

COMPONENT: METHOD OF APPROACH - 02

OFFEROR'S NAME:

Crisis Response Network, Inc.

Proposals are evaluated based on the Offeror's distinctive approach, method, and strategy for providing specialized services and requirements detailed in the Contract. The Offeror shall include Arizona experience, if applicable, in any response which requests the Offeror's experience, as well as any other responses where experience is presented.

METHOD OF APPROACH - 02	TOTAL RANKING
How will the Offeror render SMI Eligibility Determinations pursuant to the timeliness requirements and ensure accuracy and adherence to clinical guidelines. [2 page limit]	1

RATIONALE:

Major Observations:

- The Offeror demonstrated a longstanding record of achieving compliance with Arizona timeliness requirements for the past four years.
- The Offeror described a comprehensive oversight and tracking process which utilizes technology to provide real-time visibility of deadlines and stages/staff responsibilities within the SMI Eligibility Determination process. Additional quality review of each case is conducted by support staff to ensure determining clinicians have the maximum amount of time to clinically evaluate each case. Timeliness data is regularly monitored to correct errors in real-time and data is tracked and trended weekly and monthly for further review of any systemic issues. Monitoring is overseen by managers across all areas of the SMI Eligibility Determination program.
- The Offeror detailed the utilization of Quality Management (QM) and Quality Improvement plans for process improvements.
- The Offeror demonstrated a commitment to ensuring clinically sound and accurate SMI Eligibility Determinations. All reviewers are Psychologists or Psychiatrists and exceed minimum clinical credential requirements. Inter-rater reliability (IRR) process was thoroughly described and exceeds Contract requirements (each clinician completes 52 IRR tests per year, 5x the requirement).
- The Offeror detailed the Chief Medical Officer's (CMOs) role in reviewing and ensuring clinically appropriate SMI Eligibility Determinations.
- The Offeror's quality review program exceeds requirements. In addition to IRR testing, the Offeror performs weekly and monthly clinical reviews (100 random cases/month, approximately 13% of all cases), which utilizes an automated tool to assist in the review of the sufficiency of the SMI Eligibility Determination based on pre-determined clinical criteria. Results of clinical reviews are utilized to identify clinician areas of strength and opportunities for improvement.
- The Offeror did not directly discuss the use of Grievance and Appeals data to inform quality

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improvements; however, the Offeror's clinical review occurs on SMI Eligibility Determinations rendered outside of appeals in order to strengthen the overall quality of SMI Eligibility Determinations.

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OFFEROR'S NAME:

Maximus Health Services, Inc.

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How will the Offeror render SMI Eligibility Determinations pursuant to the timeliness requirements and ensure accuracy and adherence to clinical guidelines. [2 page limit]	2

RATIONALE:

Major Observations:

- The Offeror demonstrated its success in meeting and exceeding timeliness requirements in States other than Arizona; however, the presented data does not specify whether or not it pertains to the timeliness of completion of SMI evaluations and/or SMI Eligibility Determinations.
- The Offeror described a comprehensive oversight and tracking process of timelines which utilizes technology to provide real-time visibility of deadlines, system alerts, and on-demand reporting to regularly monitor staff performance.
- The Offeror described a robust tracking and real-time monitoring plan to detect and respond to timeliness issues as they occur. Additionally, data is tracked and trended weekly, and monthly and the Offeror described how it will respond to issues as they occur and emphasized future issue prevention.
- The Offeror detailed the development and utilization of Quality Management (QM) and Quality Improvement plans for process improvements. The Offeror's Quality program includes the collection of SMI eligibility data and Grievance and Appeal data to develop interventions and process improvements.
- The Offeror demonstrated a commitment to ensuring clinically sound and accurate SMI Eligibility Determinations. The Offeror emphasized high quality clinical staff and regular training; however, the response lacked specific details regarding the qualifications of proposed clinicians. IRR testing meets Contract requirements and the Offeror demonstrated a commitment to ensuring alignment of decisions with criteria interpretation for clinical grey areas.
- The Offeror did not sufficiently detail the Chief Medical Officer's (CMOs) role in reviewing and ensuring clinically appropriate SMI Eligibility Determinations.

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OFFEROR'S NAME:

FasPsych, LLC

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METHOD OF APPROACH - 02	TOTAL RANKING
How will the Offeror render SMI Eligibility Determinations pursuant to the timeliness requirements and ensure accuracy and adherence to clinical guidelines? [2 page limit]	3

RATIONALE:

Major Observations:

- The Offeror did not sufficiently provide a comprehensive plan for how the Offeror will ensure timely SMI Eligibility Determinations. Reasons cited for delays to SMI Eligibility Determinations were inaccurate and should not delay a timely decision being rendered.
- The Offeror detailed the use of technology to automate the SMI Eligibility Determination process; however, the description lacked sufficient detail and did not adequately describe tracking and monitoring processes to ensure compliance with timeliness requirements.
- The Offeror's staffing plan and staffing responsibilities appear unrealistic and the Offeror did not sufficiently address how staff will support the timely execution of SMI Eligibility Determinations; (i.e. program manager/director holds all responsibility for ensuring timeliness requirements are met).
- The Offeror's description of the SMI Eligibility Determination criteria repeats AHCCCS Policy and Contract language, providing limited detail and description.
- The Offeror's Quality Management program meets contract requirements; emphasizes staff training, IRR testing, and random sampling of all SMI Eligibility Determinations and appealed SMI Determinations, though process description lacked sufficient detail.
- The Offeror's description of the Chief Medical Officer's role in reviewing and ensuring clinically appropriate SMI Eligibility Determinations was minimally discussed.
- The Offeror's description of internal data collection, tracking and auditing processes is lacking in detail. The Offeror does not detail how performance/quality review is conducted in real-time; proposal states monthly review only. The Offeror did not sufficiently detail how it will utilize analytics to improve outcomes or drive internal process improvements.
- The Offeror did not sufficiently discuss the use of Grievance and Appeals data to inform quality improvements.