

Submission Requirement 9

Offeror	Rank*
Centene	1
UHC	3
University Family Care	4
Mercy Care Group	1

*If Offeror omits a submission, the requirement rank for that offeror for that submission will be an "X"

Evaluation Team Member	Signature	Date
GEORGE JACOBSON	<i>[Signature]</i>	2-10-17
Cynthia Laune	<i>[Signature]</i>	2-10-17
Shelley	<i>[Signature]</i>	2-10-17

Facilitator	Signature	Date
Scott Walker	<i>[Signature]</i>	2-10-17

COMPONENT: ACCESS TO CARE/NETWORK

OFFEROR'S NAME:

Centene

SUBMISSION REQUIREMENT No. 9	Total Ranking														
<p>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.</p> <p>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:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse; width: 60%;"> <tbody> <tr><td>Inpatient Hospitalization</td><td style="text-align: right;">37%</td></tr> <tr><td>Physician</td><td style="text-align: right;">22%</td></tr> <tr><td>Pharmacy</td><td style="text-align: right;">22%</td></tr> <tr><td>SNF and Home Health</td><td style="text-align: right;">7%</td></tr> <tr><td>Emergency Room</td><td style="text-align: right;">3%</td></tr> <tr><td>Outpatient Facility</td><td style="text-align: right;">4%</td></tr> <tr><td>Other Medical</td><td style="text-align: right;">5%</td></tr> </tbody> </table> <p>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):</p> <ol style="list-style-type: none"> 1. 50% of total ALTCS E/PD prospective payments, and 2. 50% of total DSNP payments <p>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:</p> <ul style="list-style-type: none"> • Similarities and differences regarding VBP contracting approaches in the Medicaid and Medicare lines of business, and • The urban/rural dichotomy <p>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.</p> <p>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.</p>	Inpatient Hospitalization	37%	Physician	22%	Pharmacy	22%	SNF and Home Health	7%	Emergency Room	3%	Outpatient Facility	4%	Other Medical	5%	1
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Rationale:

Major Observations:

Offeror described an understanding of challenges related to EPD/DSNP alignment

Offeror described common measures for both Medicare and Medicaid programs

Offeror described specific performance measures that would be addressed across payers and provider types

Offeror described how it will leverage lines of business and how costs within each program impact its Value Based Purchasing strategy

Offeror described an understanding of challenges related to VBP in rural areas

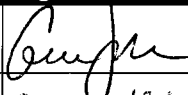


Offeror indicated that staff will be located in rural areas to educate and support rural providers with regard to VBP

Offeror described a detailed VBP approach for ALTCS program

Offeror described a clear approach and timeline by region and provider type to meet targets, including the pooling of small providers to develop performance targets

Offeror described a detailed approach for integration of physical and behavioral health

Offeror provided an approach for moving providers along the LAN continuum, by provider type

Evaluation Team Member	Signature	Date
GEORGE JACOBSON		2-10-2017
Cynthia Layne		2/10/17
Shelli Silver		2/10/17

Facilitator	Signature	Date
Scott Wither		2-10-17

COMPONENT: ACCESS TO CARE/NETWORK

OFFEROR'S NAME:

Mercy Care Group

SUBMISSION REQUIREMENT No. 9	Total Ranking														
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Rationale:

Major Observations:

Offeror described an approach to align Medicaid and Medicare and leverage program contracts to promote Value Based Purchasing

Offeror generally described development of performance measures that promote consistency across all payers

Offeror described an approach to VBP that promotes quality of care for members across payers

Offeror described an understanding of challenges related to VBP in rural areas

Offeror indicated practice consultants will support rural providers with regard to VBP

Offeror described a contracting approach to address member needs

Offeror provided a clear approach and timeline by region and LAN for development of contract arrangements to meet targets


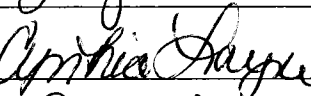

Offeror developed an approach that builds on baseline data to inform its approach


Offeror's approach described inclusion of non-medical programs

Offeror described an approach to adopt strategies specific to the needs of the E/PPD population

Offeror described approach to reward providers who positively address the broader environment including social determinants of health

Offeror described its approach for integration of physical and behavioral health

Evaluation Team Member	Signature	Date
GEORGE JACOBSON		2-10-2017
Cynthia Layne		2/10/17
Shelli Silver		2/10/17

Facilitator	Signature	Date
Scott Witter		2-10-17

COMPONENT: ACCESS TO CARE/NETWORK

OFFEROR'S NAME: UHC

SUBMISSION REQUIREMENT No. 9	Total Ranking														
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Rationale:

Major Observations:

Offeror described an approach to align performance measures but did not include specific strategies for developing a unified VBP approach

Offeror identified quality measures that overlap Medicaid and Medicare and its approach generally ties to total cost of care

Offeror described an approach to include incentives that recognize value across Medicare and Medicaid programs

Offeror described an approach to align quality metrics but did not describe how approach would address holistic needs of members

Offeror described an understanding of challenges related to VBP in rural areas

Offeror indicated that technical support would be available for rural providers

Offeror described a general approach to meet contract targets

Offeror's VBP approach primarily relies on total cost of care and appears to offer limited flexibility to consider alternative strategies for the unique circumstances of different provider types

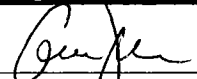


Offeror did not clearly describe how its strategy addresses the needs of E/PD population

Offeror did not clearly describe how its approach supports integration of physical and behavioral health

Offeror provided an approach for moving providers along the LAN continuum by provider type

Offeror provided a general description of how it would meet the requirement by region and provider type

Offeror described an approach for ensuring that bonuses are shared with caregivers

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GEORGE JACOBSON		2-10-2017
Cynthia Layne		2/10/17
Shelli Silver		2/10/17

Facilitator	Signature	Date
Scott Witter		2-10-17

COMPONENT: ACCESS TO CARE/NETWORK

OFFEROR'S NAME: University Family Care

SUBMISSION REQUIREMENT No. 9	Total Ranking														
<p>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.</p> <p>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:</p> <table border="1" style="margin-left: 40px;"> <tr><td>Inpatient Hospitalization</td><td>37%</td></tr> <tr><td>Physician</td><td>22%</td></tr> <tr><td>Pharmacy</td><td>22%</td></tr> <tr><td>SNF and Home Health</td><td>7%</td></tr> <tr><td>Emergency Room</td><td>3%</td></tr> <tr><td>Outpatient Facility</td><td>4%</td></tr> <tr><td>Other Medical</td><td>5%</td></tr> </table> <p>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):</p> <ol style="list-style-type: none"> 7. 50% of total ALTCS E/PD prospective payments, and 8. 50% of total DSNP payments <p>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:</p> <ul style="list-style-type: none"> • Similarities and differences regarding VBP contracting approaches in the Medicaid and Medicare lines of business, and • The urban/rural dichotomy <p>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.</p> <p>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.</p>	Inpatient Hospitalization	37%	Physician	22%	Pharmacy	22%	SNF and Home Health	7%	Emergency Room	3%	Outpatient Facility	4%	Other Medical	5%	4
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Rationale:

Major Observations:

Offeror's description did not clearly describe an understanding and approach relative to the ALTCS program

Offeror described common, acute-care focused measures for both Medicare and Medicaid

Offeror described specific performance measures that would be addressed across payers and provider types

Offeror described a combined contracting strategy but unclear how programs could be leveraged to promote VBP

Offeror described an understanding of challenges related to VBP in rural areas

Offeror indicated that direct, face-to-face support is important to increase rural provider engagement

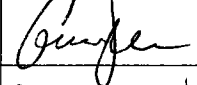
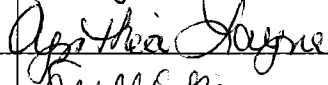

Offeror did not clearly describe how its strategies will be implemented

Offeror included a description of approaches specific to E/PD population, including preventive dental care and fall risks

Offeror did not clearly describe how its approach supports integration of physical and behavioral health

Offeror presented its approach to meet the contract target but the description of how it would meet the requirement was unclear and included limited detail related to its approach by provider type

Offeror described approach for inclusion of social determinants of health and included specific examples

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GEORGE JACOBSON		2-10-2017
Cynthia Layne		2/10/17
Shelli Silver		2/10/17

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Scott Witter		2-10-17