafe where paid and unpaid caregivers can get informal 24/7 helpline services, Dementia initiatives to support caregivers with these issues available,	See 19 Also 74 Hired Cope to fund paid internships for 30 master's students, (has timeline and goals for htis project), Spectrum Training Academy - funded this to train entry level BH workers with skills to get CHW certification and work with ALTCS members. Piloting it for tribal lands. Also has targets and deadlines. 75 - 3 Initiatives for caregtivr supports. Ability 360 conference on professional development and self-care, Peer and Family Career Academy for advanced certificate program on parent/family support providers for ALTCS members. Spectrum Caregiver Extension Program - mobile teamstaff coach and mentor caregivers. All have goals and timelines. Also, prjected ECHOlinks specialist teams to primary care providers. Will expand to ALTCS providers. CE Circles - Continuing Education to train -- will expand to ALTCS.	37 - Offering caregiver education and support through Trualta, a virtual training platform with support tools; RISE awards recgnize 1000 people and awards will include WFD innovations and results, incentives for performing DCWs. 38 - Support for family members to become certified - technical assistance, $200 stipend, info for new members who have family members who could be caregivers
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - INTERDEPENDENT WORKFORCE OPERATIONS					
Criteria Consideration - Strategies to integrate the workforce team into quality management, network development, case management, etc.	61 - WFDO is lead by CEO and COO, ties WFD in through meetinfs in operations. Discussed at leadership meetings.	63- Rovicare data used to inform QM and Network building. WFD under network operations. QM monitors timely access to care as it relates to WFD. MM/QM look at worker shortages, WFD looks to close gaps.	76 - Goal is to integrate operations of WFD function with network, MM QM. Plan is to develop a position description for a WFD Administrator with 9 full time staff to recruit, onboard and create WFD plans, and be a co-lead on their Nwetwork committee	72 - Has a WFD Officerthat oversees the program for ACC RBHA, embedded in network department group, coordinates with provider relations team. Has quarterly interdeptamental WFD meetings which leads these efforts. Has WM. CC, provider engagement staff. Network brings data, MM brings member issues, QIC tracks quality data, reports WF issues	36 - WFD administrator is a certified project management professional, WFDO has 7 full time professionals who offer provider assistance, leads 3/5 ARP groups. 39 - Says they work with network, MM, QM, activities coordinated through the WFD advisory board. Not sure where this sits in managment setup
Criteria Consideration -Reporting structure to executive leadership including internal committee participation	61- just mentioned ongoing meetings, CEO leadership meetings,	Newtwork Director reports WFD data to COO/CEO, as well as QM/PI committee every 6 months.		Did not really address reporting beyond the WFD and Network committees	Unlcear
Criteria Consideration - Prioritization and standard work for issue resolution for workforce needs that includes interdepartmental engagement					Not mentioned
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	59 - Mentioned using Tennessee WFD dashboard similaory to proposal in line 20. Dsahboard looks at member needs. Mentioned Tennessee taught htem how to use EVV data for WFD purposes. WFDO lead by management	Did not address	Did not address	Did not really use	Did not address
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - [Enter Consideration Here]	Approach -- plan-based apporach Comments -- Strong on hitting WFD high points, but while covers training and funding to providers, ($99k to one provider) very little on provider information being pushed up to them via provier WFD plans, etc. or reviewing them and assisting with the,. I like the dashboard; this is a top down approach	Approach - Prtovider based approach Comments - Did not really address needs of GSAs or demographic makeup of workforce, but did proposae adding a caregiver support person to eahc GSA to assist in HCBS staffing. Good programs, planning I like using Rovicare to identify and address WF training needs at providers (gave a good example of this). Funds training for CHWs thrugh a grant. While a top down approach, its involves the provider by meeting with them in what sounds like inservice meetings, incentivising PWFDP creation and incorporating the plans into regular meetings, as well as telling the provider what resources they can help with. Also, good programs on caregiver support. WFDO inside network group.	Approach -- tragets support, creation of new caregivers Comments - Does a good job on local conditions, identifying the needs of ALTCS staff. Data use in planning covers the issue, but the format is 'we will use data to inform X, Y and Z", then later on discuses the data soures. Not sure it ties in all the things they plan to do with data to what data they will use for those uses. I like many of the programs - for example offering members and caregivers providing services Medicaid-like ACA coverage to remove the fear that they lose insurance if they earn too much for Medicaid. Other strategies in line 25, 1000 new nurses and CNAs, 1000 DCW scholarships --- Decent approach, some very good ideas but it looks like they don't have a WFD admin now, and they seem to be throwing out numbers of new caregivers they will bring in -- so how realistic?	More caregiver focused initiatives, but balanced with integrating proviers into it as wll Comments -- Many initiatives, mostly caregiver focused. Strong use of goals and timelines for most initiatives, many were in place under RBHA, but will be expanded to ALTCS. Good identification of rurla-based needs, and mentioned the need to track member demographics to inform hiring needs. Mentioned helping providers with their planning and assisting them as well. Good description of data sources and usage. WFDO inside network, has its own committee, but did not address how that group interacts with upper management. More balanded approach I think than the first three.	Balanced approach Comments - Two main focii -- tools and programs for providers, moneyand support for new workers. A lot for both. Have a good grasp on the issues/needs for staff as well as urban and rural Willing to give money to support new DCWs
DRAFT RANKING	5. Has good programs, but more limited than others, and focuses on plan-centric WFD	1. Like the provider focused approach of working with them and suppourting provide	4 - Like caregiver focused approach, some programs, but not sure I believe their goals	2. Balanced caregiver vs provider based approach, not the best at either, but has a lot	3. Balanced caregiver and provider approach, many programs and money commitment

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describ include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B8: WORKFORCE DEVELOPMENT
Describe the Offeror's overall workforce development strategy including the Offeror's workforce development philosophy, the use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Additionally, the Offeror shall describe how the Offeror will:
Assist and incentivize providers to improve workforce monitoring, assessing, planning, and forecasting workforce trends so that the provider can be more strategic in their efforts to recruit, select, train, deploy, and support their staff,
b. Assist providers to improve post-training coaching and supervision to ensure the skills are applied and used effectively to improve member experience and outcomes, and
c. Integrate the operations of the Offeror's workforce development function within the operations of the network, medical management, and quality management departments.

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EVALUATION TEAM: **The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein**
SCORER:
CONSULTANT FACILITATORS: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]				
Criteria Consideration -Addressing how the workforce should match the population of members being served or representative of the communities in which they serve.	The Contractor addresses this through its Direct Care Referral Program (DCRFP) which uses bidirectional data sharing with DCW agencies to provide detail regarding members' service needs and preferences (e.g., Tribal Internship Program that recruits, trains, employs, and empowers new Tribal health care workers to serve communities to imrpove access to equitable and culturally focused care). The Contractors DCRP goal is to promote member choice and empower DCW agencies to better forecast staffing and service needs - The Contractor has successfully staffed more than 260 DCW referrals for members using the forecast program. The Contractor is involved in community listening in which that is how it determined their members and families needed more Spanish-language supports. The Contractor chose Native Health for partnership because of its reach to Tribal communities and commitment to providing the best health care for urban AI/ANs and other members who experience barriers to equitable health services.	The Contractor states that it is deeply rooted in our communities and understand unique challenges regarding unmet social needs, health equity, and access - It has invested in Health-Related Social Needs (HRSNs) and supports health equity initiatives. The Contractors Rovicare is a digital platform that facilitates referrals, transitions of care, and care coordination including identification of health inequities. The Contractor will place a caregiver advocate in every GSA to ensure caregivers receive a wide array of support services. The Contractor aims to improve health equity and outcomes in areas such as preventable in-home injuries, preventable bacterial/viral infection, member and caregiver loneliness/depression/isolation, abuse and neglect, and stress/burnout. The Contractor manages member satisfaction related to appointment availability and provider quality and cultural competency (e.g., Rovicare data showed a trend in incomplete/slow referral fulfillment and was able to isolate the root cause as a lack of caregiver training on Hoyer lifts).	The Contractor will analyze data and collaborate with members, providers, and external stakeholders to create effective training programs by service area. The Contractor does believe the workforce should reflect the diversity of its membership and communities, including representation from Tribal nations. Care for Caregivers program which offers plan options based on the Health Choice Provider Network; the only AHCCCS MCO-affiliated plan with coverage options in every AZ county. Implement Arizona Blue ALTCS Academy to bring on peer/family candidates, parents, friends, and neighbors into the WF - Offer at no cost training program and develop a skilled DCW WF and promote career advancements. Approaches direct care workforce through the lenses of diversity, equity, and inclusion.	Fund initiatives to increase opportunities for members to hire their family members through self-directed ATC plans and support informal caregivers. The Contractor offers training to address health equity and CLAS standards for all providers and will include ALTCS case managers.
Criteria Consideration - Addressing the use of technology (or other innovative techniques) to extend and enhance the workforce (in underserved and unserved areas) and increase member access to care (e.g., telehealth services, enabling technology)	The Contractor mentioned how it offers continuing education such as Driving Health Equity through Technology. The Contractor will offer providers a new tablet-based electronic self-evaluation tool to assess their skills after participating in DCW and long-term care trainings. Its DCW Transportation Program not only provides support to its workers but help to ensure member access to care.	The Contractor addresses how it leverages healthcare IT to expand its networks and training opportunities to enahnce the WF. The Contractor uses Rovicare to tap into data sources to improve the workforce while also serving members. The Contractor also uses Rovicare to drive innovation. Leads efforts to address complex workforce challenges with innovative WFD approaches. Develops its own innovative programming of its own; for example, its new Caregiver Support Program. The Contractor using Relias to provide a single point of access for most provider trainings and workers can move seamlessly between different providers without losing their training credits.	The Contractor will ensure an adequate workforce is available to members through innovative new programs, covering all professions and disciplines. Quaterly training events (virtual and in-person) to improve DCW use of technology-based solutions; offer technology to enhance capacity of DCWs. BlueCare Anywhere is a multi-model telehealth and Blue@Home are home-based services will help unpaid caregivers by including a choice of multiple providers through a single mobile app and offer virtual and in-home services to continuously assess members and address HRSN - Existing services are being expanded to include member engagement tools, inlcuding AI-enabled conversational text and chat capabilities. Blue Caregiver Cafe will give both paid and unpaid caregivers access to inform 24/7 telephonic, chat, and online portal 'helpline' services.	Fund the C-TAC which will provide continuing education to paid caregivers with a focus on using technology.
Criteria Consideration - Use of the collection of demographic data (workforce and members) to support workforce planning (at health plan and provider levels) to address health equity and disparities	Member Level: The Contractor launched the Direct Care Referral Program which is powered by bidirectional data sharing, including data regarding member preferences for caregiver language and gender, members' interests and requested service types. Workforce Level: Using the AHWGMA, the Contractor is aware that its caregivers between the ages of 18 and 24 are underrepresented in the workforce; therefore, partnering with South Mountain Community College will sustain paid internships and promote the caregiver and BH fields to college-age students. The contractor also uses their own health equity initiiatives such as analyzing data from our proprietary SODH insights dashboard.	The Contractor analyzes workforce capacity and trends in collaboration with providers, government entities, education systems, community organizations, and workers to prepare for future WFD needs. Rovicare tracks metrics for the Contractor such as timeliness, access to care, and culturally competent care to identify and isolate health inequities. The Contractor also uses member G&A to address workforce needs. The Contractor assists by finding apprenticeship placements in tribal areas and among Spanish-speaking populations experiencing significant health inequities.	Discussions with statewide caregiver agencies indicate most candidates and many current workers are AHCCCS members which leads workers to limit their hours or avoid career advancement for fear of losing AHCCCS coverage - The Contractor will ensure it these workers will have access to an AHCCCS-like, no-cost ACA coverage that maintains access to the Health Choice provider network and promoting continuity for caregivers/families. Fund DCW career ladder programs in rural communities - partnering with higher education opportunities to support up to 1,000 scholarships to assist residents in rural communitys to enter or pursue promotion in the WF - Outreach to encourage minority student participation. The Contractor is able to identify a need based on the WF needs such as additional training among rural unpaid caregivers for developing the skills and knowledge they need to successfully navigate various systems of care and advocate for their loved ones. The Contractor will use its grant-making resources to re-envision WF programs, promoting the voice of the worker in program development. Will use data and measurement in a way that promotes diversity and inclusion; such as building on the AWFDA baseline survey to be more inclusive of other perspectives (e.g., non-English languages, non-urban areas, under-represented caregiver populations, especially AIs) - Gathering this data will help the Contractor to ensure access to person-centered services in rural, frontier, and tribal areas.	Internal Data - CMS Child and Adult Core measures, HEDIS and other AHCCCS required measures, utilization and gaps in care, member and workforce languages spoken, Electronic Visit Verification data, network access, grievances and appeals, quality of care, post-training surveys, and provider surveys. For ALTCS, it will add LTSS-specific data sources such as members receiving HCBS versus facility based care, time from service authorization to service delivery, member/caregiver satisfaction, and SNF staffing data. Uses stakeholder data where it tracks and trends member, family, provider, and stakeholder feedback through its Community Consensus Collaborative Dashboard. The Health Equity Admin tracks member demographics (including the use of Ethnic Tehcnologies) to inform WF recruitment efforts that promote member and provider concordance and will continue this integration as an ALTCS Contractor.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	All providers have access to its free education platform which is through Optum Health Education. The Contractor has a DCW Transportation Program that provides support to workers with transportation barriers so they may complete their scheduled visits to help ensure member access to care, member satisfaction, and health outcomes. The Contractors WFD community partnerships expand local workforces driving increased access to equitable care.	The Contractor assists providers by ensuring they have access to and comply with all workforce training and competency requirements. Both the Contractor's employees and providers have access to managing stress and burnout in its Clinical Experience Project on its website.	Supporting Dementia Friednly Community (DFC) initiatives which DF communities foster the ability of people living with Dementia to remain in the community and engage and thrive in day-to-day living, which simultaneously supports caregivers by lightening the demands for their services. Shine light on racial and ethnic inequities. The BCBSAZ Emplowering Diversity Scholarships will help AZ's historically disadvantaged students fulfill their educational goals.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - WORKFORCE STRATEGY AND PHILOSOPHY				
Criteria Consideration - Demonstrate awareness and provide description of how they operationalize the minimum requirements (e.g., ACOM policy, Health Plan Association collaborative, ARP funded initiatives etc.	The Contractor does demonstrate its awareness of how it operationalizes the minimum requirements and additionally, the Contractor mentioned its goal is to exceed training, coaching, and supervision requirements. The Contractor does ensure it has a sufficient staffed workforce, providing services to members in an interpersonally, clinically, culturally, and technically effective manner, and offers training/TA/resources/continuing education. The Contractor does establish and maintain a WFDO where it does monitor, assess, forecast, plan, address its workforce. The Contractor does coordinate with other WFDOs, does work with other its internal areas such as QI, QM, Network, and partnerships with other organizations. The Contractor did explain how it addresses its network workforce development plan and how to increase/improve its workforce capacity. The Contractor did address how it monitors its provider workforce and uses data analyze and determine its effectiveness; additionally, the Contractor conducts audits on its providers. Providers have access to trainings and how it retrains providers - The Contractor did not include information related to transcripts and records of training. The Contractor did not mention ARP funded initiatives. The Contractor did not mention its system-wide orientation/training are uniformly applied.	The Contractor mentioned how it meets the requirements for provider training such as using Relias which also monitors/track the trainins and can be used if/when the provider goes to a different agency - Includes the access to its training. The Contractor discusses its WFD and how it is now under the Contractor's Network Operations department - The Contractor went into some detail regarding how those departments work together to ensure the provider workforce has the capacity needed to provide services in a diverse and cultural manner. The Contractor does include a WFD Admin and its involvement. The Contractor does address how it monitors, assess, forecast, plan and provide TA. The Contractor does describe the resources it has to engage in different audiences/new initiatives. The Contractor did address that its WFD team contributes to Network Development Management Plan with other interdepartment areas and develops the Network WFD plan. The Contractor described its monitoring profess for providers; however, the Contractor did not include information regarding any audits. The Contractor described how it collects, uses, analyzes its workforce data. The Contractor does outline its providers TA. The Contractor did not mention ARP funded initiatives.	The Contractor did mention ARP funded initatives. The Contractor mentioned it will partner with academic institutions to perform independent evaluations.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Innovation - Describe their unique vision, values, and approach. Should also include awareness of proactive (risk mitigation) and reactive strategies	The Contractor's WFD Philosophy is the five C's which include capability, capacity, connectivity, culture, and commitment. The Contractors Tennessee health plan uses the EVV data to identify workforce challenges and provider recruitment - The EVV data can drive real-time outreach triggers to providers to close gaps in the workforce. The Contractor conducts in-person provider audits which the results help to identify indivdiual and systemic service barriers and empower providers and the Contractor teams to address it. The Contractor uses dashboards to provide teams with data to drive initiatives and partnerships which enhance its capacity and new provider supports.	The Contractors WFD philosophy not only ensures access to quality care but also aims to reduce disparities and improve equity. Collaborates with a variety of different external entities to reduce fragmentation in the health system; creating a more cohesive and effective healthcare system - With external partners it looks at the trends and prepares for future WFD needs. The Contractor believes in investing in workforce is investing in members, communities, and overall success of the program. The Contractor has committed to a 3-year partnership with UA to ensure the voices of DCWs are heard. The Contractor collaborates with private sector partners like Rovicare to drive innovation. The Contractor monitors member satisfaction related to appointment availability and provider quality and cultural competency - These outcomes drive their initiatives and highlight opportunities for improvements by developing a strong WF in collaboration with its providers.	The Contractor acknowledges ALTCS and how members need a diverse, well-trained, highly skilled direct care workforce capable of providing high-quality, **person-centered** long-term services/supports that align with the member specific needs. The contractor discusses how it will ensure an adequate workforce is available - The Contractor see's many reasons for shortage of workers (e.g., low wages, worker satisfaction) and due to the PHE, recognized how essential it is to meet the workers' needs for well-being, safety, and respect. There is a strong focus on developing DCWs, peer and family candidates, and paid/unpaid family caregivers to ensure they are adequately supported. Philosophies are constructed on the best practice framework of the Quintuple Aim (improving health equity, quality outcomes, member and provider satisfaction, while containing cost). The Contractor will analyze data and collaborate with members, providers, and external staekholders to create effective training programs by service area. Use data to inform new best practice programs (e.g., Blue ALTCS Academy). Using organizational discipline, allowed the Contractor to become the first MCO in Arizona to be fully accredited by NCQA. The Contractor works in an integrated fashion to blend information from stakeholders, research, and internal data to analyze and inform of its strategies using the Plan-Do-Study-Act. Analyze DCW and member specific data before, during, and after implementing the strategies. Hear from member and stakeholder voices to help guide, design, implement, and evaluate our processes and that the voices are inclusive of diverse communities.	Proactive and cross-sector community staekholder collaboration. Invest in WFD strategies that will fill the pipline for future and increase retention and competency of current WF. Tracks internal and external data to inform priorities, forecast needs, and build a resilient and diverse WF to support a diverse membership. Works with AHCCCS, and other MCOs to proactively respond to WF indicators (e.g., through its WF goals and Metrics assessemnt it found a decrease in the average length of employment which informed its job retention solutions). Developed unique ALTCS strategies to address both WF shortages and system gaps simultaneously based on stakeholder feedback (e.g., ALTCS Peer/Family Advocacy and Post-doctorla Neuropsych Track). Demonstrate how proactive monitoring can improve provider's WF and employee engagementw hile reducing the cost of attrition.
Criteria Consideration - Implementable - A plan with practical/reasonable strategies.	The Contractor provided an implemental plan that includes practical/reasonable strategies. I liked how the Contractor utilized a variety of different tools to pull data to inform of its stratgies in both proactive and reactive ways. The Tennessee and Ohio dashboard was informative, useful, and practical. I also like the way the Contractor used EVV to track data and reward its DCWs as applicable.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Monitoring both at the health plan and provider levels.	The Contractor analyzes data and solicits feedback from stakeholders which include members, DCWs, own employees, primary care, speciality providers, community-based organizations, and AHCCCS. Use data insights to inform its WFD strategy and monitor the efficacy of WFD partnerships. Uses tools such as AHWGMA (provider level), HNEQ (provider level), and Arizona Provider Workforce Database (provider level). The Contractor leverages provider and member survey data, healthy disparities data, state and consensus analytics and provider performance data to inform WFD initatives.	The Contractor collects and analyzes workforce data to identify existing strengths and opportunities in the workforce and forecasts network needs and gaps. In analyzing data from its QM and Network Development committees, the Contractor develops new and existing support resources with providers, their employees and caregivers based on identified trends. The Contractor works independently, with AHCCCS, and other MCOs to collec t data, monitor, assess, forecast, and plan. The internal information the Contractor uses includes network monitoring, call center trends, provider satisfaction surveys, and G&A trends. The Contractor collects data from external sources that include providers, Rovicare (not only prepares workforce assessment reports, forecasts and plans but it also has a HCBS Capacity Tracker that montior/assess the capacity and support HCBS), the Alliance, the Coalition, and the AZ Healthcare Workforce Goals and Metrics Assessments - The data collected helps to inform the stategies and initatives (e.g., learning of caregiver service gaps that showed DCWs perceive a lack of advancement opportunities led to the create of the Healthcare Hub on available career pathway). The Contractor also uses survey data from Abuse and Neglect Prevention Task Forces, Member/Family survey's, and research conducted. Member/family survey's showed most members trust their DCWs; however, there were other opportunities for *improvement* . Research showed on DCWs wanted and needed additional job-related skills training. Leverage the data to produce WFD plans. Also is invovled with AHWGMA (provider level), HNEQ (provider level), and Workforce Development Plan Data Report (provider level). The Contractor trains employees on WFD, share project updates, and educate employees on how it collaborates across departments to improve outcomes. Overall, the Contractors data sources are used to target and support new WFD initatives and overall health plan strategy.	The Contractor will track and report outcome measures meaningful to policymakers and ALTCS members. To measure effectiveness in reducting and eliminating WF shortages, the Contractor will directly measure quatity and quality and disseminate reports statewide and compare the local employment to national employment by occupation and will collaborate with other plans to complete the annual statewide WF survey. To ensure timely access to services, it will measure member experiences with the quality, timeliness, and accessibility of services and supports (e.g., timeliness of utilization of services, EVV data, qualitative, ancedotal, and member experience using sruveys).	WFD strategy is guided by research and recommendations from national groups specializing in direct care work including PHI (Quality Care Through Quality Jobs), American Health Care Association, and National Center for Assisted Living. WFD is informed by both data and researching to track, aggregate, trend, analyze and respond to data. Internal Data - CMS Child and Adult Core measures, HEDIS and other AHCCCS required measures, utilization and gaps in care, member and workforce languages spoken, Electronic Visit Verification data, network access, grievances and appeals, quality of care, post-training surveys, and provider surveys. For ALTCS, it will add LTSS-specific data sources such as members receiving HCBS versus facility based care, time from service authorization to service delivery, member/caregiver satisfaction, and SNF staffing data. External Data - Track broadscale external data such as survey results from providers on the AZ Healthcare Workforce Goals and Metrics Assessment and from individual employees on the Healthcare Network Employee Questionnaire, as well as national data such as the 2022 Integrated Care Salary & Wellbeing Survey to inform efforts around equitable compensation. As an ACC-RBHA, we work with the WFDA to analyze provider recruitment, hiring, and retention data. Uses stakeholder data where it tracks and trends member, family, provider, and stakeholder feedback through its Community Consensus Collaborative Dashboard.
Criteria Consideration - Acknowledge the less traditional workforces for HCBS including paid family members, parents, neighbors, friends, etc.	The Contractor has committed funds to create opportunities to underrepresented and diverse clinical professionals - In one year, 9 Arizonans received scholarships through this funding. The Contractor recognizes unpaid caregivers are vital to empowering loved ones to live at home, resulting in less DCW demand. The Contractor mentioned underrepresented caregivers which are those aged 18-24 and BH providers. The Contractor does not include additional supports for the less tranditional workforces.	The Contractor has a caregiver support program in which it offers resources like respite care co-operatives, peer support, assistive technology, collaborative care planning, personalized skill development, burnout, and stress reduction and community integration initatives.	There is a strong focus on developing DCWs, peer and family candidates, and paid/unpaid family caregivers to ensure they are adequately supported. The Contractor recongizes the largest pool of candidates to increase the caregiver workforce is from peer/family members, parents, friends, and neighbors; especially in rural areas. The Contractor does address its approach to supporting unpaid caregiver WF and its response to develop a series of interventions to specifically address the needs.	Fund initiatives to increase opportunities for members to hire their family members through self-directed ATC plans and support informal caregivers. Develop ALTCS Peer/Family Advocacy to provide support to family caregivers.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	The Contractor had more detail around the provider levels versus the health plan staff.	The Contractor describes a lot of data tools (internal and external) and sources it uses to monitor its initiatives' effectiveness, how it leverages the data for both proactive and reactive strategies. It would have been nice to see some of the graphs/data it collects versus just describing it.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - PROVIDER FUNCTIONS OF WORKFORCE DEVELOPMENT (Letter A of submission requirement)				
Criteria Consideration - Engagement of the providers and their workforce operations (i.e. providing technical assistance, training on workforce planning, etc).	The Contractor reported it is engaged partners in assisting providers with post-training coaching, skills development, and applying what is learned to improving members' experiences and outcomes. The Contractors metrics includes DCWs hired, retention statistics, CPR trainings, and Learning Management System Trainings. The WFDA facilitates TA's for providers by promoting EVV Hard Edit Interactive Guide among other resources. Brought State training to the Contractors staff and has provided AHCCCS-approved CFT training to 62 of their team members, including psychiatry leadership staff.	The Contractor analyzes data to increase workforce capacity and capability through TA and education. The Contractor supports making Relias the required learning management system - This would facilitate WFD activities across all LOBs, provide a single point of access for most provider trainings, and simplify monitoring of provider and workforce training. The Contractor develops new and existing support resources with providers, their employees, and caregivers based on trends identified. The Contractor has committed to a 3-year partnership with UA to ensure voices of DCWs are heard and provide them with additional trainings to improve quality of care and identify/reduce abuse, neglect, and exploitation. The Contractor encourages and is developing incentives for providers to complete a P-WFDP and offer one-on-one sessions for TA. The Contractor will create an ALTCS WFD Toolkit that will ensure providers can access and comply with all AHCCCS-required WF traning programs. As a result of the provider trainings, the Contractor aims to improve health equity and outcomes. The Contractor trains employees on WFD, share project updates, and educate employees on how it collaborates across departments to improve outcomes.	Bi-annual training on WFD by giving providers tools to support WFD. Connect providers with Arizona@Work website resources. Place interested candidates in training programs (e.g., new Nurses, CNAs, and AL caregivers), fully funding the education necessary to become certified to service ALTCS members; assist the new nurses, CNAs, and AL caregivers in job placement and provide ongoing support to individuals trained through the AHCA Works program. Quarterly training events (virtual and in-person) to improve DCW use of technology-based solutions. Through Blue Cross ACA "Care for Caregivers" - support workers with transitions between plans and provide training on healthcare financing literacy.	The Contractor provides TA to providers on WF planning, talent acquisition, competency-based learning, retention, and efforts to improve workplace culture. The Contractor offers training to address health equity and CLAS standards for all providers and will include ALTCS case managers. Building upon its ACC-RBHA experience collaborating with Tribal Nations, will offer customized training for LTC providers serving AIs. Will offer dementia training programs for DCWs. Assist providers by helping to translate the data tracked, offering quarterly workshops, and providing individual TA. Will share data with providers and assist them in using it to identify and respond to WF needs. WFD team helps providers implement consistent and proactive workforce monitoring, assessing, planning, and forecasting and provided an example for its ACC-RBHA plan. Offer providers succession planning tools and workshops from the Association for Talent Development. WFD team will be available to further assist providers 1:1. Guide providers to implement WFD planning efforts that increase their focus on earning worker commitment and establishing workplace connectivity, buliding WF capacity. The Contractors Health Equity Admin offers training on supporting marginalized individuals and follwos up with individualized provider coaching while modeling how providers can use culturally competent supervision to enhance learning.

Criteria Consideration - Evaluation of provider workforce plans for member and network needs (i.e. health equity, unique member needs, GSA, network needs, etc.)	The Contractor uses many capabilities to support DCWs and other providers in better understanding training needs, talents, and strengths, all of which are tied to improving member experiences. The CAHPS data shows which workforce skills are being well-used and where gaps may exist. Once the Contractor identifies CAHPS deficiencies, it partners with Network Management and Quality Improvement teams to address skill development gaps. Partership with Consumer Direct Care Network Arizona and jointly review performance metrics to understand grant efficacy (metrics include DCWs hired, retention statistics, CPR trainings, and Learning Management System trainings). The Contractor informed that per the Alzheimer's Association cities that Hispanics are 1.5 times more likely to develop Alzheimer's disease in America and using its community listening it has been identified that families need more Spanish-language support. Additionally, the Contractor has a Duet CBO partnership that expands the awareness of and participation in caregiver support groups and wraparound services for Speanish-speaking caregivers.	The Contractor reduces fragmentation through its clinically integrated network and our care and coverage approach. Analyzes workforce capacity/trends through its collaboration with external entities and works together to prepare for the future needs. The Contractor analyzes workforce data to identify existing strengths and opportunities in the workforce, forecast network needs and gaps and drives initiatives to draw in healthcare workers. The Contractor works both independently and with external stakeholders to collect data to monitor, forecast, plan, and provide TA to providers - E.g., learned of caregiver service gaps led to implementation of a HCBS Capacity Tracker with Rovicare and data from caregiver survey's showed DCWs perceive a lack of advancement opportunities which led to the creation of the Healthcare Hub. Discussions within the NACs led to creation of sub-committees which focused on WFD issues and inclusion of WFD team within other groups. The Contractor also uses surveys as a tool for DCWs experience and opportunities for improvement (e.g., a UA study demonstrated DCWs wanted and needed more additional job-related skills training). The Contractor uses Rovicare Capacity Tracker to monitor, assess the capacity and support HCBS - Through reviewing the length of stay trends and over/under utilization data, the Contractor identified a gap in home health and expanded its Olio partnership to decrease the length of stay in appropriate levels of care. The Contractore requires providers to submit P-WFDPs which helps to better assess their workforce, plan, recruit, select, train, deploy, and support staff - This in turn, helps with its onboarding processes, competency assessments, and member outcomes; will deploy a marketing campaign to increase participation with ALTCS providers. Member Needs: The Contractors WFD Operation ensures members receive services from qualified, competent, and sufficiently staffed workforce. The Contractor measures member satisfaction related to provider quality and cultural competency.	The Contractor will analyze data and collaborate with members, providers, and external staekholders to create effective training programs by service area. To ensure timely access to services, it will measure member experiences with the quality, timeliness, and accessibility of services and supports (e.g., timeliness of utilization of services, EVV data, qualitative, ancedotal, and member experience using sruveys). Partner with AWFDA to provide de-identified data to providers related to service utilization in their community. Complete 6 supplemental 'pulse surveys' of DCW each year in addition to the annual surveys in which the short surveys will target 'hot topics' to assist employers in a timely identification of workers' needs and motivations to drive support programs.	Internal Data - Workforce languages spoken, Electronic Visit Verification data, network access, grievances and appeals, quality of care, post-training surveys, provider surveys, and SNF staffing data. External Data - Track broadscale external data such as survey results from providers on the AZ Healthcare Workforce Goals and Metrics Assessment and from individual employees on the Healthcare Network Employee Questionnaire, as well as national data such as the 2022 Integrated Care Salary & Wellbeing Survey to inform efforts around equitable compensation. Uses stakeholder data where it tracks and trends member, family, provider, and stakeholder feedback through its Community Consensus Collaborative Dashboard. In 2023, the C3 action plan focused on WFD included goals related to curriculum development with higher education, increasing cultural diversity of provider staff, and promoting a livable wage. Through its WF goals and Metrics assessemnt it found a decrease in the average length of employment which informed its job retention solutions. Developed unique ALTCS strategies to address both WF shortages and system gaps simultaneously based on stakeholder feedback (e.g., ALTCS Peer/Family Advocacy and Post-doctorla Neuropsych Track). The Contractor will track and trend data received from providers along with its exisiting data sources. Guides providers toimplement WFD planning effortsthat increase their focus on earning worker commitment, establishing workplace connectivity, and building workforce capacity including recommendations and tools for provider data tracking and stategies for measuring employee engagement. Encourages to build annual WFD Plans.
Criteria Consideration - Integration of the provider workforce plans into their operations (quality management, staffing goals, customer service, member health outcomes, etc.	Its WFDO is lead by the CEO and COO in which it collaborates with the WFDA and leaders throughout its organization. It explores WFD initatives at CEO leadership meetings and the WFDAS meets with operations leaders. The WFDA integrates activities into provider network mangement, medical management, quality improvement and the work of its member and provider facing staff.	The Contractor analyzes data and address its findings through QM and Network Development Committees. The WFD team is now under the Contractors Network Operations department to facilitate seamless coordination and collaboration. The Contractor leverages the data of Rovicare to produce WFD plans, including the Network WFD plan, developed in collaboration with its Network Development, QM, and Medical/Utilization Management departments. The Contractor encourages collaborative conversations - Discuss common goals, indentify barriers to success, and utilize process improvement tools to identify soutions to support WFD goals and objections.	The Contractors workforce, network, MM, and quality teams work in an integrated fashion to blend information from stakeholders, research, and internal data to analyze and inform of its strategies using the Plan-Do-Study-Act. Establish WF excellence standards, including clinical quality and member experience metrics.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Outline provider incentives such as value-based purchasing contracts/payments, training, etc.	Working with MTBA the Contractor's NEMT vendor and offering incentives for drivers to complete cultural competency training. The Contractor uses Personal Care Attendant (PCA) Value-Based Purchasing - Through Tennessee, EVV-enabled real-time gap information can now be shared while a DCW is working in the member's home which enables timely interventions and the opportunity to reward DCWs. The Contractor used grant funding to provide HCBS staffing agencies funding to help its partners to recruit and retrain DCWs.	The Contractor collaborates with ASU and CHW program with UA on a peer/family support placement system - Part of the grant, participants receive $7,500 for completing the program and more when it is placed as a CHW. The Contractor is developing incentives for providers to complete P-WFDPs and will give bonuses to providers who meet competency continuum goals in the P-WFDP. The Contractor has partnered with Devoted Guardians to use motivational incentives and data collection to measure and incentivize high-performing caregivers and promote retention. The contractor commits to developing reward and recognition programs with DCW agencies to improve job satisfaction and increase retention while reducing workforce stress and burnout.	The Contractor will ensure it these workers will have access to an AHCCCS-like, no-cost ACA coverage that maintains access to the Health Choice provider network and promoting continuity for caregivers/families - this will reward caregivers for increasing their work hours for ALTCS members and help improve their lives and advance their careers ('Blue Cross ACA Care for Caregivers). Identify and reward COEs provider agencies annually; rewards are for best practices in monitoring, forecasting, recruiting, hiring, and onboarding. Pay enhanced rates to those organizations achieving COE designation and annual recognition at a special event and in various publications. Fianancial sponsorship of the Arizona at work programs. Fund DCW career ladder programs in rural communities - partnering with higher education opportunities to support up to 1,000 scholarships to assist residents in rural communitys to enter or pursue promotion in the WF. Implement Arizona Blue ALTCS Academy to bring on peer/family candidates, parents, friends, and neighbors into the WF - Offer at no cost training program. Develop certificate program for career advancement and incentives for provider organizations allowing employee participation. Share free of charge, the Blue ALTCS Academy program with providers. Incentivizing employer practice changes.	To incentivize provider innocation, the WFD team will inform providers of opportunities to apply for the Contractor and community-based funds to support efforts that address WF needs. Will incent through provider recognition with excellence in WFD award and announce it annual at its C3 Action Event.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	CMO is a Clinical Assistant Professor at the UA College of Medicine in which she trains residents and students by including them in administrative medicine rotation - Community involvement is important as well as developing/fostering those relationships which in turn can lead to indiviudals wanting to apply/hire with the company. The Contractor offers modules for managing stress and burnout in their Clinical Experience Project on its website - Both employees and providers in the Banner system can access this conent.	Participate with the Governor's and local WF boards. Increase joba pplications and career training events by 10% annually. Sponsor the Arizona@Work. Discusses recruiting efforts. In collaboration with AHCA. Arizona Blue Consumer Direct initiative will offer the administrative, clinical, outreach, and financial infrastructure to increase use of member directed paid SDAC caregiver options where it is appropriate to convert an unpaid caregiver to a paid one. Included ways to support its WFD such as supporting Family Medicine and Psychiatry Residencies at North County Healthcare which is designed to train and retain primary care physicians and psychiatrists with deep knowledge of rural AZ healthcare and support ongoing professional development through their sponsorship of ASU's College of Health Solutions BH Integration ECHO. Support initiatives such as the coalition to Transform Advance Care that promotes the use of palliative care services and empowers members, providers, and caregivers with tools and skills to promote advanced care planning.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - PROVIDER COMPETENCY DEVELOPMENT				
Criteria Consideration - Supervisory development training including use of lead-workers/coaches	The Contractor's WFDA collaborates with other MCOs Cultural and WFD Admins on provider trainings that address cultural competence such as CC200 LGBTQIA+ Clinical Care. Brought State training to the Contractors staff and has provided AHCCCS-approved CFT training to 62 of their team members, including psychiatry leadership staff.	The Contractor will adapt the ACC WFD Toolkit to create an enhanced, custom ALTCS WFD Toolkit to support providers with post-training coaching. The Contractor partners with JTED for apprenticeships in Pima and Yuma counties - These support providers to sustain coaching for their workforce beyond initial training for jobs such as CNAs, CMAs, LPNs, BH Techs, CHWs, and Medical Billers/Coders. The Contractor reviews supervision recommendations in ongoing provider meetings as part of the P-WFDP at the Alliance level. The Contractor does assist providers with their supervision activities by collaborating on various topics through pre-hire, competency assessment process, onboarding best practices, and post-hire check-in frequency. The Contractor discusses the need for comprehensive resources and availability of peer support.	Coaching and mentoring training for 500 provider supervisors to improve coaching and mentoring skills to support retention, safety, and service - The Contractor did include examples including the training offered by its affiliate BCBS Minnesota. Offer 20 high-potential provider employees the opportunity to participate in BCBS leadership development programs including best practice Huron Leadership Development resources (while also monitoring participant satisfaction). Offer free advanced training courses to provider supervisors. Offer quaterly diversity, equity, and inclusion training to leaders. Professional development for provider supervisors through various trainings.	To improve the quality of supervision, the Contractor will award scholarships for provider leaders and case manager supervisors to attend ASU Mindful Leadership Certificate Program. Offering training on supportive supervision, establish provider coaching programs, and modeling a coach approach. The Contractors Health Equity Admin offers training on supporting marginalized individuals and follwos up with individualized provider coaching while modeling how providers can use culturally competent supervision to enhance learning. Partnering with Spectrum to offer a Caregiver Extension Program where highly skilled mobile health home team members offer modeling and coaching to paid caregivers.
Criteria Consideration - Measures to help determine/evaluate competencies of the provider staff	The Contractor has self-evaluation forms available in the DCW Skills Workbook Evaluator Guide and empowers DCW agencies to discern strengths and skill dvelop needs in real time. The electronic training and evaluation tool makes it easier for providers to engage in skills evaluation, learn from the results, and share results with the team for additional support. Contractor staff will conduct in-person provider audits to observe direct skills application and offer real-time coaching and supervision - The results are shared with the providers and use them to guide provider training and member advocacy programming. The Contractor is also incorporating member experience and outcomes questions in conjuction with Heightened Scrutiny and other provider audits to assess provider training efficacy.	The Contractor uses provider P-WFDPs that assist with assessing competency of its providers. The Contractor gives bonuses to those providers who meet competncy continuum goals in the P-WFDP. Partenred with Devoted Guardians in which it collects data to measure and incentivize high-perofrming caregivers. The Contractor will create an ALTCS WFD Toolkit that will include a competency tracker template that will ensure providers can access and comply with the required WF training programs and competency practices. The Contractor offers modules for providers and caregivers to develop competency in treating individuals with ASD, dementia, TBI, persistent aggressive behavior, and who are pregnant/post-partum. The Contractor reviews their formal competency criteria and advise on stategies to alignw ith industry best practices. The Contractor discusses the need for competency checks. The Contractor suggests 30/60/90-day post-hire discussions to gauge competency, identify needed resources, and suggest tools to assess satisfaciton. The Contractor measures member satisfaction related to cultural competency.	The 6 supplemental 'pulse survey's will provide employers with periodic, targeted insights to quickly identify issues.	External Data - Track broadscale external data such as survey results from providers on the AZ Healthcare Workforce Goals and Metrics Assessment. The Contractor assists providers in achieving targeted role-based competencies by funding key provider supervisor positions, offering training on supportive supervision, establish provider coaching programs, and modeling a coach approach. Did not provide specific *measures* on how it determines/evaluates competencies of the provider staff (e.g., provider audits); rather how it supports the increase of competency in provider staff (e.g., Caregiver Supports). The Contractor does use survey's for self-reflection of providers in some competency capacities (e.g., provider staff indicated they felt more competent in assessing the needs of members with complex and developmental trauma).
Criteria Consideration -Strategies for fostering career advancement (e.g., Pipeline AZ, community colleges)	Funding 32 paid internships over the next 4 years - This partnership will sustain paid internships and promote the caregiver and behavioral health fields to college-age students. Partnership with Native Health which resulted in 2 interns completing their training and going on to become Native Health Employees. The Contractor uses Healthcare Hub to address provider recruitment and career pathway challenges - It uses social media, provider communications, and trainings as promotion tools.	The Contractor is involved in Pipeline Arizona. Promotes higher education as a strategy which in turn fosters career advancement. The Contractor is part of a grant where participants will not only receive money for completing the program but also another bonus for when placed as a CHW. The Contractor created Healthcare Hub which is available on career pathways. COEs receive priority referrals and consideration for partnership opportunities as well as robust engagement and visibility across the network and their local communities which does foster career advancement. The Contractor will create an ALTCS WFD Toolkit that will include resources for career advancement.	The Contractor will ensure it these workers will have access to an AHCCCS-like, no-cost ACA coverage that maintains access to the Health Choice provider network and promoting continuity for caregivers/families - this will reward caregivers for increasing their work hours for ALTCS members and help improve their lives and advance their careers. Develop certificate program for career advancement and incentives for provider organizations allowing employee participation. Support scholarships for Nurses and other allied Health Professionals at AZ Universities and Community Colleges (e.g., support for Northland Pioneer and Coconino Community Colleges, and partnership with NAU School of Nursing which offers 11 scholarships).	Funds community initiatives to address workforce challenges (e.g., supported several colleges to promote CHW Occupational Certification Program and sponsored conferences that foster collaboration on initiatives address WF shortages which resulted in 117 students receiving their CHW certificate and increase HCBS WF capacity). Invested in Education Unidos in rural Cochise County which resulted in 100% graduation rate of scholarship recipients with 98% remaining in Cochise County and working in health and human services careers. Recently established an AzCH Community Transofrmation Scholarship Fund to support in-state students to complete health professional programs at local community colleges. Will commit nearly $2M to fund new WFD initiatives as an ALTCS plan. Fund initiatives to increase opportunities for members to hire their family members through self-directed ATC plans and support informal caregivers. Participate in AHCCCS' CET Community college project and support Pipeline AZ to provide career planning resources through promotion of the platform across our providers and stakeholders. Collaborate with organizations such as AHCA in efforts to recruit and train CNAs in SNFs and caregivers in SNFs. Fund the C-TAC which will provide continuing education to paid caregivers with a focus on using technology, provide networking opportunities, advocate for the profession. Other examples of involvement include coordinated internship program with Cope Community Services, Spectrum Training Academy, Caregiver supports, CE Circles.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	The Contractor mentioned fingerprint clearance cards and CPR training for providers which is important when hiring DCWs for members.	The Contractor belives its WFD education helps earn worker commitment, align cultures, establish connectivity, improve worker capability, and strengthen capacity. It promotes higher education including the Graduate Medical Education Program.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - INTERDEPENDENT WORKFORCE OPERATIONS				
Criteria Consideration - Strategies to integrate the workforce team into quality management, network development, case management, etc.	Its WFDO is lead by the CEO and COO in which it collaborates with the WFDA and leaders throughout its organization. It explores WFD initatives at CEO leadership meetings and the WFDAS meets with operations leaders. The WFDA integrates activities into provider network maangement, medical management, quality improvement and the work of its member and provider facing staff. The WFDA identifies CHAPS deficiencies and works in partnership with Network Management and Quality Improvement teams using the data to address skills development gaps. The WFDA shares the work with the Contractors WFDO for support and assistance in strategic planning. The quality team will incorporate the audit results as part of their ongoing provider training. The Contractor did not mention anything as it relates to case management.	The Contractor reduces fragmentation through its clinically integrated network and our care and coverage approach. The Contractor analyzes data and address its findings through QM and Network Development Committees. Rovicare's data is used to produce the WFD plans which include the involvement of Network, QM, and Medical/Utilization Management departments. The Contractor forecasts and plan strategies to address future workforce needs, drawing on data from Rovicare, network adequacy metrics, and member G&A. Cross-departmental communication and processes between the WFD, Network, MM, and QM departments ensure a coordinated approach to address emerging trends. The Contractor trains employees on WFD, share project updates, and educate employees on how it collaborates across departments to improve outcomes. The WFD team was recently moved under the Contractor's Network Operations department to facilitate seamless coordination and collaboration. The MM and QM teams help to identify when a workforce shortage creates an access to care issue and the WFD team helps to close the gaps. The QM team also collaborates with WFD to develop provider training. The WFD team contributes to Network Development Management Plan and develops the Network WFD plan. The Contractor encourages collaborative conversations - Discuss common goals, indetify barriers to success, and utilize process improvement tools to identify soutions to support WFD goals and objections.	The Contractors workforce, network, MM, and quality teams work in an integrated fashion to blend information from stakeholders, research, and internal data to analyze and inform of its strategies using the Plan-Do-Study-Act. The WFDA will co-lead an ALTCS Network Services Committee (NSC) with Network Development Admin, QI/Informatics, MM, Member and Provider Advisory Counsils, AWFDA, and other committees. The WFDO team will plan, implement, coordinate trainings, define metrics, develop bench marking tools and assessment frameworks.	The WFD Admin oversees development of the annual Network WFD Plan and contributes to the WFD Coalition's annual WF Survey; forecasting needs and setting priorities. The WFD Admin is embedded in the Network Management Department and supported by a team that includes Senior Manager of Provider Network Management Operations, Clinical Trainer and ALTCS WFD Coach. WFD team will collaborate with Provider Relations Representatives who have LTSS expertise. Project ECHO links interdisciplinary specialist teams with multiple PCPs - Experts mentor and share experiences across a virtual network via case-based learning, enabling clinicans to treat members with complex conditions - Hosted by Director of BH and Network Development, providers will submit member scenarios for guidance and the Contractor will convene expert panelists based on thee scenario. The Contractor fully integrates the WFDO across its entire organization including Network, MM, QM, CM, CC, and PE; all participate in the Quarterly WFD Committee meetings and committee members lead efforts related to WFD activities across the organization. Network - Elevate critical data and monitoring activities to the Medicaid Network Oversight committee which includes representatives from QM, BHUM, Executive Medicaid Leadership, Contracts, Network, Finance, and Medical Directors. The committee identifies gaps, reports them to WFD committee for solutions, and incorporates them into Network development and management activities. MM - Systematically esclate member issues. HCBS availability and WF issues will be part of regular CM supervision. CM supervisors will report provider HCBS gaps to Medicaid Network OVersight Committee and QIC. QM - QIC tracks and trends quality data and reports potential WFD issues to the WFD committee.
Criteria Consideration -Reporting structure to executive leadership including internal committee participation	Its WFDO is lead by the CEO and COO in which it collaborates with the WFDA and leaders throughout its organization. It explores WFD initatives at CEO leadership meetings and the WFDAS meets with operations leaders.	The WFD team was recently moved under the Contractor's Network Operations department to facilitate seamless coordination and collaboration. The WFD Administrator is an integral member of the committees and shares data with QM, MM and the Contractors leadership. The Contractor's Senior Director of Network Management reports WFD data directly to the COO and CEO, as well as the QM/PI committee twice annually. The WFD Administrator and Senior Director of Network Management distribute the reports to our committees, executive leadership, and the Board of Directors.	The Contractor would need to develop the position description for a WFDA and up to 9 additional employees dedicated to this single subject of integrating operations of the workforce development function within the operations of network.	Has an already identified WFD that leads its WFDO and will represent the Contractor and involved in other pertinent WGs and committees.
Criteria Consideration - Prioritization and standard work for issue resolution for workforce needs that includes interdepartmental engagement	Did not specifically address anything releated to prioritization and standard work for issue resolution for workforce needs that includes interdepartmental engagement. Though, the Contractor does focus heavily on recruitment and retention which is an issue resolution for workforce needs identified. The Contractor also idnetified that it uses the EVV data to identify workforce challenges and provider recruitment opportunities to close gaps in workforce but does not include details around its interdepartmental engagement in its process.	The MM and QM teams help to identify when a workforce shortage creates an access to care issue and the WFD team helps to close the gaps. The QM team also collaborates with WFD to develop provider training. The Contractor ensures cross-departmental communication between their interdepartment areas to ensure a coordinated apporach to address emerging trends.	Did not include much information on details regarding issue resolution for WF needs that includes interdepartmental engagement.	Team monitors all WFD activities, tracks progress, and revises solutions when otucomes are not met. WFDO solutions are responsive to the needs as outlined. Project ECHO links interdisciplinary specialist teams with multiple PCPs - Experts mentor and share experiences across a virtual network via case-based learning, enabling clinicans to treat members with complex conditions - Hosted by Director of BH and Network Development, providers will submit member scenarios for guidance and the Contractor will convene expert panelists based on thee scenario. The network committee identifies gaps, reports them to WFD committee for solutions, and incorporates them into Network development and management activities. The Contractor systematically escalates member issues and engage in immediate response to member needs while simultaneously elevating issues to the WFD committee to consider WFD implications. QM - The System of Care Peer reviews reflected a deficit in WF capacity to assess trauma-related disorders and in response, the Contractor offered training on Neurosequential Model of Therapeutics (NMT).
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	The Contractor participates in monthly and quarterly abuse and neglect meetings such as the Training and Prevention Task Force, Arizona Sexual Violence and I/DD Response Collaborative and the trauma-informed care workgroup.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	The Contractor does not mention the integration of its QM department.	In addition to its interdepartmental engagement, the Contractor also builds partnerships to support the existing community work.
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS				
Criteria Consideration - Use of cited contracts	Cited Arizona, Tennessee, and Ohio health plans.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Minnesotas BCBS (provided a training example offered) and ACA Marketplace (e.g., Blue ALTCS Academy, BlueCare Anywhere and the BC ACA Care for Caregivers).	ACC-RBHA, Medicaid
Criteria Consideration - [Enter Consideration Here]	**Overall Thoughts:** The Contractor did a great job using examples from other health plans in other states such as Tennesse and Ohio. I like that the Contractor uses a variety of different tools to obtain data which drive their strategies/metrics to ensure WFD is sufficient as well as access to care. The Contractor did not include much detail as it relates to WFD and its various different departments such as MM, QM, Network; rather, briefly touched on this.	**Overall Thoughts**: The Contractor did a great job of describing how it collects, uses, and analyzes its data. The Contractor went into some detail surrounding the WFD and its interdepartment collaboration. The Contractor shared its efforts on provider, caregiver, and employee burnout and stress which is important to the retention of the workforce. The Contractor did not include details specific to audits; rather, how it oversee's, supports, and monitors the providers.	**Overall Thoughts:** I liked how the Contractor used person-centered language. The Contractor did not mention much of its Minnesota's BCBS Senior Care Plus health plan to use and describe how the Contractor operates for other types of health plans. Where possible, the Contractor should have provided more examples of programs/initiatives/interdepartmental/etc. Did not mention WFDPs and mainly discussed what it will do rather than showing what it has done as it relates to this contract. Does not include much information around collection and use of data to inform/monitor/enhance.	**Overall Thoughts:** I really like how the Contractor clearly outlined the integration of all departments working together.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
DRAFT RANKING	2	4	5	3

se all programs for the contracts selected including those from Arizona. The description shall contracts referenced in Narrative Submission Requirement responses which are not identified
a.2

MERCY CARE
Mercy Care Advantage HMO DNP (Arizona)
N/A
N/A
Collaborating with Tribal Nations - Serving tribal members on and off tribal land across the state, the Contractor shares information with providers to help better serve AI/AN members. Provides training on courses that include but not limited to ASD, dementia or related disorders, and persistent aggressive behavior. The Contractor mentioned it invests in tools and data that improve connectivity between providers and members to improve member experience and outcomes.
Offer at no-cost easy to use resources and tools to support providers in being more strategic in their WFD efforts. CHWs are critical to promoting equitable care and improving member experience by serving as trusted liaisons to local services that align with member cultural preferences and the Contractor is continuing to increase availability of CHWs to provide newly covered AHCCCS services. Trualta - A virtual engagement platform that includes hunders of courses and learning opportunities. Member engagement tools such as valued relationships' E3 live agent calls and fall alert system, 24/7 ALTCS referral database for HCBS, mobile application for members with intellectual and developmental disabilities that helps improve independence and supports caregivers, medication reminders through Thrive Health Mobile and Med-Ready, and HCBS supports via CareBridge which provides members with tablets to help connect with phyicians, nurses, PT, and others to support personalized independence goals. Will offer FamilyCare Central to support care coordination by providing an electronic forum to share key info among all authorized individuals in a member's care circle. which improve member outcomes, and reduce provider stress and burnout. Health Assistance used for Health Nilow - Using technology-enabled engagement and rewards solutions to outreach to ALTCS members through digital and traditional modes to help members self-manage health risks and conditions.
The Contractor does a great job on addressing the needs for DCWs due to the shortage, however, the Contractor does not touch much on how it ensures that the DCWs match the population served by using demographic data. rather, pulls DCWs from a variety of different sources (faith-based community organizations, veterans, college students, etc) and creates a more diverse WF that way. The Contractor does plan to implement a new model with Home Assist Health that pairs CMs and CHWs to better assit members - This will identify community health needs and CHW availability statewide, inform institute's intiatives and improve access to care.
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
The Contractor's WFDO leads 3 of the 5 ARP WGs.
Philosophy that expanding access to long-term care, delivering culturally responsive solutions for social health risks, and addressing the challenges of the health care WF are the core of MC's mission to serve the ALTCS population.
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Uses data analytics to forecast needs and builds and invests in collaboratives to connect providers with system stakeholders. WFDA is a certified project management professional and oversee's the ALTCS program and continuously monitors WF capacity and capibility to inform short and long term strategies .The Contractor uses data to inform WFD strategies verify their effectiveness and asess outcomes (e.g., in response to a survey, it identified a shortage of DCWs and the Contractor initiated an ALTCS DCW program which tested and identified new innocative strategies such as mentoring programs, improving recruitment, training, and retention of DCWs) - Succesfully hired nearly 4,000 new DCWs between 2019 and 2022 and occurred during the PHE.
The Contractor supports family members in becoming professional DCWs, educates the family members on career pathways when family members no longer need DCW services, providers resources/supports on how to become a paid caregiver, links to agencies offering DCW certifications, and information on reimbursement fees. Trualta also is a platform availble to ALTCS members' Families and offers access to trainings, on-demand personalized supports, and support groups to help care for loved ones.
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
WFDO is staffed with 7 fulltime professionals who offer comprehensive provider assistance, and collaborations. Offer at no-cost easy to use resources and tools to support providers in being more strategic in their WFD efforts. The Contractor will be incorporating the info from AZCHOW in its report to better assist providers in forecasting and developing a culturally competent WF and educate providers on incorporating the report data in their hiring plans via 1:1 TA and in-person quarterly provider forums. The Contractor meets with participating providers bi-annually to offer 1:1 TA. Provide WFD education via industry conferences and provider forums. Offer ongoing WFD education on effective hiring and onboarding strategies and in provider joint operating committees (JOCs). Provide TA on preventing DCW burnout, stress management, and compassion fatigue. Offering DCW and professional direct caregiver education and support through Trualta, a virtual engagement platform that includes courses and learning opportunities that help caregivers manage burnout and build skills. Provides WFD toolkit and three level training effectiveness evaluations. Host quarterly ALTCS provider consortiums across the State. The Contractor offers ALTCS-specific provider orientation and onboarding.

The Contractor meets/exceeds AHCCCS provider WFD requirements including its annual submission of the Network WFD plan. Has a county-level WFD trend and forecast report that uses interactive software drawing from multiple datasets such as the labor market, county health equity composition, EVV, closed-loop referral acceptance rates, member and provider demographics, and health-related social needs details. One of the Contractor's partners, Arizona Community Health Workers Association (AZCHOW) is performing a service needs and provider gap assessment of Arizona's rural counties and communities. Will continue efforts on addressing AZ's shortages for DCWs. Through the Contractor's TA, it assessed best practices and have developed guidance for ALTCS providers on key topics such as job descriptions, hiring practices, and onboarding processes. Identified DCWs leave due to higher paying jobs and burnout and in turn, created provider guidance and tools. Improves quality by helping providers improve coaching and supervision. The Contractor does use surveys to determine their network (provider) needs. Through the Contractor's Network WFD Plan, it jointly analyzes network gaps, conduct market research, and implement recruitment campaigns to achieve a robust and diverse provider network. The task force reviews the Network WFD Plan, provides strategic advice on factors impacting WFD,and helps ensure compliance with WFD oversight requirements.																						
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
The Contractor is developing reports for HCBS providers to monitor if DCW apply and effectively use skills to identify opportunities for improvements and recognize high performing DCW to improve retention.																							
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
Involved in system efforts to collect, analyze, and model data on key aspects of Arizona's provider WF. As it relates to incentives, the Contractor does address member rewards.																							
The Contractor led the development of HCBS provider mentoring programs and funded provider agency mentors via their ALTCS DCW program - Result of the mentoring program was that a provider reported the mentoring program positively impacted DCW retention and now achieves 9 out of 10 staff satisfaction surveys. Improves quality by helping providers improve coaching and supervision. From a survey, it was identified that the most common reason for staying at an agency is due to its supervisor support and to help develop mentoring programs, it will offer Train the-Trainer program to help provider grow mentors within its organizations.																							
The Contractor collects and analyzes member satisfaction and outcome data from a variety of sources to inform WFD programs, including training. The Contractor is developing reports for HCBS providers to monitor if DCW apply and effectively use skills to identify opportunities for improvements and recognize high performing DCW to improve retention. Thrive Health Mobile uses EVV data to solicit real-time visit feedback within 30 minutes. Trualta - Use the data to identify trends HCBS providers can use to inform their staff training, to support initiatives, and to identify new training topics to improve staff capabilities and member experience. Does invest in targeting training to help develop competency of other topics. The Contractor does have an established Provider Monitoring and Oversight Program to ensure members receive high-quality care in community and facility settings. The QM departments audits HCBS providers to ensure they comply with its provider requirements. QM reports its findings to the WFDO Taskforce in which it uses the WFDO Provider Education program to improve their capability and performance.																							
The Contractor does support AHCCCS pipline initiatives. Increases provider participation in the AZ Health Care Career Hub by educating providers on the benefits, connect non-participating providers during the onboarding proces, identify current providers who are not yet participating, market/bring awareness to the HCH through social media, post cards, QR codes, community colleges, high schools, etc. Partnering with Phoenix Bioscience Core to increase WF capacity - The Contractor is halving approx $300,000 for fulltime position at Phoenix Bioscience Core to track goals such as creating 10 internship sites with its providers, hosting meetings with stakeholders, and creating two to four pathway programs. Increasing awareness with AHCCCS' new Transformative Healthcare Scholarships via provider notices and targeted follow up. Sponsoring and participating in Job Fairs. Connecting veterans and families to expand its network. Supports Medical Residency Programs. Partners with United Way of Southern Arizona in collaboration with Pima Council on Aging and Elder Alliance; funding $775,000 to continue the program which will operate under a full-time CNW - The program will result in hiring 420-500 DCWs, helping 50 new DCWs to become certified and providing ongoing coaching to develop capabilities of newly placed DCWs. The Contractor offers resources to help family members become certified/professional DCWs and educates them on career pathways when family members no longer need DCW services. The Contractor supports/funds in scholarship programs at community colleges for students pursuing careers in direct care and AH. Funds Pathways to Wellness program sponsoring CHWs at Chandler Regional and Mercy Gilbert to enhance community health outcomes by addressing the unique HRSN for the ALTCS population. Supports the Pathway Pilot Program.																							
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
The Contractor's membership in the Association for Talent Development (ATD), has been integral to bringing together the collaborative efforts of ATD and AHCCCS's ABP Best Practices in the WFD project. The Contractor mentioned Fingerprint clearance cards, CPR first aid, and training as required.																							
The Contractor mentioned its WFD strategy integrates WFD operations across the organization, uses data analytics to forecast needs and builds and invests in collboratives. Supports Medical Residency Programs - The GME trainees participate in the QM/PI and MM/UM committees to enhance the pipeline of physicians invested in AHCCCS programs. The Contractors WFDO works closely with Network, MM, QM to make sure the provider WF is diverse and has the capcity and capability to effectively care for ALTCS members. Network and WFDO collaboratively identify provider WFD needs, including provider training and targeted trainings. The Contractor's MM works with WFDO to connect provider training and develop initiatives with its care management programs - This allows providers to have capability and capacity to effectively deliver high-quality, evidence-based care to ALTCS members. The QM departments audits HCBS providers to ensure they comply with its provider requirements. QM reports its findings to the WFDO Taskforce in which it uses the WFDO Provider Education program to improve their capability and performance. WFDO leads the taskforce which includes MM, network, QM, Adult/Children SOC, Crisis, Health Equity Admin, prevention/court programs, grant fund administration, ALTCS, marketing and communications, and DIFA - Through this, the Contractor integrates data from across the organization to inform its WFD activities. The taskforce reports its findings and recommendations to the QM and network strategy and sufficiency committees where action plans are developed to address identified priorities.																							
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
Network and WFDO collaboratively identify provider WFD needs, including provider training and targeted trainings to improve the effectiveness of provider hiring, training, and retention. Through the Contractor's Network WFD Plan, it jointly analyzes network gaps, conduct market research, and implement recruitment campaigns to achieve a robust and diverse provider network. The QM departments audits HCBS providers to ensure they comply with its provider requirements. QM reports its findings to the WFDO Taskforce in which it uses the WFDO Provider Education program to improve their capability and performance. WFDO leads the taskforce which includes MM, network, QM, Adult/Children SOC, Crisis, Health Equity Admin, prevention/court programs, grant fund administration, ALTCS, marketing and communications, and DIFA - Through this, the Contractor integrates data from across the organization to inform its WFD activities. The taskforce reports its findings and recommendations to the QM and network strategy and sufficiency committees where action plans are developed to address identified priorities.																							
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
WFDA is a certified project management professional and overseer's the ALTCS program and continuously monitors WF capacity and capability to inform short and long term strategies. WFDO is staffed with 7 fulltime professionals who offer comprehensive provider assistance, and collaborations. Included the five C's.																							
AZ's																							
Overall Thoughts:																							
After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration																							
3																							

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B9: SOCIAL DETERMINANTS OF HEALTH
Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80% of health outcomes in the U.S. Given the Offerors' role in serving people with complex clinical, behavioral health, and social needs, it is critical to address social risk factors. For each of the following populations, describe how the Offeror will provide timely access to services and supports as well as monitor outcomes. The Offeror shall also identify its strategy(ies) for addressing potential barriers to care, as well as best practices to be implemented.
a. Members residing in rural communities,
b. Tribal members,
c. Members in need of community resources, and
d. Members in need of Peer and/or Family Support services.

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EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATORS: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Use of Data	Contractor stataes that they have involved data collection and management systems available and already in use, making them effective at data analysis. Contractor did provide concrete numbers/data analysis to demonstrate that they are monitoring the services provided to members and can utilize that data to	Contractor as created their own PCPS Platform. Discussion of using telehealth to serve rural communities and leveraging existing telehealth-based providers. Discussion of use of Contexture for Community Cares, 'encouraging' the use of Z-Codes, and discussion of working with tribes and tribal leaders/elders to ensure	Contractor reports significant attention to detail regarding both data collection and analytics, including the use of empirically-validated evidence based practices for providing care. Contractor demonstrates using an EPB that is show to be effective with this population and that is easily implemented with the population	Overall a bit short of a program overview as related to SDOH and more general and vague about the specifics of programs and services. The Contractor has a methodology for collecting service data, however it is more vague than not in terms of the actual strategies used for the collection of data and how the	The Contractor has a significant number of tools, most of them identified as being "proprietary", that they intend to use to gather data in order to monitor, enhance, and adapt services and service delivery to meet the needs of the ALTCS population in the GSA.
Criteria Consideration - Utilzation of Data evaluation for progam and policy devlelopment	Contractor mentions that they utilize and have a history of utilziing the data collected from the different tools to make changes and adjustmnets to policy and procedure. Contractor demonstrates how they have already used data to enhance services, particularly in rural areas, and how they anticipate using it in	Using 'blind spot' data from AHCCCS. Using apps and other mobile platforms/systems to review services referred and utilized/available. Discussion of "improvement" of service use related to food insecurity to 36% of referrals considered "successful" in one month.	Contractor demonstrates an understanding of how to capture and use the data collected from the different apps and technology systems used to provide services in order to monitor service provision and success. Contractor also demonstrates an understanding that data collected can and should be used to	The Contractor reports that they engage in data collection from a multitude of sources including the Closed Loop Referral System and member/case manager self-report. This discussion of how the data is analyzed and used to monitor and used to improved or change service provision and/or policy.	The Contractor has a significant number of tools, most of them identified as being "proprietary", that they intend to use to gather data in order to monitor, enhance, and adapt services and service delivery to meet the needs of the ALTCS population in the GSA. There is significant, in-depth planning throughout the
Criteria Consideration - Addressing barriers for receiving both physical and mental health care	Contractor states that they have extensive expeirnece with addressing barriers all over the country and Arizona, however these experiences are mentioned generally and are fairly vague given the nature of the ALTCS population in this GSA.	Discussion regarding the importance of both mental and physical health care services. Acknowledged the role of Covid on the population that uses ALTCS. Disucssion is fairly general and focused on continuing existing efforts that appear to have marginal impact, at best. Discussion focused mainly on utilizing	The Contractor specifically mentions dementia-specific care including the most up to-date strategies for engagement. They mention specific caregiver supports that are best practice for supporting caregivers at home and with practical, hands on support. They specifically call out telehealth and how they would implement it	Contractor demonstrates that they are focused on building their system to meet member needs both in-home and via telehealth, however is most beneficial to the member and the member's family.	The Contracctor has made clear plans to monitor and utilize the data obtained from the monitoring and analysis plans in order to further explore opportunities for engagement.
Criteria Consideration - How is data being used to build partnerships to address Social Determinants of Health	Contractor had a fairly clear description of how they have already used data analytics to create new partnerships that help bridge the gaps to ensure all SDOH are being met to the best of their ability. They used the data information to create collaborations that allowed them to expand services that include in-home	Contractor's response to this question was vague and generalized, it did not appear to have significant depth about how data would be used to build upon existing systems but rather that the data collected would be a continuation of what already exists. Brief overview of trying to ensure CM are part of the	The Contractor mentions how they intend to use the data and information they already have and will continue to collect to enhance BOTH telehealth and in-home services for ALTCS members. The Contractor states how they intend to build upon the existing system of care to further enhance services to meet the	The Contractor discusses some information about how they use the data collected from monitoring and oversight of services to furhter develop their network and also build their service capacity and maintain the level of service. Unsure that the plan for data collection, analysis, and utilization is fully	The Contractor established that they have extensive existing strategies for utilizing data analysis in order to effectively and efficiently address member/stakeholder needs and work collaboratively with providers within the GSA. The Contractro has clearly put a lot of time and resources into their data
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Overall depth of response to each section and question were lacking and did not demonstrate a focus on the needs that are specific to the ALTCS population beyond what was specifically required by the RFP.	The Contractor clearly illustrated multiple areas in which they seek to either build upon existing or start building relationships to further enhance care and services in multiple, specific areas of SDOH. They identified a clear plan and path to different areas such as housing, transportation, food insecurity, etc. In addition, the development of services that support the whole family, particularly related to	The Contractor discusses, though vaguely, they have existing relationships with other community providers who can enhance services for members.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	There is a Health Equity Assessment Director already on the team for the Contractor. Contractor is already set up with the ECHO Training sessions to enhance provider and direct service staff on an on-going basis.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - STRAREGIES THAT SUPPORT ACCESS TO CARE					
Criteria Consideration -Addresses Network Adequacy	Contractor focuses signifiicantly on their ability to address network concerns and issues and highlights diffeernt groups and populations within the ALTCS population that may need additional/specific suppports. There are few specifics	Contractor provided a well developed plan for addressing network adequacy and building the network capacity to meet the needs of the individuals served by the ALTCS. Contractor's plan was thoughtful and demonstrates a commitment to the	The Contractor has already identified community partners to help enhance the services provided by the Contractor and enhance their network capacity to provide effective and relevant services. The Contractor demonstrates that they	They mention having an all-tribal outreach/service team to respond to the needs of the AI community. They also mention the use of the Promotores Program which does indicate an understanding and promotion of health information and	The Contractor has identified community partners however the information provided is general and vague, along with being more of the same from the past behavior as opposed to creating new, bigger solutions for the future provision of
Criteria Consideration - Addresses Specific Population Needs	Contractor specifically calls out in-home behavioral health and "high risk"	Contractor's plan for providing specific services that meet the identified and	This Contractor has focused significant time and resources to tailor the services	The Contractor discusses, though vaguely, they have existing relationships with	The Contractor has identified, albeit vaguely, existing relationships with some
Criteria Consideration - Understanding of Unique Aspects of GSA	Contractor's response was general and fairly vague, indicating that thtey understand the rural nature of the GSA and also that this GSA has significant contact with tribal members, however the discussion is fairly general and very	Yes, Contractor effectively described understanding of the GSA and the unique barriers and opprtunities that will be/may be found when providing services to the ALTCS population within that CSA.	The Contractor demonstrates a clear and consistent understanding of the unique needs of both the population served by ALTCS and the GSA itself.	The Contractor clearly has an understanding of the unique needs and population of the GSA.	The Contractor demonstrates an understanding of the unique needs and population of the GSA.
Criteria Consideration - [Enter Consideration Here]	Contractor really only highlighted their attention to food insecurity and social isolation in terms of SDOH-specific programming. Though these are important, there are many other areas for SDOH for the ALTCS population that need to be	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	The Contractor has identified and pre-addressed potential barrriers facing members served by ALTCS within the GSA. Their goals and plan may be a bit lofty for the rural and sometimes remote nature of the GSA, but the intention to	The Contractor anticipated barriers to services and offered solutions to those anticipated services, specifically naming the Promotores Program for health promotion and engagement for individuals who are historically not included or	Mentions use of Z-Codes and ensuring CM Z-Code training to effectively be able to access and utilize a variety of services without specifically labelling the member. Use of Community Cares as a method for providing additional services
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	The addition of the 'Legal Consultation Program" is an interesting and unique addition to the planned services to address SDOH for the population served by ALTCS in this GSA. This addition demonstrates a holistic view of the provision of	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - COLLABORATION AND ENGAGEMENT					
Criteria Consideration - Improves Outcomes (Quality/Member)	Contractor demonstrated through a story how they supports specific tribal requests for assistance over the last year and demonstrated success in working collaboratively with the tribe to ensure appropriate provision of services. This wasone of the only Contractors to cite specific examples of how they alreadu work effectively and collaboratively with the tribal communities.	The Contractor has briefly and generally identified different avenues for continues collaboration and engagement with community providers, stakeholders, and members/their families.	Yes, the Contractor addresses this section effectively and with detail.	Yes, the Contractor does address this in depth and detail in the application.	Contractor mentions throughout the application that they have plans in place that are already effectively outreaching and engaging members, families, and stakeholders.
Criteria Consideration - Identify and Resolve Barriers to Service Delivery	Contractor does mention addressing barriers and needs to providing services effectively and efficiently. The description of problem solving and methods for addressing those barriers is general.	Yes, the Contractor does identify barriers to service delivery, in a general way throughout the application. The discussion of barriers is general and appears to be based more on historical information that is available than anticipating future/additional needs facing the population.	Yes, the Contractor addresses this section effectively and with detail. The Contractor clearly has anticipated new barriers that may arise in the coming year as well as addressing existing barriers already known to impact the ALTCS population in the GSA.	Yes, the Contractor addresses this in the application. The Contractor has addressed both anticipated and existing, known barriers in the application. The proposed solutions reflect an understanding of the GSA and the ALTCS population within the GSA.	Contractor has a plan for effectively navigating the specific barriers and opportunities that are unique to working with the ALTCS population living within this GSA.
Criteria Consideration - Improving Peer and Family Supports	Contractor's description of this service is vague and does not demonstrate significant thought or attention to detail regarding the provision of these services. This lack of detail may indicate a lack of provider network to support these services but also a lack of attention to the importance of peer/family support servicwes.	Yes, the Contractor does have a plan for engaging peer and family supports in the provision of services. The discussion of these two areas of service is however very brief and general.	Yes, the Contractor addresses this in the application and provides a plan overview that allows for layers of engagement for families/friends/caregivers as a means to enhances services and other supports to the members. There is a focused effort to engage peer supports and encourage peer engagement for members in the proposal and the Contractor has identified a specific plan to ensure that these	Yes, the Contractor addresses this in the application and the plan has several levels and layers for engagement with peer/family support netowrks and methods of providing support in different settings. The description of the services/providers is a bit general but clearly there is a focused set of activities to meet the needs of peers/family support services.	Contractor describes a thorough plan for engaging the peer and family supports to provide effective member support as well as family and natural support to enhance overall health and wellness. Contractor's descrption of the services demonstrates that they have previously been successful in providing these services in this GSA and feel that they would be able to efficiently continue to do
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BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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DRAFT RANKING	Fourth	Third	First	Second	Fifth

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B9: SOCIAL DETERMINANTS OF HEALTH
Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80% of health outcomes in the U.S. Given the Offerors' role in serving people with complex clinical, behavioral health, and social needs, it is critical to address social risk factors. For each of the following populations, describe how the Offeror will provide timely access to services and supports as well as monitor outcomes. The Offeror shall also identify its strategy(ies) for addressing potential barriers to care, as well as best practices to be implemented.
a. Members residing in rural communities,
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OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Use of Data	Contractor uses data-driven strategies that compare timelines for specific critical services the members need living in both rural and urban communities.	Contractor collects and utilize data to improve timely access for members with health disparities who traditionally experience greater obstacles based on their geographic location, age, race, ethnicity, language, sexual orientation, gender identity, mental health, and/or Health Related Social Needs (HRSNs). The data flows into Innovaccer, which provides their CMs a more complete view of services received at tribal facilities for effective care coordination and reduction in duplication of services.	The Contractor uses data to develop detailed outcome-oriented strategies that address each unique member's and Arizona community's needs. The Contractor uses data as part of a four-step approach to address unique Health Related Social Needs (HRSNs) that negatively impact people's lives.	The Contractor offers enhancing data sharing among community organizations and developing measures of community health. The Contractor consistently applies data-driven to continue quality improvement process to advance the system of care for members they serve. The Contractor also uses data to collect through feedback sessions from their staff. The Contractor use their NEST data and HEDIS Dashboard data, gathering feedback from their staff in rural areas and stakeholders, they identified SRFs that impact rural ALTCS members food in security, social isolation, staffing issues, and transportation.	The Contractor uses a member-centric and data driven approach. They understand the impact of social risk factors on ALTCS members' whole-person care and use their Wellbeing strategy to address structural and health-related social needs (HRSN)and promote health equity.
Criteria Consideration - Utilzation of Data evaluation for progam and policy devlelopment	The Contractor uses a blended individual and community data from United Healthcare Community Connector to identify, address and monitor HRSN, access to care, network development and health disparities but did not provide any information related to developing policies based on the data gathered.	The Contractor summarizes Z code data to CMs for use in assessments and system alerts for new or updated Z codes. The Contractor monitor Z code utilization, encourage provider adoption through training and incentives, and track Z code year-over-year to identify progress and opportunities. The Contractor did not elaborate on policy development.	The Contractor utilizes collected data on a community-specific basis and reports it using a dashboard that includes unmet demand, output, and outcome/results metrices. The contractor did not mention how they use the data to develop policies.	The Contractor applies a data-driven, continuous quality improvement processes to advance the system of care for the members they serve. The data helps to identify SRFs (Aligns to CLAS 10), Implement Best Practice, Address Potential Barriers to Care, Deploy Initiatives, Monitor Outcomes, and Communicate Progress.	The Contractor has identified the problems related to housing, economic circumstances, lack of social support, and insufficient social insurance and welfare support. They create programs and innovative initiatives to address these needs.
Criteria Consideration - Addressing barriers for receiving both physical and mental health care	The Contractor provided example of how they provide a solution to one of their common barriers related to Technology Comfort and Access. They provide phone-based technical support line in multiple languages to help members troubleshoot devices, but they didn't identify the indigenous languages spoken specifically in Arizona. AI/AN that don't understand the language could get discourage in calling in for support if they're not able to communicate in their own language. Contractor has also partnered with both CareBridge and Spectrum Anywhere Care to provide medical and behavioral health services for members at high risk. CareBridge offers virtual services and Spectrum Anywhere Care provides in-home supports. This has helped the contractor to increase timely access to care and helps reduce avoidable urgent care and ER visits. The two options are needed for members who live in such rural areas who have immediate access to medical and/or behavioral health services.	The Contractor identifies barriers through several mechanisms including member grievance and appeals, appointment availability, neighborhood advisory committees, Innovaccer (their population health platform), and community partnerships, such as the University of Arizona's (UA's) Department of Rural Health. The CMs received alerts so they can work with members to remove barriers, such as transportation, limited access to senior centers, or insufficient food resources. The Contractor monitors CM response to alerts with open and closed gap reports.	The Contractor identified the barriers in rural areas such as access to care in particular, access to qualified caregivers, BH services, and the need for choice of telehealth and mobile services. The Contractor's goal is to improve rural access to care by improving telehealth and In Home services. The Contractor will use and enhance their Pathway DSNP's popular BlueCare Anywhere that provides telehealth solutions. The Contractor is also going to use Blue@Home program, to give members a choice of several in-home services providers that not only cover primary care, substance use, and peer and family support but also specialty services ALTCS member specifically request.	The Contractor will ensure barriers to care for members is addressed the CM level through their daily work. The CM will engage with the member to identify and resolve barriers to care using a person centered approach. The CM will also link member to resources found through AzCH Community Resources Guide (ACOM 404). CMs will follow up to ensure timely access to needed services.	The Contractor thorough the Quality Management they continue quality improvement process to monitor how well they address members' HRSN.
Criteria Consideration - How is data being used to build partnerships to address Social Determinants of Health	The Contractor provided specific data and examples that help them to identify members living in a rural areas have higher ER utilization, lower PCP visits, and lower behavioral health utilization. They partnered with Cyber Seniors to provide technical support to members, Assurance Wireless to provide no-cost smartphones, Carebridge to provide virtual care, and Spectrum Anywhere Care for in-home supports services.	The Contractor leverages data to identify and address health disparities across member with different demographic profiles. The Contractor's CMs average 295 HRSN referrals to Community Based Organizations each month.	The Contractor collects data and reports it using a dashboard that includes measures that will be met. The dashboard is reported monthly to the Health Equity Advancement Director and Health Equity Committee to decrease gaps in services.	The Contractor launched HELPP to reduce readmissions and improve member engagement. BH inpatient admissions improved 14% and readmissions improved 9%, leading them to expand HELPP. In partnership with HOPE, they will develop an ALTCS HELPP program in Year One of the ALTCS Contract to engage members who can benefit from peer support.	The Contractor incorporates review of Z-codes, health information exchange, and electronic visit verification (EVV) data, with other HRSN data, into their annual Health Disparity Plan to more completely identify social risk factors that contribute to barriers to care. The Contractor uses dashboards (e.g., our Health Equity Dashboard to track HEDIS measures and segment data by member characteristics, such as rural versus urban residence or race/ethnicity to determine which health outcomes could relate to unmet HRSN and establish cross-departmental collaborations to implement initiatives to address them.
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BROAD CATEGORY - STRAREGIES THAT SUPPORT ACCESS TO CARE					
Criteria Consideration -Addresses Network Adequacy	The Contractor supports members with complex needs, helping them navigate structural and health-related social needs (HRSN) and resources that contribute equitable whole person care. The Contractor utilizes Insights dashboards that integrates data from many sources to produce reports that is used to monitor and improve community referrals outcomes, trends in HRSN and loop closures for members in their GSA.	The Contractor leverages a broad network of telehealth providers, including their 47 Banner Urgent Care that offer telehealth and 3 rule sites via BUCs. The Contractor offers training to in and out of network providers to improve provider capacity to identify BH diagnoses and potential onset of dementia and/or medication and therapy needs.	The Contractor has expanding network of trusted, high quality, fully integrated, rural providers, including rural community Health Centers, and Equality Health's expanding rural network. The extended RBHA behavioral network remains in place and has even expanded with over 30 new providers and newly formed Northern Arizona BH Alliance ACO. The Contractor will also use their extensive investments in ACO support technology to expand access to care though the creation of an ALTCS Provider Alliance ACO.	The Contractor partnered with stakeholders to build solutions, such as Accessing to Nutritious Food, Social Threads, Direct Care Worker (DCW) Back-up Program, Accessing to Non-Emergent Medical Transportation and Trust Navigator.	The Contractor increase access to mobile and virtual integrated physical health (PH) and behavioral health (BH) services with providers such as Terros and the Spectrum Health Anywhere Care program. In addition, they use our partnership with CareBridge to offer 24/7 virtual care to rural members. Care Bridge uses a specially trained interdisciplinary team, which can assist CMs in building PCSPs and includes addressing members' HRSN.
Criteria Consideration - Addresses Specific Population Needs	The Contractor has identified a need of services such as BH and substance use disorders conditions that affect Tribal members. The Contractor has developed an Indigenous Tribal Competency training for their providers. This training was completed 141 times since April 2022. The Contractor has also facilitated two White Bison Wellbriety Circles and 12-Step Training Programs for 15 attendees in 2019.	The Contractor addresses potential barriers to care and best practices for Rural Members Home-Based Primary Care (HBPC)Barriers: The HBPC program is tailored for rural members with multiple chronic conditions and functional impairments. Through our HBPC pilot program, PCPs and nurse practitioners provide comprehensive care in the member's home. Delivering care by multidisciplinary providers in a member's home in remote rural areas overcomes geographic barriers and enhances timely access to care.	The Contractor will ensure that their CMs coordinate supports members need in rural areas with the support of Blue Care Team. These resources will receive additional assistance through many resource partnerships, including CareBridge. The Blue Care Team will be instrumental in improving rural access to qualified caregivers.	The Contractor was the first MCO to have a full Tribal Team that includes a dedicated Tribal Services Coordinator, have on-reservation collocated CMTs, and offer a Tribal Warmline.	The Contractor has identified a disparity in informal caregiving based on ethnicity, with 31.5% of tribal members reporting no informal caregiver support, higher than any other ethnic group, which we are addressing with their Tribal Community Health Worker (CHW) program. The Contractor seeks representation of each of AHCCCS's priority populations in their member, provider, and stakeholder listening sessions and ALTCS Member Council and incorporate their feedback via their quality committees. Include review of their quality data by our health equity administrator and tribal liaisons and report their findings specific to each priority population to the QM Committee. When the Contractor identifies the need for performance improvement, they conduct root cause analysis, deploy appropriate teams to lead improvement efforts, and develop and implement targeted interventions. The Contractor evaluates improvement efforts using Find-Organize-Clarify-Understand-Specify and Plan-Do-Study-Act methods and quantitative and qualitative analyses.
Criteria Consideration - Understanding of Unique Aspects of GSA	The Contractor supports Tribal members who live off reservations by giving them a choice accessing healthcare needs. The Contractor understands the cultural perspectives, beliefs, values, and practices of the Tribal communities they serve within their GSA. They utilize their Tribal coordinators and RN Clinical Tribal Coordinator that work statewide with AHCCCS, Tribal members, Tribal Communities providers and stakeholders to ensure members have access to care.	The Contractor has additional strategies in place to address Home-Based Primary Care (HBPC) barriers to care and best practices for rural members. The Contractor can provide comprehensive care in the member's home through their pilot program, PCPs, and nurse practitioners. Members receiving these services in their own homes in remote areas overcome geographic barriers and enhance timely access to care for their enrolled members.	The Contractor identified the unique and specific needs of members in Tribal communities. They developed in-canyon BH services for Havasupai Tribe through The Guidance Center and Spectrum Health.	The Contractor understands the barriers to care include language, health literacy, poor broadband, and stigma, while strengths include advocacy and coalitions focused on improving access to care and community connection. The Contractor will work with each Tribal community to prioritize timely access to services by providing a dedicated Tribal Team, Tribal Warmline, and Culturally and linguistically Responsive Communications.	The Contractor understands the unique aspects of GSA by summarizing their strategies to address barriers to care for each member that lives in rural areas and Tribal Members. The Contractor is aware of members living in Rural communities who face challenges and disparities in access to health care due to healthcare workforce shortages, geographical isolation, limited infrastructure, economic challenges, lack of awareness, and limited health literacy. The Contractor also understands Tribal members may need Traditional healing supplemental benefits.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - COLLABORATION AND ENGAGEMENT					
Criteria Consideration - Improves Outcomes (Quality/Member)	The Contractor is committed to provide quality services and use effective systems	The Contractor utilizes telehealth and video to address potential barriers to care	The Contractor will use their data to anticipate outcome goals for members living	The Contractor works with stakeholders to identify barriers and deploy solutions.	The Contractor increase access to mobile and virtual integrated physical health
Criteria Consideration - Identify and Resolve Barriers to Service Delivery	The Contractor has more than three decades of ALTCS E/PD experience and has	The Contractor launched a proactive community reinvestment strategy to	The Contractor has identified one common theme: The need for health plans to	The Contractor has a long-standing partnership with Yuma County Promotoras.	The Contractor bring best-in-class digital engagement solutions to rural members
Criteria Consideration - Improving Peer and Family Supports	In 2021 the contractor with Gellert Health to develop and launch an Intensive	The Contractor is committed to fostering a member-centered and family-focused	The Contractor will ensure that every ALTCS member receives detail information	The Contractor will establish collaborative protocols with SNFs, ALFs, and Peer	For over 20 years the Contractor has built a strong network of peer and family run
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
DRAFT RANKING	2	3	5	4	1

EPD RFP YH24-0001 SCORING TOOL

DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts, *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

B3: In EACH response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and social determinants of health and promote equitable member care.

SUBMISSION REQUIREMENT B9: SOCIAL DETERMINANTS OF HEALTH

Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80% of health outcomes in the U.S. Given the Offerors' role in serving people with complex clinical, behavioral health, and social needs, it is critical to address social risk factors. For each of the following populations, describe how the Offeror will provide timely access to services and supports as well as monitor outcomes. The Offeror shall also identify its strategy(ies) for addressing potential barriers to care, as well as best practices to be implemented.

a. Members residing in rural communities,
b. Tribal members,
c. Members in need of community resources, and
d. Members in need of Peer and/or Family Support services.

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EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein

SCORER:

CONSULTANT FACILITATORS: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - HEALTH EQUITY [REQUIRED]					
Criteria Consideration - Use of Data	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Able to see higher than national averages on food insecurities in 12 counties in AZ. 2022 program data showed members in rural areas have higher ER utilization, lower PCP visits, lower BH utilization than members living in urban communities. SDOH Insights dashboard integrated data from many sources, CLRS, Providers, members, Assessments, and empowers porgram monitoring. Z-code data is used to assess and monitor.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses member grievances and appeals, appointment availability, neighborhood advisory committees, Innovaccer (population health platform) and partners with UAs Dept of rural hath to improve access to care. Uses claims data "blind spot" to see services received at tribal facilities for effective care coordination and reduction in service duplication. Uses DLA 20 assessment tool used by PFROs to measure daily aspect of life and provide this data to caregivers to better address member needs. This promotes the inclusion of member voice, and helps providers best meet members needs and improve overall health.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses locally specific data to drive outcome-oriented strategies. NAU/ASU Center for Health Equity Research study ids regional differences and resource gaps. This is supplemented with info received from member and community inputs, including Tribal summits, local municipalities, Hispanic Chamber of commerce, AZ Town Hall, NAMI and Community Grand Rounds. Uses ALTCS performance measures to faciliate learning and improvement based on data. Uses dashboards to include unmet demand, output, outcome/results metrics. Dashboard results reported monthly to HE Advancement Director and HE Committee.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Use HEDIS Dashboard, NEST to id SRFs. CLAS standards for ALTCS members.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses multiple tools to assess needs for bringing in providers and CBOs into their network based on community social needs. Health Equity Dashboard to track HEIDIS measures. Using quantitative and qualitative analyses - Find, Organize, Clarify, Understand, Specify and Plan, Do Study Act methods.
Criteria Consideration - Utilzation of Data evaluation for progam and policy devlelopment	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Data driven strategies have shown that members in rural areas have higher ER utilization, lower PCP, lower BH than members in urban communities. Has Social Determinants of Health dashboard tool used for program monitoring. Able to see HRSN trends by race, ethnicity, gender, age, language and georgrpahy. Uses Z-code date for food insecurities and social isolation.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Leveraged data to address health disparities across members with different demographic profiles. Led to partnership with Contexture to encourage CBOs to participate in the CLRS. Monitor Z code utilization and data for CMs to use in assessments and system alerts. Track Z code year over year to ide progess and opportunities.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: 4-step apprach to address HRSNs - id barriers, id best practices and evolving innovations, ensuring access, monitor, dashboard, test results. Managed by Director Health Equity Advancement and supported by multi-divisional involvment (OIFA). Uses Vitalyst Foundations 12 Elements of a Healthy Community Model, and overlays member eligibility, Health Appraisal, demographic dashboard, Community Health Needs Assessment, statewide HE assessment to id barriers. Develop individualized straegies for specific communities and populations. Not one-size-fits all.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Applies data-driven quality improvement processes to advance system of care. Supplements data from NEXT, HEDIS Dashboard and SRFS to assess timely access to services, food, social isolation and housing insecurity. Will track training completion data, utilization data and member satifisfaction to monitor expansion of peer mentorship program expanding reach of CILs across the state.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses Zcodes, SocialScape and CORE 2.0, to assist with evaluating members social risk factors to better understand the needs, seeing systemic trends, and prioritizing referrals. Conducting root cause analysis on areas needing improvement, and deploying teams to lead efforst on implementing interventions.
Criteria Consideration - Addressing barriers for receiving both physical and mental health care	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Provide targeted solutions to promote telehealth and technical supports to access telehealth. Device Support program educates members on services available through Cyber Seniors, a multi-language, phone-based support line to troublshoot devices. In-person technology training at senior centers. CMs connect members to resources like Assurance Wireless - no-cost smartphones.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses DLA 20 assessment tool used by PFROs to measure daily aspect of life and provide this data to caregivers to better address member needs. This promotes the inclusion of member voice, and helps providers best meet members needs and improve overall health.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Gathered input for 2 years showed access to care, particularly qualified caregivers, bh, choice in telehealth and mobile services.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Work with stakeholders through Health Equity Committee to focus on solutions to meet needs, i.e., health literacy, digital literacy, or accessibility barriers. Work with broad stakeholder community to implement initatiaves to remove barriers to care, monitor and community progress on outcomes back to stakeholders.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Review of quality data by health equity administrator and tribal liaisons to report findings specific to each priority population to the QM Committee. Work across departments to ID and remove barriers.
Criteria Consideration - How is data being used to build partnerships to address Social Determinants of Health	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: UHC has their own closed loop referral system that will integrate with Community Cares once implementation is complete. Uses both individual and community data from CLRS to address and monitor HRSN, access to care, network develpment and health disparities. Will use state's CLRS in a similar way. Has donoted more than 1.5 million to address food insecurities statewide.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Build partnership with US Department of Rural Health to ID members with SRFs. Partnered with PRO to create telehealth rooms in rural, underserved areas, located within the PRO to allow PRSS to assist member in accessing telehealth sessions when needed. Led to 47% increase in telehealth utilization.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Building partnership with Contexture to address social isolation for Tribal Elders. Due to transportation challenges in rural areas, support local providers to purchase and provide own transportation. Developed Blue Connections, community data system, to better connect HRSN resources in a timely manner. Found that claims data with its lag reduced timeliness to HRSN needs. Multi-source data system that combines HIE, CommunityCares referral data, pharmcay, other vendor data, and public record resources to obtain member latest info. Supplemented with bioinformatics and genomic precision medicing (TGEN North and Johns Hokins ACG predictive analystics) and other personal health data gathering allowing HC to locate people and provide timely info about HRSN resources to member and their supports.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Literature reviews to id best practices to implement. Members with SRFs id via data and predictive modeling helps CMS outreach the members. Through data (NEXT, HEDIS) ID rural ALTCS members impacted by food insecurity, social isolation, staffing issues, transportation and partnered with stakeholders to build solutions by implementing new programs to meet needs.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: CMs use Z-codes to capture HRSN. Resulted in 130 more providers reporting Z-codes in 2023. SocialScape (data aggregation) enhancing their understanding of HRSN for members which leads to discussions with members during PCP. Ex: Were able to see 30% of MC members had food insecurity. Partnering with Solari for co-branded CRG that aligns with 211 Arizona.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - STRAREGIES THAT SUPPORT ACCESS TO CARE					
Criteria Consideration -Addresses Network Adequacy	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Uses UHC Community Connector to id, address and monitor HRSN, access to care, network development and health disparities. Stated they have a well-established provider network allowing members to receive care where and when they prefer. Incentivize for quality outcomes in service delivery.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Actively works to increase P/FRO providers. Led to two new PROs. Continually monitors network adequacy and appointment availability within network to maintain adequacy and accessibility. Uses broad network of telehealth providers, including 47 Banner Urgent Cares, that offer telehealth and 3 rural sites via BUCs. Promote virtual/field clinics in rural areas. rural on-site nurses/caregivers providing immediate assesment and treament in member's home, ALFs, and SNFs. Newly launched Carebrige Program provides on-demand access to covered services via no-cost technology.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Use and enhance Pathway DSNP BluCare Anywhere telehealth solution, integrated suite of multiple telehealth and 3Health services, choice of 24/7 urgent care, nurse hoteline, p/f support, su, bh services using a single mobile app. Blue@Home program to give members choice of in-home service providers with expanded bh, dentistry, podiatry and renal care/dialysis for ALTCs members. Providers include CHC. Northern AZ Behavioral Health Alliance ACO to support technology to expand access to care through ALTCS Provider Alliance ACO and developing new provider capacities through Regional Dementia Care Center of Excellence.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Monitors network using appointment availability and EVV to assess timely access to care. 6,300 community-based orgs in all GSA to help members access 20,000 social services.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Include PRO and FRO in network. Reports having adequate network for ALTCS in Northern and Southern GSA. Network of PRO and FRO received 94% on the Western Interstate Commission for Higher Education fidelity audits for consumer operated services. Mercy audit showed Maricopa County excels in making peer support services avialable to people in need. contract with 38 rural health clinics across all GSAs. 275 provider border state agreements so members can access care close to them. Robust mobile and telehealth provider capabilities.
Criteria Consideration - Addresses Specific Population Needs	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Surveyed over 100 Tribal representatives, providers and stakeholders to learn about needs. Showed interest in telehealth education, thus delivered tailored telehealth resources like Telehealth Best Practices course. Tribal coordinator and RN clinical Tribal coordinator work statewide with Tribal members, communities, providers and stakeholders. Founded and leads the MCO Tribal Collaborative, a joint MCO forum for listening to Tribal members and responding to their needs. Provided Apache BH Services with Naloxone and teach on administering it to improve SUD care. All UHC staff participate in annual Tribal cultural compentency training. Provide Indigenous Tribal Cultural Competency Awareness training to providers via Relias. Partners with White Bison to provide culturally based healing to Tribal members. Partnered on a Tribal internship program with Native Health to develop a larger diverse Tribal workforce. Working to recruit more Tribal provders for this program.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Recognized prevalence of diabetes/obesty among tribal members and partnered with Foodsmart, largest network of Registered Dieticians to address need. Through telehealth an video, RDs meet with member to address food access challenges, afforability, and nutritional quality. Foodsmart is a digital app for meal planning, grocery shopping, and compare prices at local stores. Improved 92 tribal member health outcomes. Provides ongoing cultural sensitivity trianing to staff and providers, including historical trauma which may impact health care decisions. Provides training to in and out of network providers on psychiatric and dementia training to improve provider capacity to id BH diagnoses and potential onset of dementia and/or medication/therapy needs. This enhances the expertise of PCPs to provide early assessment and treament giving more comprehensive care during PCP regular office vists improving timely access to care and better outcomes. Use of blind spot file from AHCCCS allows CMs to see more completely tribal members uses of tribal facilities for care coordination. Tribal Liaison participates in inpatient rounds to connect members to tribal services. If awarded contract in north, will hire an additional Tribal Liaison residing in that are to overcome cultural barriers and enhance tribal leadership relations. T.L. works with CMs to outreach tribal members with known suicide attempts and/or SUD/BH to educate on services available. Foodsmart digital app for Tribal Members with diabetes/obesity. With members permission, T. L. participates in member's PCSP Team. Advocates for traditional health services, sweat lodges and medicine men, if desired. Also assist with members transitioning from one level to another of care.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Reduce acute only ALTCS population housing transition gaps by ofering ALTCS-elibible housing location. Continue to support existing permanent and transitional housing programs from Alliance ACO and Home Matters, fall-prevention and housing modificaton efforts with Ability 360. Partnering with Area Agency on Aging, Valleywise Health and others to help medically vulnerable and marginalized populations - people of color, religious minorities, LGBTQ+, refugees, disabled, who expereince disproportionate social cohesion challenges. Programs incude nutritious food options, Food as Medicine, flex card program, animated pet therapy "pet joy", peer-facilitated local community neighborhoods. Tribal member suport focues on building partnerships with Tribal governments, inter-Tribal councils, state agencies, I/T/U Indian health leadership. Saw 41% fewer hospitalizations for AI/AN members with diabetes in 2021/2022 than preceding 2 years. Uses Vitalyst Foundation's model to analyze feedback received from Tribal communities. Offer Blue ALTCS Academy training curriculum to Tribal programs and providers at no cost. Offer Tribal CHR to enahnce care coordination for Tribal members living in HCBS settings. Offer Helping Hands Pharmacy Hugs for Tribal members who require polypharmacy treatment. increase community college scholarship programs and offer incentives to provider who train employees including peer and family members from the Tribal communities they serve to address workforce shortages. Expand Tribal Tradional Practitioner and Sweat Lodge Healing Ceremony Programs to support social and cultural cohesion. Using community -based approach led to development of in-canyon bh services for Havasupai Tribe, expanded housing in 7 communities, developed Crisis Stabilization Mobile Crisis United in Kingman, Prescott, and Flagstaff, food bank expansion in Yuma, alcohol rehabilitation in Page, chemical dependency residential facilities in Mohave/Gila counties and Navajo County for Tribal members.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Increase access to care in rural communites through in-home care solutions - mobile urgent care, routine in-home care, medication support, palliative care, and/or telehealth services. Gather feedback on the needs of members in rural areas through data and other means to id SRFS impacting rural ALTCS members - food insecurity, social isolation, staffing issues, and transportation. Community reinvestment funds used to increase home-delivered meals in rural areas, including funding building a community kitchen for one org.,remodeling a kitchen for another org., and will contract with home-delivery meal providers in year 1. Monitor home delivered meals by zip code and member outcomes. Since 2021, invested over 1.2 million in rural community grants for tribal programs, meals on wheels, rehabilitation and repair of homes, social connection programs, wifi initiatives to increase broadband. Has used funds to improve ADA accessibility. Since 2018, grant funding has renovated parking lots, built ramps, widened doorways, improve restrooms, accessible exam tables, hoyer lifts, assistive listening devises and more to over 200,000. In contract year 3, through contracts with CILs, to staff DCWs to offer back-up coverage for members with self-directed attendant care. Members can call emergency line to request a back up DCW. Monitoring member satisfaction, reduced gaps in care, reduction in need for higher levels of care.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: 1.45 mil on 18 projects to support health care delivery to tribal members. These focused on addressing health inequities, structural needs and HRSN. Training curriculum in southern AZ to educate on the unique needs and inequities of LGBTQ needs and experiencing as they age. Will provide $300 annual traditional healing benefit to offer culturally responsive services. Funded $12,500 grocery gift cards to Native American Connections and Native Health addressing food insecurities. For members with IDD, they offer visual, webenabled tools (Cognitopia) that assist with goal setting, task completion and creating routines. Will have tribal specialty CHW program, with workers who speak native languages. Using CHWs to address lack of informal caregiver support (higher than any other ethnic group). HRSN screening tool has culturally specific questions, i.e., tribal affiliation. Recruiting AHCCCS priority population representation in listening sessions and ALTCS Member Council.
Criteria Consideration - Understanding of Unique Aspects of GSA	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Manzanita Outreach partnership in No. AZ address food insecurity and social isolation, offers food delivery for home-bound olderadults, and provides Phone Pals services for wellness check. $80,000 investment allows 300-500 food boxes delivered per month for the next 2 years. Recruiting similar orgs. in other counties to provide culturally relevant foods. 4 of 5 counties in No. GSA have higher than average social isolation scores. Educate members on Solari Warm Line, partnered with Hope, Inc. to offer closed-loop referral process for members with social isolation. AFter referral, HOPE's PRSS make outbound call to member and reviewing their individual HRSN needs. Provided $300,000 to Area Agency on Aging to provide 256 adult-friendly tables for better technology to reduce social isolation.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration; Has 67 Rural Health Clinics in AZ for better access to care. Augmented by telehealth to meet or exceed appointment avilability standards. In CY 2022, standards were close to 100% for all medical, behavioral, and maternity care providers. Hom-Based Primary Care for rural members with multiple chronic conditions. HBPC pilot program, PCPs and nurse practitioners provided comprehensive care in the member's home. Overcomes geographic barriers. In 8 month studay, pilot showed an 80% reduction in outpatient clinicl charges, an 88% reduction in hospitalization charges, and zero emergency depart visits. Have exteded program in 2023, with a goal of over 100 visits in CYe 2023.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: 90% of AZ falls under the USDA rural definition - low population densities, economic and poverty (9 poorest counties in AZ) racial and ethnic disparities (74% report seniors are NA, AA, or Hispanic). CMS quarterback entire system. They can profile mebers through a suite of AI-informed conversational communication tools using Blue Connections. Services link to ALTCS Community Service Directory that maps community resources for ALTCS members based on geography and need.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Referrals to CBOs are tracked and solutions provided represent service gaps ID through analysis, stakeholder feedback, and system partner collaboration. Uses Social Threads to connect older adults with resources like tablets, Pyx Health for daily check-ins, call center for social support. Saw a 33% ave. reduction in loneliness. Will offer social Threads for ALTCS members and caregivers at go-live. Monitor - improvement in loneliness scores, depression scores, reducton in ED visits and inpatient stays. Increase reliability of NEMT through best practice monitoring between AzCH and MTBA. Led to 50% improvement for ACC members and 77% improvement for RBHA members. Will apply these practices for ALTCS members. Monitor-wait times, completed trips, member satisfaction and grievances. Contract year 4 - will partner with United WAy to implement community collaboration approach that connects, educates, and empowers providers and CBO to work together to remove barriers in underserved areas. Trusted Navigators will work with CMs to offer support up to two months post discharge, and will screen for SRFs. Monitoring - monthly reports, referral rates, screening scores post discharge vs. 2 months out and readmissions	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration: Collaborate with rural communities to learn about their needs and priorities. Member of the Gila County Social Service Inter-Agency Team. Use CHWs to address HRSN and for system navigation. Strategically hires CMS and provider services who live in rural areas who know local providers, resources and better understand the needs and health inequities. Members participate in ALTCS Member Council specific to their GSA. Can attend virtually, and they provide interpretation services and transportation. Provides YouTube videos on LTC eucation in Navajo language. Tribal liaison partners with tribes on the impacts of the FWA issue. Educates staff about tribal history, culture, strengths, needs. Participating in Advancing Health Euquity for MCs ALTCS Tribal Members. Provides 25 required trainings to educate on respecting tribal sovereignty, understanding the tribal health care delivery system, TIC, health care choices for tribal members, and care coordination.
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - COLLABORATION AND ENGAGEMENT					
Criteria Consideration - Improves Outcomes (Quality/Member)	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this
Criteria Consideration - Identify and Resolve Barriers to Service Delivery	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this
Criteria Consideration - Improving Peer and Family Supports	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this	After reading Contractor's response, enter your individual notes here for this
Criteria Consideration - [Enter Consideration Here]	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration:	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
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DRAFT RANKING	[After reading all Contractor's responses, enter your individual Draft Ranking here	[After reading all Contractor's responses, enter your individual Draft Ranking here	[After reading all Contractor's responses, enter your individual Draft Ranking here	[After reading all Contractor's responses, enter your individual Draft Ranking here	[After reading all Contractor's responses, enter your individual Draft Ranking here

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

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SUBMISSION REQUIREMENT B10: COMPLIANCE REVIEWS
Pursuant to 42 CFR 438.358 (b)(1)(i), Medicaid agencies must conduct compliance reviews of their contracted Managed Care Organizations at least every three years. AHCCCS will evaluate compliance reviews and incorporate the Offeror's past performance as specified below:
a.)Incumbent E/PD Contractors - A submission is not required. AHCCCS will utilize the AHCCCS Calendar Year (CY) 23 ALTCS E/PD Operational Review (OR),
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c.)Non-Incumbent Offerors - The Offeror shall submit its most recent review(s) that together comprise a complete evaluation. The review(s) shall be selected from one of the Medicaid Contracts cited in B2 in compliance with 42 CFR 438.358 (b)(ii) for a business line which includes provision of services that are comparable to the Scope of Services for this RFP. The Offeror shall include a description of how the services delivered in the business line for the submitted compliance review are comparable to the Scope of Services for this RFP. The Offeror's submission shall not exceed one page plus attached compliance review(s). AHCCCS reserves the right to validate the submitted review.

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For Nonincumbent Offerors: Refer to 1B(6c) and RFP Section H, Instructions to Offerors for submission format requirements

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein

SCORER: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
CONSULTANT FACILITATOR: Andy Cohen and Scott Wilson

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	AHCA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - AHCCCS OR REPORT REVIEW (INCUMBENT)					
Criteria Consideration - Most Recent AHCCCS OR Results (contractor name and Line of business Reviewed (link provided))	UnitedHealthcare Community Plan LTC OR 2023	Banner-University Family Care LTC OR 2023	Health Choice Arizona ACC OR 2022	Arizona Complete Health-Complete Care Plan RBHA OR 2020	Mercy Care Plan LTC OR 2023
Criteria Consideration - # Total Standards:	173	173	153	154	173
Criteria Consideration - # Standards Full Compliance (full compliance is equal to or greater than 90%):	138	145	125	129	142
Criteria Consideration - Compliance Considerations / Findings					
Criteria Consideration - LTSS-specific experience	LTSS specific OR considered	LTSS specific OR considered			LTSS specific OR considered
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts					
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	3	1	5	4	2

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

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SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman■

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Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
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Criteria Consideration - Most Recent AHCCCS OR Results (contractor name and Line of business Reviewed (link provided))	UnitedHealthcare Community Plan LTC OR 2022	Banner-University Family Care LTC OR 2022	Health Choice Arizona ACC OR 2022	Arizona Complete Health-Complete Care Plan RBHA OR 2020	Mercy Care Plan LTC OR 2022
Criteria Consideration - # Total Standards:	173	173	153	154	173
Criteria Consideration - # Standards Full Compliance (full compliance is equal to or greater than 95%):	138	145	125	129	142
Criteria Consideration - Compliance Considerations / Findings	79.8% of metrics were in full compliance; concerns noted with case management policies and procedures (numerous aspects), provider manual, EPSDT services, monitoring of ED utilization, member transition processes, quality of care/onsite monitoring, provisional credentialing, ASH coordination, BH treatment coordination/service delivery, and SUD services	83.8% of metrics were in full compliance; concerns noted with care coordination and needs assessment planning, service plan monitoring, BH service delivery, provider manual, peer supports, concurrent review, discharge planning, ED utilization monitoring, discharge planning, transitions, PCP changes, onsite monitoring, QM, and ALTCI coordination	82.2% of metrics were in full compliance; concerns noted with peer support, medical records, NOAs, EPSDT periodicity schedules, ED utilization monitoring, social networking, QM, onsite monitring, seclusion/restraint reporting, QI program elements, community initiatives, BH medical records,	83.8% of metrics were in full compliance; concerns noted with corporate compliance, claims interest payments, provider manuals, access to care, material change monitoring, grants, claims disputes, pregnancy/postpartum SUD care, EPSDT community coordination and screenings, preventive care, timely medical record review for PACER.	82.1% of metrics were in full compliance; concerns noted include case management policies re: service planning and care coordination, CATS, BH services, NF service monitoring, CM caseloads, timely initiation of services, timely claims decisions, provider manual, EPSDT services, ED utilization monitoring, member transitions, timely eCF changes, QM, ALTCI coordination
Criteria Consideration - LTSS-specific experience	Yes, although there were some concerns with LTSS areas (e.g. Case management, especially around member planning aspects) - LTSS has heavy emphasis on care coordination, which generally appears to be a concern for United, based on their OR	Yes, although a few concerns with LTSS, especially around care planning and transitions	No LTSS experience in AZ; one plan noted in MN for LTSS but scoring detail not supplied as part of this RFP structure	No LTSS experience in AZ (in terms of OR reviews); history of service in AZ generally. Two plans noted for LTSS (TX and KS) - timely/accurate claims payments are a big concern for LTSS providers who generally have less overhead to cover	Yes; biggest area of concerns was case management, which is concerning
Criteria Consideration - [Enter Consideration Here]			Mostly "member care issues" vs. business issues.	Mostly "business" issues vs. issues that impact member care (e.g. QM, QI, NAM, ISOC).	
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	n/a	n/a	n/a	n/a	n/a
Criteria Consideration - [Enter Consideration Here]					
[SELECT ALL RELEVANT]	1	1	1	1	2

EPD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

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ii. Incumbent non-E/PD Contractors - A submission is not required. AHCCCS will utilize the most recent finalized AHCCCS Operational Review (OR), and
iii. Non-Incumbent Offerors - The Offeror shall submit its most recent review(s) that together comprise a complete evaluation. The review(s) shall be selected from one of the Medicaid Contracts cited in B2 in compliance with 42 CFR 438.358 (b)(ii) for a business line which includes provision of services that are comparable to the Scope of Services for this RFP. The Offeror shall include a description of how the services delivered in the business line for the submitted compliance review are comparable to the Scope of Services for this RFP. The Offeror's submission shall not exceed one page plus attached compliance review(s). AHCCCS reserves the right to validate the submitted review.

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SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman■

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan (MMP)) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	AHCA Marketplace Plan (Bronze, Silver Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TennCare (Tennessee)	MA Prescription Drug (MAPD) Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - AHCCCS OR REPORT REVIEW [INCUMBENT]					
Criteria Consideration - Most Recent AHCCCS OR Results (contractor name and Line of business Reviewed (link provided))	UnitedHealthcare Community Plan LTC OR 2023	Banner-University Family Care LTC OR 2022	Health Choice Arizona ACC OR 2022	Arizona Complete Health-Complete Care Plan RBHA OR 2020	Mercy Care Plan LTC OR 2023
Criteria Consideration - # Total Standards:	173	173	152	154	173
Criteria Consideration - # Standards Full Compliance (full compliance is equal to or greater than 85%):	138	145	125	129	142
Criteria Consideration - Compliance Considerations / Findings	80% overall compliance based on Standard scoring, CY2023. CM scored 87%. P/P placement/sys planning, p/p needs assessment/care planning, sys plan monitoring/assessment, CM caseload monitoring	84% overall compliance based on Standard scoring, 2023. CM scored 90%. Hosp dc, p/p needs assessment/care planning, sys plan monitoring/assessment, provide/monitor BH svs	82% overall compliance based on Standard scoring, CY 2022	84% overall compliance based on Standard scoring, CY 2020	82% overall compliance based on Standard scoring, 2023. CM scored 77%. P/P placement/sys planning, hosp dc, p/p needs assessment/care planning, CATS, providing/monitoring BH svs,
Criteria Consideration - LTSS-specific experience	UnitedHealthcare Dual Complete ONE - FIDE SNP, covered area aligned with ALTCS E/PD central and north GSA, 4,960 members, 8 years since 1/1/15. MyCare Ohio - 'similar' to ALTCS E/PD prog, NCQA	Banner University Care Advantage dba Banner Medicare Advantage Dual (BMA Dual), noted to be a FIDE SNP, 15 years experience, CMS contract in Central and Southern GSA, 13,734 members. Refers to	Health Choice Pathway DSNP, first in Az to achieve NCQA MA and DSNP accreditation. One of two 4 STAR DNSPs in Az, 12,000 Az members in North and Central GSAs. Providers and assisted living	Operates/serves 20,800 DNSP members in Az, 16 yrs. Doesn't mention areas served. STAR+PLUS serves 50,197 adults with disabilities or age 65+, 56 yrs in Texas (Bexar, Lubbock and Nueces	State wide SNP, 13,503 members, 100% score on CMS NCQA Model of Care evaluation, noted to be a HIDE and FIDE SNP, operating 17 years (eff 1/1/06), Maricopa, Pinal, Gila and Pima. Also notes for
Criteria Consideration - [Enter Consideration Here]	Incumbant is an E/PD Contractor.	Incumbant is an E/PD Contractor.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Notes they are a current Az LTC program.
Criteria Consideration - Other	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Describes contracts.	Describes contracts	Describes contracts	Describes contracts	Describes contracts
Criteria Consideration - [STAR and/or NCQA Rating]	Ohio and Tennessee programs noted to have NCQA medicaid accreditation and health equity accreditation. Tennessee also has LTSS accreditation.	Star Rating of 3.5 noted, VBID full approval of Health Equity Plan for the DSNP and MAPD.	Notes NCQA MA and DNSP accreditation and one of two four STAR DSNPs in Az, only DSNP with five STAR Part D pharmacy program.	After reading Contractor's response, enter your individual notes here for this Broad Category and Criteria Consideration	Notes 100% score on recent CMS NCQA Model of Care Evaluation
DRAFT RANKING	1	2	3	5	4

EPD RFP YH26-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

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SUBMISSION REQUIREMENT B11: DSNP
The Offeror shall submit its "2023 AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona, the Offeror shall cite its "2023 STAR rating with the corresponding Medicare Contract Number, from one of the states for the Medicaid contracts cited in Submission Requirement B2, using the preference order detailed below. Preference order for STAR Rating from another State:

a. FIDE SNP/DSNP Plan,
b. Another type of SNP, or
c. Medicare Advantage Plan.

PAGE LIMIT: Refer to RFP Section H, instructions to Offerors for submission format requirements.

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SCORER: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
CONSULTANT FACILITATOR: Andy Cohen and Scott Wilkins

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3)	UnitedHealthcare® Dual Complete® ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MMPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3)	McCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan Bronze, Silver, Gold Plans (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3)	TennCare (Tennessee)	AAA Prescription Dual (MAPDD Plan HMO (Arizona)	Blue Advantage Senior Care Plus (Minnesota)	KanCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - COMPREHENSIVE RESPONSE					
Criteria Consideration - Utilization of table format	Used required format	Used required format	Used required format	Used required format	Used required format
Criteria Consideration - Contract number: Existing Contract (in state)	H3321	H4931	H5587	H5590	H5580
Criteria Consideration - Submission Score	4	3	4	3.5	3
Criteria Consideration - Related State	Arizona	Arizona	Arizona	Arizona	Arizona
Criteria Consideration - Plan Type	FIDE SNP/HIDE SNP	FIDE/DSNP	FIDE/DSNP	DSNP	DSNP
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - VERIFICATION					
Criteria Consideration - Score verified against Medicare Plan finder	4	3	4	3.5	3
Criteria Consideration - [Enter Consideration Here]					
Criteria Consideration - Other					
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	Medicaid YH180001, YH190001, CTR047021	Banner-University Care Advantage dba Banner Medicare Advantage Dual	BCBSAZ-Health Choice Pathway CMS Contract No. H5587	medicaid YH23-0010-01	Mercy Care Advantage HMO SNP
Criteria Consideration - [Enter Consideration Here]					
DRAFT RANKING	1	4	2	3	4

DFD RFP YH24-0001 SCORING TOOL
DRAFT NOTES - CONFIDENTIAL

B2 - The Offeror shall identify no more than three contracts. *The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP the Offeror does not need to include Arizona Medicaid Contracts in its list, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. *The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered.

SUBMISSION REQUIREMENT B11: DSNP
The Offeror shall submit its *2023 AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona, the Offeror shall cite its *2023 STAR rating with the corresponding Medicare Contract Number, from one of the states for the Medicaid contracts cited in Submission Requirement B2, using the preference order detailed below. Preference order for STAR Rating from another State:

a. FIDE SNP/DSNP Plan,
b. Another type of SNP, or
c. Medicare Advantage Plan.

PAGE LIMIT: Refer to RFP Section H, Instructions to Offerors for submission format requirements.

EVALUATION TEAM: The Personally Identifying Information of the Individual Evaluators Has Been Redacted Herein
SCORER:
CONSULTANT FACILITATOR: Andy Cohen and Scott Wittman

OFFERORS	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
Contract Identified in Narrative B2 (1 OF 3):	UnitedHealthcare® Dual Complete® - ONE (Arizona)	Banner Medicare Advantage DSNP (Arizona)	Medicare Dual Special Needs Plan (Arizona)	MIPPA (Arizona)	Mercy Care Advantage HMO SNP (Arizona)
Contracts Identified in Narrative B2 (2 OF 3):	MyCare Ohio (Medicare-Medicaid Plan [MMP]) (Ohio)	Medicare Shared Savings Program (MSSP) (Arizona)	ACA Marketplace Plan (Bronze, Silver, Gold Plans) (Arizona)	STAR+PLUS (Texas)	N/A
Contracts Identified in Narrative B2 (3 OF 3):	TotalCare (Tennessee)	MA Prescriptive Drug (MAPD) Plan (PDP) (Arizona)	Blue Advantage Select Care Rico (Rhode Island)	FirstCare 2.0 Medicaid Care (Kansas)	N/A
BROAD CATEGORY - COMPREHENSIVE RESPONSE					
Criteria Consideration - Utilization of table format	**Yes**, one (1) row response for AZ MA D-SNP contract number below.	**Yes**, one (1) row response for AZ MA D-SNP contract number below.	**Yes**, one (1) row response for AZ MA D-SNP contract number below.	**Yes**, one (1) row response for AZ MA D-SNP contract number below.	**Yes**, one (1) row response for AZ MA D-SNP contract number below.
Criteria Consideration - Contract number/ Existing Contract (in state)	**H5321** is a current AHCCCS-contracted HIDE and FIDE SNP CMS contract number.	**H4931** is a current AHCCCS-contracted HIDE and FIDE SNP CMS contract number.	**H5587** is a current AHCCCS-contracted HIDE SNP CMS contract number. *Note: B11 table above lists H5587 as a FIDE SNP, per CY2023 AHCCS MIPPA Agreement, is HIDE SNP only.*	**H5590** is a current AHCCCS-contracted HIDE SNP CMS contract number.	**H5580** is a current AHCCCS-contracted HIDE and FIDE SNP CMS contract number.
Criteria Consideration - Submission Score	CMS MA Star rating submitted = **4.0** (page 67 of proposal).	CMS MA Star rating submitted = **3.0** (page 70 of proposal).	CMS MA Star rating submitted = **4.0** (page 84 of proposal).	CMS MA Star rating submitted = **3.5** (page 81 of proposal).	CMS MA Star rating submitted = **3.0** (page 44 of proposal).
Criteria Consideration - Related State	Submitted one (1) state, **Arizona**, for response to B11.	Submitted one (1) state, **Arizona**, for response to B11. .	Submitted one (1) state, **Arizona**, for response to B11. .	Submitted one (1) state, **Arizona**, for response to B11.	Submitted one (1) state, **Arizona**, for response to B11.
Criteria Consideration - Plan Type	**FIDE SNP**; HIDE SNP	**FIDE SNP**; HIDE SNP	**HIDE SNP**	**HIDE SNP**	**FIDE SNP**; HIDE SNP
Criteria Consideration - [Enter Consideration Here]	NA	NA	NA	NA	NA
Criteria Consideration - Other	NA	NA	NA	NA	NA
BROAD CATEGORY - VERIFICATION					
Criteria Consideration - Score verified against Medicare Plan finder	Submitted 2023 MA contract **H5321** Star rating verified at Medicare Plan Finder = **4.0**. Accessed October 3, 2023 from https://www.medicare.gov/plan-compare/#/?year=2024&lang=en (selected Year 2023 and ZIP Code 85034).	Submitted 2023 MA contract **H4931** Star rating verified at Medicare Plan Finder = **3.0**. Accessed October 3, 2023 from https://www.medicare.gov/plan-compare/#/?year=2024&lang=en (selected Year 2023 and ZIP Code 85034).	Submitted 2023 MA contract **H5587** Star rating verified at Medicare Plan Finder = **4.0**. Accessed October 3, 2023 from https://www.medicare.gov/plan-compare/#/?year=2024&lang=en (selected Year 2023 and ZIP Code 85034).	Submitted 2023 MA contract **H5590** Star rating verified at Medicare Plan Finder = **3.5** (under Wellcare by Allwell). Accessed October 3, 2023 from https://www.medicare.gov/plan-compare/#/?year=2024&lang=en (selected Year 2023 and ZIP Code 85034).	Submitted 2023 MA contract **H5580** Star rating verified at Medicare Plan Finder = **3.0**. Accessed October 3, 2023 from https://www.medicare.gov/plan-compare/#/?year=2024&lang=en (selected Year 2023 and ZIP Code 85034).
Criteria Consideration - [Enter Consideration Here]	NA	NA	NA	NA	NA
Criteria Consideration - Other	NA	NA	NA	NA	NA
BROAD CATEGORY - OTHER NOTABLE CONSIDERATIONS					
Criteria Consideration - Use of cited contracts	YH180001 , YH190001 , CTR047021 (each cited at B2).	Banner Medicare Advantage Dual (citedabove and at B2).	BCBSAZ-Health Choice Pathway CMS Contract No. H5587 (cited above and at B2).	YH23-0010-01, CY2023 AHCCCS MIPPA Agreement (cited above and at B2).	H5580 - Mercy Care Advantage HMO SNP (cited above and at B2).
Criteria Consideration - [Enter Consideration Here]	NA	NA	NA	NA	NA
DRAFT RANKING	At October 3, 2023 = **1 / 5**.	At October 3, 2023 = **2 / 5**.	At October 3, 2023 = **4 / 5**.	At October 3, 2023 = **5 / 5**.	At October 3, 2023 = **3 / 5**.

Exhibit B

B5 145 points	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE	
RFP Scoring Rank	**2nd**	**1st**	**5th**	**3rd**	**4th**	
AHCCCS Score Sheet Number						
001486	5	4	3	2	1	
001484	4	3	2	1	5	
001485	3	4	5	2	1	
Evaluator Total Points	12	11	10	5	7	
Ranking Based on Evaluator Points	**5th**	**4th**	**3rd**	**1st**	**2nd**	Mercy Care scored 2nd after individual scoring but ranked 4th after consensus scoring.
B5 Evaluators: Danielle Ashlock (ALTCS Project Manager), Dara Johnson (Program Development Officer - DHCS), Melissa Arzabal (ALTCS Case Management Program Manager)						

B7 75 points	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE	
RFP Scoring Rank	**2nd**	**5th**	**4th**	**1st**	**3rd**	
AHCCCS Score Sheet Number						
001490	1	2	5	4	3	
001491	4	2	3	5	1	
001492	2	5	4	1	3	
Evaluator Total Points	7	9	12	10	7	
Ranking Based on Evaulator Points	**1st**	**3rd**	**5th**	**4th**	**1st**	Mercy Care tied for 1st in individual scoring, but ranked 3rd after consensus scoring.
B7 Evaluators: Christina Quast (Deputy Assistant Director of Managed Care Operations), Gini Britton (Operations Compliance Officer), Jay Dunkleberger (Network Administrator)						

B9 75 points	ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE	
RFP Scoring Rank	**4th**	**2nd**	**1st**	**3rd**	**5th**	
AHCCCS Score Sheet Number						
001496	4	3	1	2	5	
001497	2	3	5	4	1	
001498	4	2	1	5	3	
Evaluator Total Points	10	8	7	11	9	
Ranking Based on Evaulator Points	**4th**	**2nd**	**1st**	**5th**	**3rd**	Mercy Care scored 3rd after individual scoring, but ranked 5th after consensus scoring.
B9 Evaluators: Rachel Conley (Tribal ALTCS Administrator), Dr. Melissa Del-Cole (Adult System of Care Program Administrator), Susan Kennard (Administrator Office of Individual and Family Affairs)						

Overall					
Total Evaluator Points (B4-B11)	69	68	81	68	53
Ranking Based on Evaulator Points	**4th**	**2nd**	**5th**	**3rd**	**1st**
RFP Overall Scoring By Points (B4-B11)	435	391	216	383	405
Ranking Based on RFP Overall Scoring Points (B4- B11)	**1st**	**3rd**	**5th**	**4th**	**2nd**
OP1	116.00	58.00	145.00	87.00	29.00
OP2	87.00	43.50	116.00	145.00	43.50
C1-C4 Non-Benefit Cost Bid	30.00	30.00	60.00	100.00	80.00
	302.00	**199.50**	**402.00**	**400.00**	**205.50**
	3	5	1	2	4