

## Submission Requirement 14

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	7
UnitedHealthcare Community Plan	1
Mercy Care	5
Banner - University Family Care Plan	3
Health Net Access, Inc.	4
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	5
Care1st Health Plan Arizona, Inc.	1
0	
0	
0	

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

Facilitator	Signature	Date
<i>Scott Whitman</i>	<i>[Signature]</i>	2-15-10

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Care1st Health Plan Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>a. Integrated providers,</li> <li>b. Behavioral health only providers, and</li> <li>c. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>a. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>b. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>c. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>d. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>e. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>1</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror described an Individualized plan for each provider, based on readiness, to support each provider's transformation.</p>

Offeror described a comprehensive approach for APM that includes a specific strategy for integrated Behavioral Health Homes, Integrated Health Homes, Integrated Health Systems, Behavioral-only and Physical-only providers and certain specialty providers.

Offeror described access to provider portal that allows providers to review services and includes a link to HIE.

Offeror described provider practice transformation supports, including deployment of a dedicated practice transformation team and practice coaches, as well as technical assistance through reporting and on-site assistance.

Offeror described an approach to align the APM structure with Targeted Investments (TI) and support providers to achieve TI milestones.

Offeror identified and addressed unique issues related to service delivery transformation.

Offeror described payment approaches and support to promote integration.

Offeror described approaches to support providers in the transition from block purchasing, including strategies to mitigate risk and assistance with billing issues

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Shelli Silver	<i>Shelli Silver</i>	2/14/18
Cynthia Layne	<i>Cynthia Layne</i>	2/14/18
George Jacobson	<i>George Jacobson</i>	2/14/18

FACILITATOR		
NAME	SIGNATURE	DATE
Scott Wittman	<i>Scott Wittman</i>	2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: UnitedHealthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>d. Integrated providers,</li> <li>e. Behavioral health only providers, and</li> <li>f. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>f. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>g. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>h. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>i. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>j. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>1</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that closely aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror described payment approaches that promote care coordination.</p> <p>Offeror described providers' access to a portal that allows providers to review services and includes a link to HIE.</p>

Offeror described provider practice transformation supports, including provider readiness assessment and supporting infrastructure transformation.

Offeror described approach for enhancing integration through ACOs as well as a strategy to incorporate social determinants of health.

Offeror described strategy to develop Centers of Excellence.

Offeror described approaches for integrating physical health and behavioral health, including use of integrated metrics for specialist providers.

Offeror described a comprehensive plan to support providers in the transition from block purchasing, including development of provider-specific transition plans, working with providers through weekly provider forums and offering approaches to mitigate provider risk.

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George Jacobson	<i>George Jacobson</i>	2/14/18

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Scott Wittman	<i>Scott Wittman</i>	2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>g. Integrated providers,</li> <li>h. Behavioral health only providers, and</li> <li>i. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>k. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>l. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>m. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>n. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>o. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>3</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror described a payment model that aligns payments with the level of care coordination.</p> <p>Offeror described a comprehensive approach for sharing data across providers, including HIE/Health Current.</p>

Offeror described provider practice transformation supports, including assistance with organizing collaborative ventures, offering flexible approaches to meet provider needs and providing technical assistance and assessments for providers.

Offeror described Neighborhood model and payment strategy that rewards integrated care.

Offeror described approach for moving small providers along the LAN continuum.

Offeror described payment approaches for both physical health and behavioral health providers that promote integration.

Offeror described oncology care model based on Medicare approach.

Offeror described approaches to support providers in the transition from block purchasing, including approaches to mitigate providers' financial risk.

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NAME	SIGNATURE	DATE
Scott Wittman		2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>j. Integrated providers,</li> <li>k. Behavioral health only providers, and</li> <li>l. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>p. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>q. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>r. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>s. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>t. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>4</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror described payment approaches to promote care coordination for discharge planning and incent SUD providers to support physical health care.</p> <p>Offeror did not clearly describe how data will be shared across providers, including HIE/Health Current.</p>



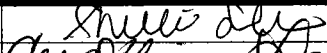
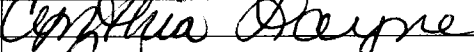
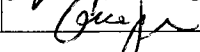
Offeror described provider practice transformation supports, including a provider readiness assessment process, offering flexible provider supports, offering a specific assessment tool and offering flexible payment models to recognize provider readiness.

Offeror established the goal of moving providers from LAN 3 to LAN 4.


Offeror described specific approaches for providers to coordinate and integrate behavioral health and physical health.

Offeror described use of savings pools to support VBP for small, specialty providers.

Offeror described approaches to support providers in the transition from block purchasing.

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Scott Wittman		2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Health Choice Arizona, Inc. (Steward Health Choice Arizona)

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payer level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>m. Integrated providers,</li> <li>n. Behavioral health only providers, and</li> <li>o. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>u. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>v. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>w. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>x. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>y. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>5</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror did not fully describe how payment model enhances care coordination.</p> <p>Offeror did not clearly describe how data will be shared across providers, including HIE/Health Current.</p>

Offeror described provider practice transformation supports, including creation of a practice transformation team to support IACO development, but how Offeror will assess and support individual providers is not clearly described.

Offeror established the goal of aligning 75 percent of members with integrated providers within 5 years, but did not clearly describe how care would be integrated during the 5-year transition period.

Offeror did not clearly describe a VBP approach that includes recognition of high value providers and promotes integration.

Offeror described approach to reimburse providers based on a model other than block purchasing.

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George Jacobson	<i>George Jacobson</i>	2/14/18

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Scott Wittman	<i>Scott Wittman</i>	2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>p. Integrated providers,</li> <li>q. Behavioral health only providers, and</li> <li>r. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>z. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>aa. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>bb. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>cc. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>dd. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>5</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a value-based payment strategy that aligns with the AHCCCS framework/LAN continuum.</p> <p>Offeror described payment approach that advances care coordination through integrated metrics.</p> <p>Offeror described approach to provide member level data to providers and a value-based purchasing approach to promote HIT.</p>

Offeror generally described how provider transformation will be supported.

Offeror generally described LAN 2 Categories, including pay for performance/pay for reporting approaches, but did not clearly describe approaches to move providers along the LAN continuum to the mandated LAN 3 and 4 Categories.

Offeror described integrated metrics, but Offeror did not clearly describe specific strategies to address integration among the specified provider types.

Offeror described approaches to support providers in the transition from block purchasing, including approaches to mitigate providers' financial risk.

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George Jacobson	<i>George Jacobson</i>	2/14/18

FACILITATOR		
NAME	SIGNATURE	DATE
Scott Wittman	<i>Scott Wittman</i>	2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 14

OFFEROR'S NAME: Magellan Complete Care of Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 14	TOTAL RANKING
<p>AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:</p> <ul style="list-style-type: none"> <li>s. Integrated providers,</li> <li>t. Behavioral health only providers, and</li> <li>u. Physical health only providers.</li> </ul> <p>The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:</p> <ul style="list-style-type: none"> <li>ee. May create a barrier to care when the provider nears or has exhausted its annual block payments</li> <li>ff. May place 100% of risk on the provider and does not share risk with the Contractor</li> <li>gg. May create a lack of incentive to providers to submit encounters when payments precede services</li> <li>hh. May encourage provision of non-medically necessary services in order to meet encounter targets.</li> <li>ii. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions</li> </ul>	<p>7</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror identified goal of 25 percent APM by 2020 which appears to be the RBHA goal, but ACC goal for 2019 is 50 percent, growing to 60 percent by 2020.</p> <p>Offeror did not clearly describe how payment approach aligns with LAN continuum.</p> <p>Offeror described payment approach that reimburses providers for care management.</p>

Offeror provided a high level description of available data, but did not clearly describe how it would facilitate data sharing to support care coordination, including access to HIE.

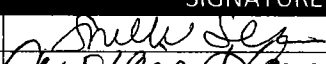
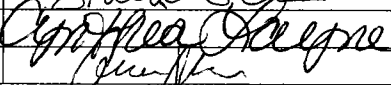
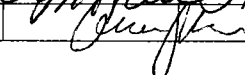
Offeror described provider practice transformation supports, including a discussion of provider readiness, offering the Magellan Learning Alliance, establishment of an Advisory Council and deployment of Provider Support Specialists.

Offeror described approach to align members with providers based on clinical need, but did not clearly describe how member choice would be respected.

Offeror did not clearly describe bundled payment approach.

Offeror did not clearly describe specific VBP approaches for specialist providers.

Offeror described approaches to support providers in the transition from block purchasing.

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