

SUBMISSION EVALUATION CONSIDERATIONS

PROGRAM

EPD Narrative Submission Requirement #1

An 85 year old American Indian member currently enrolled with the Offeror, with Medicare Part A and Part B, and unknown tribal affiliation resides alone in Parker. The member has had several transitions in the last three years between Tribal ALTCS and the Offeror's ALTCS E/PD Health Plan. The member has received services from multiple IHS and 638 facilities as well as providers in the Offeror's network and through Medicare's network. Her diagnoses include Unspecified Depressive Disorder, Panic Disorder with agoraphobia, Transient Ischemic Attacks and history of CVA. Her vision has also been impaired by cataracts. This member also has demonstrated difficulty remembering conversations and confusion over her prescribed medications, resulting in inconsistencies in taking medications. Describe how the Offeror will manage care to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Identification of coordination of care processes between all involved entities including the actions that will be taken
- Outline of strategies to meet the immediate needs of the member
- Outline of strategies to meet the remaining and/or ongoing needs of the member

EPD Narrative Submission Requirement #2

A 71 year old Hispanic member, residing in Kingman, diagnosed with schizophrenia, Opiate Use Disorder, diabetes and dementia was enrolled with the Regional Behavioral Health Authority with a Serious Mental Illness determination. He was residing in a Behavioral Health Residential Facility to stabilize his behaviors and to improve his independence with activities of daily living. The member was on court ordered treatment, was noncompliant with taking his medication, and began to exhibit suicidal ideation with a plan to commit suicide. He was subsequently transferred to a Psychiatric Level I Facility in Kingman. Since being admitted, the member's condition has stabilized and he is ready for discharge; however, his dementia has progressed such that he is ALTCS eligible and is now enrolled in the Offeror's health plan. His family would like him to be transferred to Flagstaff to be closer to them. Describe how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Identification of services and supports for members with an Serious Mental Illness determination
- Description and rationale of the service plan
- Description of coordination activities for transition from the RBHA

EPD Narrative Submission Requirement #3

Provide a description of the Offeror’s past experience as a Medicare D-SNP Plan. The Offeror must include examples demonstrating its most effective initiatives (excluding CMS mandates and the provision of supplemental benefits) yielding improved health outcomes and experiences for dual members. Provide implementation dates of each initiative, the metrics and/or the measurement process utilized to support these outcomes, size of the Medicare D-SNP membership and the number of members participating in each initiative. Describe how the Offeror will replicate these initiatives in any and all awarded GSAs.

Response considerations included but were not limited to:

- Outline and analysis of Medicare D-SNP initiatives regarding improved health outcomes for dual members
 - Outline and analysis of Medicare D-SNP initiatives regarding improved experiences for dual members
 - Description of the implementation plan for how past initiatives will be replicated in any and all awarded GSA(s)
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EPD Narrative Submission Requirement #4

Approximately 20% of the ALTCS E/PD population dies annually representing a significant percentage of the membership. This requires an increased emphasis on supporting members through life transitions such as declining health, aging and/or terminal illness. Describe the Offeror’s experience in serving members during these life transitions. Describe new innovative strategies the Offeror will use to support members with decision-making and care needs throughout the term of the Contract.

Response considerations included but were not limited to:

- Description of past experience and approach to support end of life decision making and transitions for individuals with declining health, advanced aging and/or terminal illness
 - Outline of strategies to support members experiencing declining health, advanced aging and/or terminal illness with end of life decision making and transitions throughout the term of the Contract
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EPD Narrative Submission Requirement #5

The Offeror has a newly-enrolled 32 year old male with a Traumatic Brain Injury who temporarily resides in a Skilled Nursing Facility. He has limited mobility and functioning due to morbid obesity with a weight of 390 pounds and has a newly developed Stage 3 pressure ulcer on his buttocks. The member reports being depressed due to his divorce, loss of his job and social life. He attributes the “run-of-bad luck” to his obesity. He is sure he could get his life back if he could lose weight and become active again. Describe how the Offeror will assist the member to ensure he receives the highest quality care, services and supports.

Response considerations included but were not limited to:

- Identification of quality of care concern and description of responsibilities of all parties to address the quality of care concern

- Outline of strategies to meet the immediate needs of the member
 - Outline of strategies to meet the remaining and/or ongoing needs of the member
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EPD Narrative Submission Requirement #6

A young male Veteran with a service connected spinal cord injury and Post Traumatic Stress Disorder (PTSD) is currently residing in an Assisted Living Facility. He would like to someday own his own home, but will require in-home care/supports indefinitely. He would like to pursue other career opportunities and, although he is very motivated to return to work, he is concerned about losing his health care and other benefits. His interests include outdoor recreational activities that he pursued prior to his deployment and injury. Explain how the Offeror would support this member.

Response considerations included but were not limited to:

- Outline of the Service/Person Centered Planning practices and personal goal development process
 - Identification of, and process for, coordinating services and community resources (Title XIX and Non Medicaid services) related to service plan implementation
 - Transition planning for employment and home ownership
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ACCESS TO CARE/NETWORK

EPD Narrative Submission Requirement #7

It is estimated one in four Arizonans will be over the age of 60 by 2020. It is reported that this increase in the aging population will result in exponential job growth in the long term care paraprofessional workforce over the next eight years. Present the Offeror's perspective on Arizona's current paraprofessional labor market and describe the Offeror's anticipated labor needs to adequately serve its membership through the term of the Contract. Describe innovative strategies the Offeror will implement to ensure recruitment, hiring and retention of a paraprofessional workforce by providers sufficient to meet the needs of, and provide quality care, to members in any and all awarded GSAs throughout the term of the Contract.

Response considerations included but were not limited to:

- Current and ongoing analysis of population growth and evolving needs of the population
 - Analysis of the labor market and assessment of the impact to network adequacy
 - Outline of innovative strategies and plans for implementation
 - Plan for monitoring and evaluating the implementation strategies
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EPD Narrative Submission Requirement #8

A 16 year old male who is paraplegic secondary to a gunshot wound to the spine is currently enrolled with the Offeror. The member is currently receiving treatment in a Behavioral Health Residential Facility for inappropriate sexual behaviors perpetrated against a sibling and previous exposure to drug and alcohol abuse in the family home. In recent months, he has met all of his treatment goals and is

ready for discharge. Due to his history of inappropriate sexual behaviors, the Child and Family Team recommends he not return to the family home. The family has heard about and visited an out of state group home where they would like to see the member placed. Describe how the Offeror will address the appropriate placement and service needs for this member.

Response considerations included but were not limited to:

- Outline of the assessment process for evaluating the member’s needs
- Identification of services to meet the member’s needs
- Strategies for evaluating the Offeror’s current availability or development of placement options this member

EPD Narrative Submission Requirement #9

The Offeror holds an ALTCS E/PD Contract for both the Central and North GSAs and receives \$280 million per year in capitation revenue. Twenty-eight percent of the Offeror’s members reside in nursing facilities; 72% of members reside in an HCBS setting. Of those members residing in HCBS, 18% live in Alternative HCBS Settings.

The Offeror’s revenue under the D-SNP Contract for the same Counties which match the Central and North GSAs is approximately \$75 million. Annual expenses by category of service are as follows:

Inpatient Hospitalization	37%
Physician	22%
Pharmacy	22%
SNF and Home Health	7%
Emergency Room	3%
Outpatient Facility	4%
Other Medical	5%

The Offeror shall have at least the following percentage of contracts executed with health care providers under VBP arrangements in its second year of the Contract (CYE 19):

1. 50% of total ALTCS E/PD prospective payments, and
2. 50% of total DSNP payments

Describe how the Offeror will meet these requirements. The Offeror’s response shall be limited to methods that meet the Health Care Payment Learning and Action Network (LAN) Alternative Payment Model (APM) Framework for categories 2, 3 and 4, and address the following at a minimum:

- Similarities and differences regarding VBP contracting approaches in the Medicaid and Medicare lines of business, and
- The urban/rural dichotomy

The Offeror’s response regarding ALTCS E/PD must include, but need not be limited to, contracting arrangements addressing integrated behavioral health and physical health service delivery, contracting arrangements for both HCBS and Nursing Facility settings, and relevant outcome measures of all VBP contracts.

The Offeror's response regarding the D-SNP must include, but need not be limited to, contracting arrangements addressing integrated behavioral health and physical health service delivery, inpatient readmissions and ED visits, and relevant outcome measures of all VBP contracts.

Response considerations included but were not limited to:

- Consideration of the interrelationship between VBP approach for E/PD and D-SNP
 - Detailed description of timeline and design of contract arrangements
 - Identification of the needs of the E/PD population (Medicaid and Medicare) and how needs of members informs contract arrangements
 - Inclusion of Health Care Payment Learning and Action Network (LAN) Alternative Payment Model (APM) Framework with a focus on categories 2, 3 and 4
 - Description of meeting 50% requirements is reasonable based on the statistics provided
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ADMINISTRATIVE

EPD Narrative Submission Requirement #10

The Offeror recently received an authorization request for an increase in attendant care hours for a member. The Offeror has already approved 20 hours a week of attendant care for this member, but the member's representative, who is also the member's spouse and caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted five different agencies, including the legislature. How would the Offeror address this situation, including an explanation of processes associated with approval and processes associated with denial of the request?

Response considerations included but were not limited to:

- Description of the process(es) that would be utilized if approving the member's/representative's request
 - Description of the process(es) that would be utilized if denying the member's/representative's request
 - Outline of plan for communications with appropriate parties
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EPD Narrative Submission Requirement #11

A provider who is a specialty surgeon filed a claim dispute contesting the Offeror's recent recoupment of the entire payment amount for a claim it paid 26 months earlier. The Offeror's notification of recoupment to the provider stated the following language:

Claim reference number xxx for Member yyy will be recouped in the next payment cycle. Not all services are covered. No prior authorization obtained.

In its claim dispute, the surgeon insists that the recoupment was improper, stating that all services were critically necessary, and referring the Offeror to the extensive medical records previously submitted with the claim. The provider's medical records submitted with the claim indicate that the member was admitted to the hospital directly from another physician's office as a result of severe

flank pain, inability to stand, vomiting, and fever. The surgeon is not employed by the hospital where the surgery was performed but has admitting privileges at the hospital.

Identify all steps and describe all activities the Offeror will take in response to the claim dispute as part of the grievance and appeal process. Include the type and full content of any communications the Offeror will send to the provider. Also, explain/describe how the Offeror will handle this dispute if the provider files a request for hearing and discuss the legal and factual arguments that will be made by the Offeror to support its position.

Response considerations included but were not limited to:

- Description of all activities that take place as part of the claim dispute process
- Inclusion of type and content of communications to the provider and evaluation of these communications to ensure compliance with AHCCCS rules, policies, and contract
- Explanation of the process and description of how dispute is handled if the provider files a request for hearing and discussion of the legal and factual arguments made by the Offeror to support its position

ORAL PRESENTATION

PROGRAM

Question #1

A 42 year old member who was recently determined eligible for AHCCCS and who is newly enrolled in the Offeror's plan is a female with paraplegia, and Bipolar Disorder. The member has been unemployed off and on for the past four years, in part due to her poor personal hygiene. She had difficulty maintaining a stable living environment and was evicted from her apartment. For the past six months, she had been living with various acquaintances but is now living on the street. Describe how the Offeror will address services and supports for this member.

Response considerations included but were not limited to:

- Identification of the process used to address the immediate behavioral and physical health needs of the member
 - Identification of factors requiring, and process for obtaining, an assessment for determination of serious mental illness designation
 - Outline of the process to identify and plan for transition to an appropriate and stable living environment
 - Outline of personal goal development process
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Question #2

A 35 year old female is an enrolled member of the Offeror's plan and has a diagnosis of ALS. She has recently begun to experience difficulty speaking. She is a mother of three children, 8, 10, and 15 years of age, and lives with her long term female partner. They are concerned about the progression of the disease prior to her children reaching adulthood. She has remarked on numerous occasions that she is afraid she might miss key milestones in the lives of her children. Additionally, she has expressed concern if her partner will be able to make decisions should she become incapacitated. Describe how the Offeror will address services and supports for this member.

Response considerations included but were not limited to:

- Discussion of the disease and its progression, and approach and strategies to address service provision, supports, and coordination with specific provider types
- Identification of the process and plan for end of life care discussion and person-centered planning with the member
- Support of member to maximize member's independence during progression of disease