

Submission Requirement 7

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	2
UnitedHealthcare Community Plan	1
Mercy Care	7
Banner - University Family Care Plan	6
Health Net Access, Inc.	5
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	3
Care1st Health Plan Arizona, Inc.	4
0	
0	
0	

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

Facilitator	Signature	Date
Scott W. Hurd		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

OFFEROR'S NAME: UnitedHealthcare Community Plan


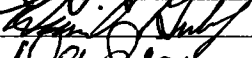
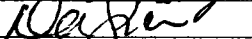
NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	<p>1</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described a detailed process for collection and review of data from multiple sources for justice-involved members.</p> <p>Offeror described a comprehensive, person-centered care coordination process for members with Court-Ordered Treatment/Court-Ordered Evaluation, including discussion of early termination as an option and a re-engagement strategy.</p> <p>Offeror described comprehensive process for follow-up coordination activities for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described its methodology for identifying High Need/High Cost members and data sources, including PHNHC algorithm (predictive modeling), for High Need/High Cost Individuals.</p> <p>Offeror described several coordination activities for High Need/High Cost members.</p> <p>Offeror described approaches for educating and supporting providers for individuals with Substance Use Disorder.</p> <p>Offeror described an array of evidence-based treatment initiatives for individuals with Substance Use Disorder.</p> <p>Offeror described multiple channels for identifying at-risk children, including PCP engagement and screening for youth whose development has been impacted by trauma.</p>

Offeror described outreach activities for parents of at-risk children.

Offeror described approaches for coordinating care for children transitioning from DCS/CMDP.

Offeror provided statistical outcomes data that demonstrate the efficacy of its approaches across several of the populations.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Dana Hearn		2-15-18
Daniel Greenleaf		2/15/18
Dawn Sica		2/15/18

FACILITATOR		
NAME	SIGNATURE	DATE
Scott Wittman		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

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

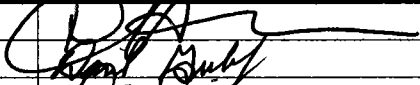
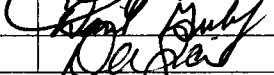

NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	2

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described use of HIT and other data sources for justice-involved members.</p> <p>Offeror described several approaches for engaging and coordinating services for justice-involved members.</p> <p>Offeror described a comprehensive, person-centered care coordination process for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described follow-up coordination activities for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described use of advanced clinical analytics to identify High Need/High Cost members, including use of HIE and predictive modeling.</p> <p>Offeror described collaboration with AHCCCS and coordination of social supports for High Need/High Cost members.</p> <p>Offeror described a comprehensive array of evidence-based treatment initiatives, including reduction in overdoses, for individuals with Substance Use Disorder.</p> <p>Offeror provided a limited description of approach for identification of children at risk.</p>

Offeror described partnerships with agencies and other community organizations, as well as wrap-around services, to support families of at-risk children.

Offeror described approaches for coordinating care for children transitioning from DCS/CMDP

Offeror provided statistical outcomes data that demonstrate the efficacy of its approaches across several of the populations.

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Scott Wittman		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

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

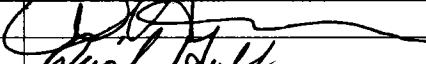
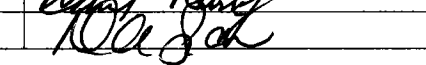

NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	<p>3</p>


RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described process and timeframes for initiating reach-in care coordination activities, including discussion of potential barriers, for justice-involved members.</p> <p>Offeror described process for tracking outcomes for justice-involved members.</p> <p>Offeror described a comprehensive, person-centered care coordination processes for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described timeframes for appointments post-release for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described use of SAMHSA Four Quadrant to inform its care management program for High Need/High Cost members.</p> <p>Offeror described coordination with local providers for High Need/High Cost members.</p> <p>Offeror described strategy to engage rural providers for the treatment of individuals with Substance Use Disorder.</p> <p>Offeror described a comprehensive array of evidence-based treatment initiatives, including overdose awareness, for individuals with Substance Use Disorder.</p>

Offeror provided a limited description of approach for identification of children at risk.

Offeror described several outreach programs for parents of at-risk children.

Offeror described several approaches for coordinating care for children transitioning from DCS/CMDP.

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Scott Wittman		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

OFFEROR'S NAME: Carc1st Hcalth Plan Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	4

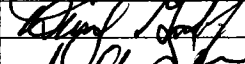

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described approach to coordinate information exchange as well collection of outcomes data for justice-involved members.</p> <p>Offeror provided a case example of a justice-involved individual, but did not clearly describe its processes identification of service needs and coordination of services.</p> <p>Offeror described process for coordinating care, including integrated physical health and behavioral health care, for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described coordination of follow-up services for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described approach to identify High Need/High Cost members based on utilization and health care costs.</p> <p>Offeror described its engagement approach for High Need/High Cost members, including stakeholder meetings, provider collaboration, field-based programs and collaboration with associations for High Need/High Cost members.</p> <p>Offeror described collaboration with providers, stakeholder engagement and education of provider staff for individuals with Substance Use Disorder.</p>


Offeror described an array of evidence-based treatment initiatives for individuals with Substance Use Disorder.

Offeror described several approaches for identifying at-risk children,

Offeror described comprehensive approach for performing outreach and supporting parents of at-risk children.

Offeror described approaches for coordinating care for children transitioning from DCS/CMDP.

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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7


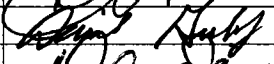
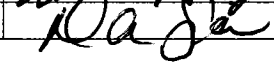
OFFEROR'S NAME: Health Net Access, Inc.


NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	<p>5</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror identified several metrics derived from multiple sources, including data sharing process with correctional health for justice-involved members.</p> <p>Offeror described several approaches for ensuring on-going follow up care for justice-involved members.</p> <p>Offeror provided a limited description of its process for coordinating care for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described several data sources and approach for analyzing data to identify High Need/High Cost Individuals.</p> <p>Offeror described use of Engagement Specialists for coordination of care for High Need/High Cost members.</p> <p>Offeror described coordination with providers, including roundtable discussions, for individuals with Substance Use Disorder.</p> <p>Offeror described an array of evidence-based treatment initiatives, including overdose awareness, for individuals with Substance Use Disorder.</p> <p>Offeror described use of early risk factors and social determinants to identify children at risk of removal.</p>

Offeror described approach to promote use of Adverse Childhood Experience (ACE) questionnaire in PCP offices to asses risk and identify opportunities to support families of children at risk of removal.

Offeror described several approaches for coordinating care for children transitioning from DCS/CMDP.

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Scott Wittman		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

OFFEROR'S NAME: Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	<p>6</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described process and timeframes for initiating reach-in care coordination activities, including discussion of potential barriers, for justice-involved members.</p> <p>Offeror described a detailed process for collection and review of data from multiple sources for justice-involved members.</p> <p>Offeror described a person-centered care coordination process for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described approach for coordination of follow-up services for members with for Court-Ordered Treatment/Court-Ordered Evaluation, including referral to First Episode Clinics, wrap around services and transportation.</p> <p>Described use of claims, clinical analytics and other data sources to identify High Need/High Cost members.</p> <p>Offeror described use of Health Together Care Partnership to provide evidence-based, team-based care for High Need/High Cost members.</p> <p>Offeror described process for targeted coordination to address opioid use based on prescription patterns.</p>

Offeror generally described use of data to identify members at risk of removal, including EPSDT utilization data and newborns at risk of drug exposure.

Offeror described plan to make referrals for physical/behavioral health services and supports for families of children at risk of removal, if parents are members.

Offeror described approaches for coordinating care for children transitioning from DCS/CMDP.

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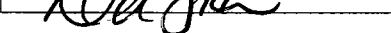
FACILITATOR		
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Scott Wittman		2-15-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 7

OFFEROR'S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 7	TOTAL RANKING
<p>Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:</p> <ul style="list-style-type: none"> • Justice Involved (including probation, parole, Reach-in) • Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) • Members with high needs and high costs • Members with Substance Use Disorders • Children at risk of removal by Department of Child Safety (DCS) • Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor <p>[7 page limit]</p>	<p>7</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described sharing of data via daily electronic justice transition report for justice-involved members.</p> <p>Described process to coordinate with outpatient providers and engage in discharge planning</p> <p>Offeror described process to coordinate with outpatient providers and engage in discharge planning for members with Court-Ordered Treatment/Court-Ordered Evaluation.</p> <p>Offeror described use of predictive modeling and other data sources to identify High Need/High Cost members.</p> <p>Offeror described coordination activities for High Need/High Cost members.</p> <p>Offeror described evidence-based treatment initiatives for individuals with Substance Use Disorder.</p> <p>Offeror described approach for assessments as well as training to help identify children at risk of removal.</p> <p>Offeror described community training and a family engagement model with in-home services for at-risk children.</p> <p>Offeror described approaches for coordinating care for children transitioning from DCS/CMDP.</p>

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