





NARRATIVE #10 BANNER AND CONSUMER SERVICES RATIONALE				
Narrative #10: American Indian/Alaska Native members have a unique status within the Medicaid system. Describe the Offeror's knowledge of the unique aspects of the tribal health care delivery system and how the Offeror will address the specific needs of this population and act to reduce health disparities. (2-page limit)				
Submission Evaluation Considerations: Experience and expertise Strategies that improve outcomes Address specific population needs Collaboration and engagement Identify/locate/resolve barriers to service delivery Other notable considerations				
MOHAWK COMPLETE CARE	MERCY CARE (MC)	BANNER UNIVERSITY FAMILY CARE (BUCF)	HEALTH CHOICE (HC)	ARIZONA COMPLETE HEALTH (ACH)/CARE LIST (CT)
RATIONAL AND MAJOR OBSERVATIONS				
Offeror discussed in general its understanding of the tribal community and its respect for tribal sovereignty. Offeror identified its Tribal Coordinator and proposed to hire Tribal Clinical Coordinators upon contract award. Offeror also discussed interactions with the Tribal RBHA system.	Offeror described its experience serving American Indian (AI) members in the Central CA and its experience working with tribal communities and providers. Offeror also described the role of its Designated Tribal Coordinator and Tribal Relations Team. Offeror acknowledged tribal sovereignty and described its experience working with tribal governments. Offeror also discussed interactions with the Tribal RBHA system.	Offeror described its experience serving American Indian (AI) members as an ACPJ in the South CA. Offeror also discussed the support between its Tribal Coordinator and Tribal relations in the South CA. Offeror acknowledged tribal sovereignty and the Tribal RBHA system. Offeror proposed to add a second Tribal Coordinator upon contract award.	Offeror described its experience serving American Indian (AI) members in the North CA and its experience working with tribal communities and providers. Offeror also described the activities of its Designated Tribal Coordinator and HCA Tribal Services Team. Offeror acknowledged tribal sovereignty and the Tribal RBHA system.	Offeror described its experience serving American Indian (AI) members throughout the state and its experience working with tribal communities and providers. Offeror also described the role of its Designated Tribal Coordinator and AI Care Management Team. Offeror acknowledged tribal sovereignty and the Tribal RBHA system.
Offeror discussed its use of data for predictive modeling and risk stratification. Offeror did not describe clearly how it uses data to inform development of initiatives for the AI population.	Offeror demonstrated its use of data to inform development of proposed initiatives, including with respect to suicide prevention and chronic physical health conditions.	Offeror demonstrated its use of data to inform development of proposed initiatives, including with respect to physical activity training, education on the SAM evaluation process, and social isolation.	Offeror demonstrated its use of data to inform development of proposed initiatives, including with respect to behavioral health, SUD and chronic physical health conditions.	Offeror described its tribal care management function and provided data on outcomes achieved with respect to utilization of crisis services, inpatient care, ED visits, physical health visits and initiation/engagement of alcohol and other drug abuse/dependence treatment. Offeror also described its proposed implementation of a web-based care coordination and information exchange tool to enhance transition and care planning.
Offeror discussed its use of data to identify health disparities within the AI community.	Offeror described fully its strategy for addressing health disparities and barriers to care within the AI community, including through introduction of a \$300 traditional healing supplemental benefit, expansion of tribal specialist capacity, promotion of wearable fitness technology and traditional healing, development of a mobile dentistry program. Offeror also described to outreach during the COVID-19 public health emergency and grants used to address food insecurity and PPE needs.	Offeror discussed expanding equitable delivery of care based upon tribal priorities, including with respect to tribal peer support specialists, telehealth and peer support training, but did not describe clearly the specific proposed initiatives to be undertaken or their anticipated impact on specific health disparities or barriers to care.	Offeror discussed expanding equitable delivery of care through collaboration, education and data sharing, but did not describe clearly initiatives to address specific health disparities or barriers to care.	Offeror described fully its strategy for addressing health disparities and barriers to care within the AI community, including through development and use of a Health Equity Dashboard, development of a Tribal Peer Support Certification Training initiative, and community investments to address food insecurity and expand Offeror hours; capacity. Offeror also proposed to AI Centers of Excellence to improve access to culturally competent care and traditional healing.
Offeror proposed to create a tribal advisory committee to work with tribes in developing culturally relevant interventions tailored for each tribe. Offeror also proposed sponsoring an AI/AN Suicide Prevention Coalition, development of Social Work Intern program at ASU to advance understanding of tribal culture and AI/AN health disparities.	Offeror described fully its collaboration with tribes, including with respect to partnership with the Native American Committee of the Arizona Suicide Prevention Coalition, development of crisis mobile team protocols in collaboration with tribal communities, and quarterly collaborative meetings with each Tribal RBHA.	Offeror discussed its partnership with Ability 30 to coordinate, host and moderate a first-ever American Indian Youth Resiliency Summit. Offeror also discussed its collaboration that led to identification of the need for education on the SAM evaluation process. Offeror did not describe clearly its MDAU/LDAU/protocols with the South CA tribes.	Offeror described fully its collaboration with tribes, including with respect to execution of MDAU/LDAU/protocols, facilitation of telehealth services, and engaging tribal consultation.	Offeror described fully its collaboration with tribes, including with respect to placement of mobile crisis teams in tribal ED and jail settings for suicide prevention and development of tribal peer support capacity through training activities.
RANKING				
5	2	4	3	1

NARRATIVE #10 BANNER AND CONSUMER SERVICES RATIONALE EVALUATION TEAM SIGNATURES	
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