

## Oral Requirement #1

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

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

Facilitator	Signature	Date
Andrew Cohen		2/09/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:**

Health Net Access, Inc.

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	1

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described an integrated care management model that identified the member’s care manager as his single/central point of contact. Offeror addressed the member’s needs with respect to behavioral health, physical health and social determinants of health. Offeror presented a member-centered approach to care planning that identified and addressed the member’s goals.</p> <p>Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of care management and through interdisciplinary care team (ICT) activities.</p> <p>Offeror described a process for data sharing among the plan and providers via offeror’s care management platform and web portal.</p> <p>Offeror described a discharge planning process that emphasized serving the member in the least restrictive setting and addressed multiple intermediate placement options prior to the member going home. The options included a SNF with behavioral health services, a behavioral health facility with physical health services and an inpatient setting if the member is at risk of suicide. Offeror acknowledged shortage of integrated SNF and behavioral health facility beds and committed to expanding capacity within both setting types.</p> <p>Offeror discussed the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror’s assessment of the member’s behavioral health needs addressed depression, suicide risk, anxiety/PTSD and SUD risk.</p> <p>Offeror described potential behavioral health interventions that included cognitive behavioral therapy, individual counseling and peer support. Offeror addressed both initial interventions and</p>

ongoing monitoring for signs/symptoms of PTSD, depression and opioid use disorder. Offeror did not address clearly the potential use of eye movement desensitization and reprocessing or dialectical behavior therapy.


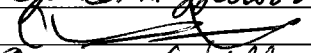
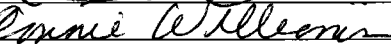
Offeror did not describe clearly the role of provider-level case management on behalf of the member.

Offeror's assessment of physical health needs addressed wound care interventions and need to rule-out a possible quality of care issue. Offeror did not discuss clearly any potential underlying causes for the member's slow wound healing.

Offeror discussed provision of physical, occupational and speech therapy.

Offeror discussed monitoring the member's need for MS Contin, evaluating the member's morphine equivalent daily dose (MEDD) and monitoring for drug-drug interactions. Offeror described a pain management strategy for the member that included use of a chiropractor. Offeror discussed the care manager's role in monitoring the member's tapering off of opioids and supplying the member with Naloxone as a safety measure.

Offeror discussed the member's potential traumatic brain injury and need for a neuro-psych evaluation.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Jakenna Lebsock		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:**

Magellan Complete Care of Arizona, Inc.

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>2</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described an integrated care management model that identified the member’s care manager as his single/central point of contact. Offeror addressed the member’s needs with respect to behavioral health, physical health and social determinants of health. Offeror presented a member-centered approach to care planning that identified and addressed the member’s short- and long-term goals.</p> <p>Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of care management and through interdisciplinary care team (ICT) activities, as well as through use of an integrated health home, if agreed to by the member.</p> <p>Offeror described a process for data sharing among the plan, providers and member via offeror’s care management platform and web portal.</p> <p>Offeror described a discharge planning process for the member to be overseen by a transition of care coordinator. Offeror did not address clearly any placement options other than home but did discuss the member’s need to remain in the acute rehabilitation facility in the near time, as well as the member’s ongoing need for behavioral health services.</p> <p>Offeror did not discuss clearly the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror’s assessment of the member’s behavioral health needs addressed depression, suicide risk, anxiety/PTSD and SUD risk.</p>

Offeror described potential behavioral health interventions that included cognitive behavioral therapy and counseling. Offeror did not address clearly the potential use of eye movement desensitization and reprocessing, dialectical behavior therapy or individual/group counseling. Offeror addressed the member's risk of addiction and possible use of Medication Assisted Therapy (MAT).

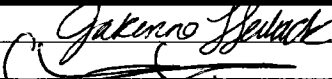
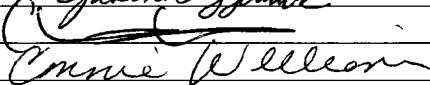

Offeror did not describe clearly the role of provider-level case management on behalf of the member.

Offeror's assessment of physical health needs addressed wound care interventions and need to monitor against potential skin breakdown. Offeror did not discuss clearly any potential underlying causes for the member's slow wound healing.

Offeror discussed provision of physical, occupational and speech therapy.

Offeror discussed monitoring the member's need for MS Contin but did not address clearly evaluating the member's morphine equivalent daily dose (MEDD) or risk of drug-drug interactions.

Offeror discussed the member's potential traumatic brain injury and need for a neuro-psych evaluation.

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NAME	SIGNATURE	DATE
Jakenna Lebsock		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:**

Health Choice Arizona, Inc. (Steward Health Choice Arizona)

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	3

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described an integrated care management model that identified the member's care manager as his single/central point of contact. Offeror addressed the member's needs with respect to behavioral health, physical health and social determinants of health. Offeror presented a strengths-based and member-centered approach to care planning that mentioned AHCCCS guiding principles and addressed the member's short- and long-term goals.</p> <p>Offeror described a strategy for promoting coordination between physical and behavioral health providers through an integrated accountable care model and interdisciplinary care team (ICT) activities.</p> <p>Offeror described a process for data sharing among the plan and providers (and member) via offeror's care management platform and web portal.</p> <p>Offeror described a discharge planning process for the member that addressed the role of the integrated health home both pre- and post-discharge. Offeror did not describe as clearly its role in the discharge planning process. Offeror did not address clearly any placement options other than home but did discuss the member's need to remain in the acute rehabilitation facility in the near time, and to receive behavioral health services in that setting.</p> <p>Offeror discussed the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror's assessment of the member's behavioral health needs addressed anxiety/PTSD and SUD risk. Offeror did not discuss clearly the member's potential depression or suicide risk.</p> <p>Offeror described potential behavioral health interventions that included cognitive behavioral therapy, family counseling and peer support. Offeror addressed initial interventions and the</p>

member's cognitive issues but did not discuss clearly ongoing monitoring for signs/symptoms of PTSD, depression or opioid use disorder. Offeror also did not address clearly the potential use of eye movement desensitization and reprocessing or dialectical behavior therapy.

Offeror did not describe clearly the role of provider-level case management on behalf of the member.

Offeror's assessment of physical health needs mentioned wound care but did not address clearly any interventions or any potential underlying causes for the member's slow wound healing.

Offeror discussed provision of physical, occupational and speech therapy.

Offeror discussed monitoring the member's need for MS Contin and evaluating the member's morphine equivalent daily dose (MEDD). Offeror discussed supplying the member with Naloxone as a safety measure. Offeror did not describe clearly a strategy for transitioning the member off of opioids.

Offeror discussed the member's potential traumatic brain injury and need for a neuro-psych evaluation.

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Jakenna Lebsock		2/23/18
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Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/22/18

COMPONENT: ORAL PRESENTATION REQUIREMENT 1 of 2

OFFEROR'S NAME: United Healthcare Community Plan

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.	4

**RATIONALE:**

Major Observations:

Offeror described an integrated care management model that identified the member’s care manager as his single/central point of contact. Offeror discussed the member’s needs with respect to behavioral health and physical health at a relatively high level; offeror also discussed social determinants of health. Offeror mentioned AHCCCS guiding principles and expressed its desire to learn the member’s short- and long-term goals as part of care planning, and to revisit these goals with the member as his cognitive ability improves.

Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of care management and through interdisciplinary care team (ICT) activities.

Offeror described a process for data sharing among the plan and providers via United’s CommunityCare platform.

Offeror described a discharge planning process for the member that included placement in a SNF with behavioral health services or return home with appropriate wrap-around services. Offeror stressed the need to balance member preference and safety.

Offeror discussed the potential need for the member to be assessed for ALTCS eligibility.

Offeror’s assessment of the member’s behavioral health needs addressed depression and anxiety/PTSD and suicide risk. Offeror did not discuss clearly the member’s potential risk of SUD, other than the need to monitor member’s opioid use.

Offeror described potential behavioral health interventions that included individual/family counseling. Offeror did not address clearly the potential use of cognitive behavioral therapy, eye movement



desensitization and reprocessing or dialectical behavior therapy. Offeror mentioned member support group but did not discuss clearly linking the member to internal or external peer supports.

Offeror described the role of provider-level case management on behalf of the member, including assignment of a case manager by the member’s behavioral health provider.

Offeror’s assessment of physical health needs mentioned wound care and the potential need for DME but did not address clearly any interventions or any potential underlying causes for the member’s slow wound healing.

Offeror discussed provision of physical and occupational therapy in the member’s home. Offeror did not address clearly the possible need for speech therapy.

Offeror mentioned monitoring the member’s need for MS Contin and supplying the member with Naloxone as a safety measure. Offeror did not address clearly the need to evaluate the member’s morphine equivalent daily dose (MEDD). Offeror mentioned performing a medication reconciliation but did not address clearly the risk of drug-drug interactions.

Offeror discussed the member’s potential traumatic brain injury and mentioned the need for a neuro-psych evaluation.

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Jakenna Lebsock	<i>Jakenna Lebsock</i>	2/23/18
Christina Quast	<i>Christina Quast</i>	2/23/2018
Connie Williams	<i>Connie Williams</i>	2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen	<i>Andrew Cohen</i>	2/23/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:**

Care1st Health Plan Arizona, Inc.

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>5</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror discussed the member’s needs with respect to behavioral health, physical health and social determinants of health. Offeror expressed its desire to learn the member’s goals as part of care planning. Offeror did not describe clearly the care manager’s role in ensuring integration of care.</p> <p>Offeror proposed assigning the member to an integrated care setting (Banner) but did not otherwise describe clearly its strategy for promoting coordination between physical and behavioral health providers.</p> <p>Offeror described a process for data sharing among the plan and providers via Care 1st’s EMR platform.</p> <p>Offeror described a discharge planning process at a high level. Offeror discussed potential placement in a SNF but did not address clearly whether the SNF would have capacity to provide behavioral health.</p> <p>Offeror did not discuss clearly the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror’s assessment of the member’s behavioral health needs addressed at a relatively high level his anxiety/PTSD and SUD risk. Offeror did not discuss clearly the member’s potential depression or suicide risk.</p> <p>Offeror described potential behavioral health interventions that included family counseling and peer support. Offeror addressed initial interventions and the member’s cognitive issues but did not discuss clearly ongoing monitoring for signs/symptoms of PTSD, depression or opioid use disorder. Offeror did not address clearly the potential use of cognitive behavioral therapy, eye movement desensitization and reprocessing or dialectical behavior therapy.</p>



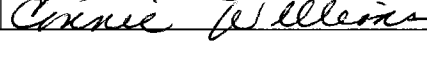
Offeror did not describe clearly the role of provider-level case management on behalf of the member.

Offeror's assessment of physical health needs addressed potential underlying causes for the member's slow wound healing, as well as wound care interventions.

Offeror discussed provision of physical and occupational therapy and the family's role in assisting the member. Offeror did not address clearly the possible need for speech therapy.

Offeror discussed monitoring the member's need for MS Contin and the need to transition the member off of this drug. Offeror did not address clearly evaluating the member's morphine equivalent daily dose (MEDD) or risk of drug-drug interactions.

Offeror discussed the member's potential traumatic brain injury, the need for a comprehensive psychiatric evaluation and need for referral to a neurologist. Offeror did not address clearly the need for a neuro-psych evaluation.

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Jakenna Lebsock		2/23/18
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Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:**

Banner – University Family Care Plan

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>6</p>

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described an integrated care management model that identified the member’s care manager as his single/central point of contact. Offeror discussed the member’s needs with respect to behavioral health, physical health and social determinants of health; offeror described the member’s behavioral health needs more clearly than the member’s physical health needs. Offeror presented a strengths-based approach to care planning that mentioned AHCCCS guiding principles. Offeror expressed its desire to learn the member’s goals as part of care planning.</p> <p>Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of behavioral health provider-level case management and through interdisciplinary care team (ICT) activities. Offeror addressed behavioral health services more clearly than physical health services.</p> <p>Offeror described a process for data sharing among the plan and providers via Banner-University Family Care’s Navigator Accelerator platform.</p> <p>Offeror described a discharge planning process that included returning home with appropriate wrap-around services. Offeror also discussed potential placement in a SNF but did not address clearly whether the SNF would have capacity to provide behavioral health.</p> <p>Offeror did not discuss clearly the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror’s assessment of the member’s behavioral health needs addressed depression. Offeror did not discuss clearly the member’s potential risk of PTSD, suicide or SUD, other than to mention moving the member from MS Contin to Tylenol.</p> <p>Offeror described potential behavioral health interventions that included CBT and peer supports.</p>

Offeror did not address clearly the potential use of eye movement desensitization and reprocessing, dialectical behavior therapy or individual/group counseling.

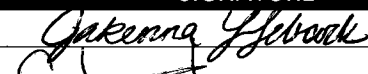


Offeror described the role of provider-level case management on behalf of the member, including assignment of a case manager by the member's behavioral health provider.

Offeror's assessment of physical health needs mentioned wound care and the potential need for an assessment of self-management skills prior to discharge but did not address clearly any interventions or any potential underlying causes for the member's slow wound healing.

Offeror discussed provision of physical therapy. Offeror did not address clearly the possible need for occupational or speech therapy.

Offeror mentioned transitioning the member from MS Contin to Tylenol. Offeror discussed the need to evaluate the member's morphine equivalent daily dose (MEDD). Offeror did not address clearly the risk of drug-drug interactions.

Offeror discussed the member's potential traumatic brain injury. Offeror did not address clearly the need for a neuro-psych evaluation.

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NAME	SIGNATURE	DATE
Jakenna Lebsock		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-23-18 CW

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

**COMPONENT:** ORAL PRESENTATION REQUIREMENT 1 of 2

**OFFEROR'S NAME:** Mercy Care

ORAL PRESENTATION REQUIREMENT 1	TOTAL RANKING
<p>Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	7

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described an integrated care management model that identified the member’s care manager as his single/central point of contact. Offeror discussed the member’s needs with respect to behavioral health and physical health at a relatively high level; offeror discussed social determinants of health. Offeror mentioned AHCCCS guiding principles and expressed its desire to learn the member’s preferences as part of care planning. Offeror did not describe clearly the member’s specific goals.</p> <p>Offeror discussed the qualifications of its care managers but discussed interventions at a relatively high level and did not describe clearly its strategy for promoting coordination between physical and behavioral health providers.</p> <p>Offeror described a process for data sharing among the plan and providers via Mercy Care’s CareUnify platform.</p> <p>Offeror described a discharge planning process at a high level. Offeror discussed potential placement in a SNF but did not address clearly whether the SNF would have capacity to provide behavioral health.</p> <p>Offeror discussed the potential need for the member to be assessed for ALTCS eligibility.</p> <p>Offeror’s assessment of the member’s behavioral health needs addressed at a relatively high level his depression and anxiety/PTSD. Offeror did not discuss clearly the member’s potential suicide risk or risk of SUD, other than the need to monitor member’s opioid use.</p>

Offeror described potential behavioral health interventions that included individual/family counseling and peer support. Offeror did not address clearly the potential use of cognitive behavioral therapy, eye movement desensitization and reprocessing or dialectical behavior therapy.

Offeror did not describe clearly the role of provider-level case management on behalf of the member.

Offeror’s assessment of physical health needs mentioned wound care but did not address clearly any interventions or any potential underlying causes for the member’s slow wound healing.

Offeror discussed provision of physical therapy in the member’s home. Offeror did not address clearly the possible need for occupational or speech therapy.

Offeror mentioned the member’s prescription complexity but did not address clearly monitoring the need for MS Contin. Offeror also did not address clearly the need to evaluate the member’s morphine equivalent daily dose (MEDD) or risk of drug-drug interactions.

Offeror discussed the member’s potential traumatic brain injury and mentioned the need for a neuro-psych evaluation.

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Jakenna Lebsock		2/23/18
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NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18