

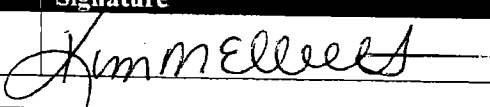
ACUTE CARE/CRS RFP CONSENSUS RANKING
ORAL PRESENTATION


COMPONENT: PROGRAM

The ranking for each Offeror is derived from their responses to both Oral Presentation questions.

ORAL PRESENTATION	
Ranking No.	Offeror
1	Maricopa Health Plan managed by University of Arizona
1	University of Arizona Health Plans, University Family Care
1	UnitedHealthcare Community Plan
4	Southwest Catholic Health Network dba Mercy Care Plan
5	Health Net of Arizona
6	Care1 st Health Plan Arizona
7	Medisun Community Care Inc. dba Blue Cross/Blue Shield of Arizona Community Care
8	Health Choice Arizona
9	Phoenix Health Plan
10	Bridgeway Health Solutions of Arizona, LLC

Total Number of Bidders:
10

Totaled By Team Lead:	Signature	Date
Kim Elliott		3/6/13

Verified By Facilitator:	Signature	Date
Andrew Cohen		2/28/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
 ORAL PRESENTATION REQUIREMENT NO. 1

COMPONENT: PROGRAM

OFFEROR'S NAME: Maricopa Health Plan managed by University of Arizona

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror discussed reaching out to the current PCP to attempt to salvage the existing relationship. Failing that, the offeror described several options for linking the member to a new PCP, including transporting the member to a PCP outside the immediate geographic area or assigning the member to a PCP who specializes in serving members with challenging needs. Offeror stressed that the choice ultimately would be the member's.

Offeror presented a detailed description of its strategy for treating the member's chronic medical condition, including through enrollment in disease management, communication with the member and her PCP regarding care gaps and arranging for an endocrinologist to support the PCP.

Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health case manager on the member's care team. Offeror also described the capacity of its PCMH providers to coordinate physical and behavioral health services but did not clearly demonstrate that the member would be linked to a PCMH provider. (Offeror mentioned referring the member to the RBHA after time had expired. Evaluators could not consider this in their deliberations.)

Offeror affirmed its commitment to involving the member in her care to the extent she desired, but did not describe clearly how the member would be actively engaged in initial development of the care plan.

Offeror discussed methods for keeping providers informed of the member's care through electronic health records, medication adherence reports and care gap reports, but did not describe clearly how the primary care provider would participate on the care team or in the initial development of the care plan.

CONSENSUS RATIONALE

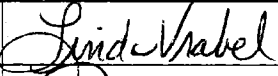
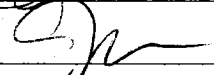
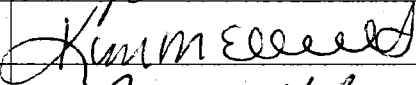
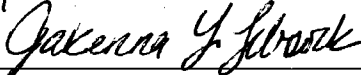

Contract/RFP No. YH14-0001

Offeror discussed the member's social isolation in detail and described its approach for determining the underlying causes/barriers to care contributing to her isolation. Offer proposed linking the member to community resources, such as diabetes classes and using Promotoras to assist the member in ending her isolation.

Offeror described a multidisciplinary approach to care management involving appropriate disciplines.

Offeror proposed the inclusion of specialty case managers, such as a behavioral health case manager, on the member's care team, but did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs. Offeror mentioned in general terms using innovative payment methods to engage providers.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRADEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna LeBrock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: University of Arizona Health Plans, University Family Care

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror discussed reaching out to the current PCP to attempt to salvage the existing relationship. Failing that, the offeror described several options for linking the member to a new PCP, including transporting the member to a PCP outside the immediate geographic area or assigning the member to a PCP who specializes in serving members with challenging needs. Offeror stressed that the choice ultimately would be the member's.

Offeror presented a detailed description of its strategy for treating the member's chronic medical condition, including through enrollment in disease management, communication with the member and her PCP regarding care gaps and arranging for an endocrinologist to support the PCP.

Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health case manager on the member's care team. Offeror also described the capacity of its PCMH providers to coordinate physical and behavioral health services but did not clearly demonstrate that the member would be linked to a PCMH provider. (Offeror mentioned referring the member to the RBHA after time had expired. Evaluators could not consider this in their deliberations.)

Offeror affirmed its commitment to involving the member in her care to the extent she desired, but did not describe clearly how the member would be actively engaged in initial development of the care plan.


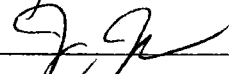
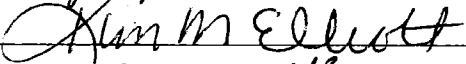
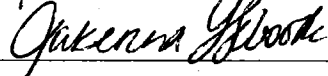
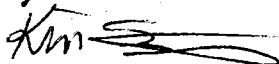
Offeror discussed methods for keeping providers informed of the member's care through electronic health records, medication adherence reports and care gap reports, but did not describe clearly how the primary care provider would participate on the care team or in the initial development of the care plan.


Offeror discussed the member's social isolation in detail and described its approach for determining the underlying causes/barriers to care contributing to her isolation. Offer proposed linking the member to community resources, such as diabetes classes and using Promotoras to assist the member in ending her isolation.

Offeror described a multidisciplinary approach to care management involving appropriate disciplines.

Offeror proposed the inclusion of specialty case managers, such as a behavioral health case manager, on the member's care team, but did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs. Offeror mentioned in general terms using innovative payment methods to engage providers.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna LeBrock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: UnitedHealthcare Community Plan

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

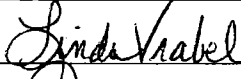
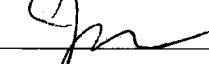
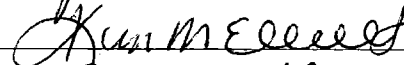

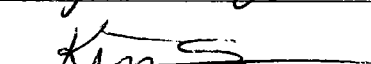
Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.</p> <p>Offeror described a 30-day transition process from the member's current PCP, during which time it would assign the member to an accountable care practice site and arrange necessary support services to supplement the practice site's capabilities. Offeror also discussed using home health to assess the member's living situation and provide services during the transition period.</p> <p>Offeror discussed assessment of member's physical health needs, including referral of member to an endocrinologist if the member had not yet been seen by one.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health care coordinator on the member's care team, home visits to the member by the behavioral health care coordinator, involvement of a social worker at the accountable care practice site and outreach to the RBHA to address behavioral health needs beyond the accountable care practice's competency.</p> <p>Offeror discussed the importance of member buy-in to the care plan and described methods for encouraging member self-management, including through creation of a PHR and "journaling".</p> <p>Offeror described in detail how providers would be engaged in care plan activities, including by permitting broad access to the care plan electronically and permitting providers to update applicable components of the care plan.</p>


Offeror discussed having its behavioral health coordinator reach out to the member to establish a relationship. Offeror also discussed linking the member with community resources, such as a peer support group, to address her social isolation.

Offeror discussed referral of the member to an interdisciplinary challenging member committee and assignment of the member's case to a plan registered nurse embedded at the accountable care practice to support provider activities.

Offeror described extensive information sharing with providers but did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Offeror discussed the quality-of-care implications of the case study and proposed to conduct an evaluation of the current PCP's quality of care.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna LeBsock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Ghom		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Southwest Catholic Health Network dba Mercy Care Plan

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.</p> <p>Offeror described a formal process for primary care physicians to follow when seeking assistance with challenging members. Offeror also discussed having its Medical Director reach out to the member's current PCP, to explore in greater detail his experiences with the member. Failing resolution of the problem, Offeror described options for linking the member to a new primary care provider, including assignment to a PCMH or completion of expedited credentialing and execution of a single case agreement with an out-of-network provider.</p> <p>Offeror discussed in detail how education, medication reminders and telehealth services would be used to facilitate the member's self-management of her diabetes. Offeror also discussed referral of member to a dietician for nutritional education but did not describe clearly interactions with physician specialists to address member's chronic condition.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health care coordinator and psychiatric medical director on the member's care team and outreach to the RBHA to determine if the member is receiving services and, if not, to arrange a referral. Offeror also described its data sharing arrangements with community behavioral health providers, which would facilitate coordination of care if the member is being treated by one of these providers. Finally, the offeror discussed possible assignment of the member to a behavioral health home where physical and behavioral health services would be integrated.</p> <p>Offeror described in detail its member centered model of care and affirmed that the care plan would reflect the member's goals and address barriers to care. Offeror stated that the member would be included on the care team and that the plan would use motivational interviewing to engage the member in the process.</p>

CONSENSUS RATIONALE

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Offeror described its process for including the primary care provider on the care team and in development of the care plan.

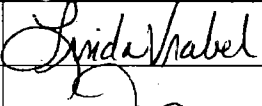
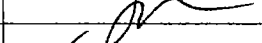
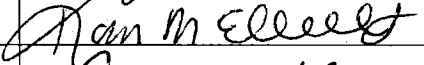
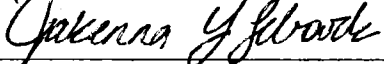
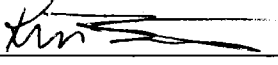
Offeror proposed addressing the member's isolation by arranging transportation to community venues but did not discuss clearly how behavioral health barriers that might impede the member's willingness to overcome her isolation would be addressed.

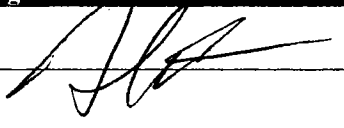
Offeror described a multidisciplinary approach to care management involving appropriate disciplines.

Offeror did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Offeror stated it would notify AHCCCS about the member's incident in the PCP's office.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jam Snyder		02/28/13
Kim Elliott		3/1/13
Jakienna LeBsock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Arden Cohen		2/24/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Health Net of Arizona

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.</p> <p>Offeror discussed having its Medical Director reach out to the member's current PCP, to explore in greater detail his experiences with the member. Offeror described potential options for linking the member to a new primary care provider, including assignment to a provider who would treat the member in her home.</p> <p>Offeror discussed physical health co-morbidities likely to be associated with the member's diabetes but did not describe clearly interactions with physician specialists to address member's chronic condition.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health care coordinator and a psychiatrist, if appropriate, on the member's care team and outreach to the RBHA to determine if the member is receiving services and to invite her RBHA case manager to participate on the care team. Offeror also described the immediate outreach that would be undertaken with the member's PCP and the member herself to determine if the member required crisis services.</p> <p>Offeror described in detail its member centered model of care and discussed creation of a care plan that addressed separately the member's short- and long-term goals and included a minimal level of intrusion at the outset, to encourage member participation and compliance. Offeror stated the member would be invited to participate in the care team meeting or send a family member and that the case manager would review the final care plan with the member in her home before its implementation.</p> <p>Offeror discussed including the primary care provider on the care team but did not describe clearly the provider's role in development of the care plan.</p>

Offeror mentioned social isolation as a component of the member's care plan and proposed making transportation to medical appointments available and possibly linking the member to a peer support group. However, the offeror did not describe clearly how behavioral health barriers that might impede the member's willingness to overcome her isolation would be addressed.



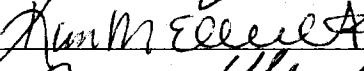

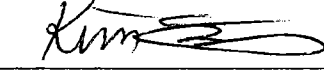
Offeror described a multidisciplinary approach to care management involving appropriate disciplines.


Offeror proposed to enroll the member in its highest level of case management, reserved for the most complex cases.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Offeror discussed the quality-of-care implications of the case study and proposed to conduct an internal process review to determine if existing fail safe mechanisms for identification of at risk members and enrollment in disease management are inadequate.

Offeror stated it would notify AHCCCS about the member's incident in the PCP's office if it learned that the incident had been reported to law enforcement.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakienna LEBSOCK		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Care1st Health Plan Arizona

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror discussed having its Medical Director reach out to the member's current PCP, to explore in greater detail his request for the member to be moved and determine if the problem could be resolved. Failing that, offeror described options for linking the member to a new primary care provider, including assignment to a PCMH or a vendor specializing in serving homebound and socially-isolated members.

Offeror did not describe clearly interactions with physician specialists to address member's chronic condition.

Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health case manager on the member's care team and outreach to the RBHA to determine if the member is receiving services and, if not, to arrange an intake. Offeror also stated that the Medical Director would discuss the member's underlying behavioral health and possible substance abuse issues with her PCP and that the plan would review her history with prior PCP's.

Offeror endorsed the concept of member centered care and affirmed that the care plan would reflect the member's goals but did not describe clearly how the member would be engaged in the development of the care plan and how her goals would be identified and linked to interventions.

Offeror described it process for including the primary care provider on the care team and in development of the care plan.

CONSENSUS RATIONALE

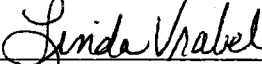

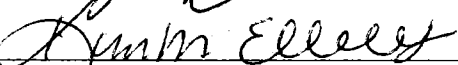
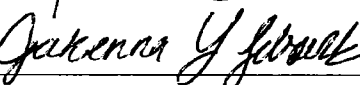
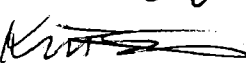
Contract/RFP No. YH14-0001

Offeror discussed addressing the member's barriers to care in the care plan and conducting continuous monitoring, including through its electronic case management system, to ensure interventions occur.

Offeror described a multidisciplinary approach to care management involving appropriate disciplines and use of outside parties to perform some interventions in response to member's social isolation and challenging behaviors.

Offeror did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lebeck		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohn		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Medisun Community Care Inc. dba Blue Cross/Blue Shield of Arizona

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror's response demonstrated a general understanding of the case study.</p> <p>Offeror discussed the PCP's obligation to give 30-days notice and continue serving the member during that time. Offeror also discussed options for linking the member to a new PCP if the relationship with the current PCP cannot be salvaged, including assignment to a physician outside the member's immediate geographical area, assignment to an out-of-network provider under a single case agreement or assignment to an endocrinologist willing to serve as her PCP.</p> <p>In addition to linking the member to an endocrinologist, the offeror discussed arranging for the member to be evaluated under its MTM program and to receive education on management of her chronic condition and her preventive care needs.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health coordinator on the care team and performance of a depression screen and outreach to the RBHA, but did not describe clearly a plan for data sharing with the RBHA or its inclusion on the care team. Offeror also stated that the member could have two distinct care teams, if she is enrolled with a Banner Health provider, but did not describe clearly how duplication or inconsistency in care planning would be avoided.</p> <p>Offeror stated that the member would be on the care team and described its assessment process to determine the member's level of understanding of her disease and readiness to self-manage her care. However, it was unclear whether the initial outreach by case management to the member would be phone, in-person or a combination of the two and how involved the member would be in development of the care plan.</p>

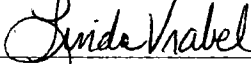

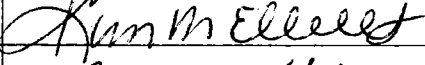
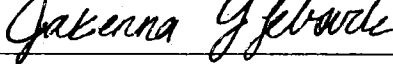

Offeror discussed including the primary care provider on the care team but did not describe clearly what the provider's role would be in development of the care plan.


Offeror proposed to arrange for an in-home assessment of the member's living conditions. Offeror also discussed linking the member to available community resources, such as faith-based organizations, to address her social isolation.

Offeror described a multidisciplinary approach to care management involving all appropriate disciplines.

Offeror did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lebock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Chen		2/24/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Health Choice Arizona

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a detailed response and demonstrated an understanding of the case study.</p> <p>Offeror discussed reaching out to the current PCP, and reviewing records related to previous PCP terminations, to better understand his request that the member be moved. Offeror also discussed options for linking the member to a medical health home or providing PCP services in the member's home but did not describe clearly the transition process or how it would address the member's continuity of care.</p> <p>Offeror did not describe clearly interactions with physician specialists to address member's chronic condition. Offeror did provide an example of in-home glucose monitoring for a current member but did not demonstrate clearly that the same intervention would be part of the case study member's care plan.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a behavioral health specialist on the member's care team and outreach to the RBHA to determine if the member is receiving services and, if not, to arrange an intake. Offeror also described its process for creation of an integrated medical-behavioral health care plan and application of a common risk predictive modeler with the RBHA.</p> <p>Offeror discussed its commitment to understanding the member's readiness for interventions and process for crafting a care plan that reflects the member's preferences.</p> <p>Offeror discussed its medical management platform and the ability of providers to view the care plan through the provider portal but did not describe clearly how member's PCP would be engaged in the initial development of the care plan.</p>

CONSENSUS RATIONALE

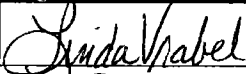

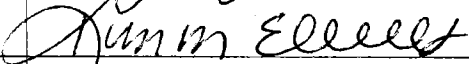

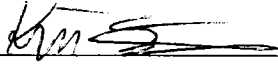

Contract/RFP No. YH14-0001

Offeror discussed having the member's care navigator and case manager conduct an in-home assessment for safety purposes. Offeror also proposed in general terms to link the member with community resources as a means of addressing her social isolation but provided no details on the types of organizations to which the member would be referred.

Offeror discussed the composition of the care team at a high level but did not describe clearly who would be on the team, other than the care navigator and clinical case manager.

Offeror discussed use of a clinical case manager appropriate for a member with diabetes but did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror mentioned use of incentives to encourage appropriate behavior by the member but provided no details on the incentives. Offeror also mentioned use of provider incentives but limited its discussion to payment of an enhanced rate for completion of a comprehensive medical and psycho-social assessment.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lessok		03/01/13
Kimberly Engle		3/4/13
Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

OFFEROR'S NAME: Phoenix Health Plan

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror's response demonstrated a general understanding of the case study.</p> <p>Offeror discussed taking steps to keep the member with her current PCP long enough to plan for an orderly transition of care, including offering of additional reimbursement to the PCP to continue treating the member. Offeror also discussed assigning the member to a PCMH provider able to furnish all services in one location, thereby reducing the risk of member non-compliance with care.</p> <p>Offeror discussed diabetes-related risk factors but did not describe clearly specific interactions with physician specialists to address member's chronic condition.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of a social worker on the member's care team, outreach to the RBHA and possible assignment of the member to a PCMH provider that offers behavioral health services. Offeror also discussed inclusion of behavioral health needs as part of member's assessment but did not demonstrate clearly how the behavioral health needs would be addressed beyond potential PCMH involvement. Offeror's proposed interventions addressed the member's near term physical health needs and risks in detail but were less clear with respect to longer term physical, behavioral health and socialization goals.</p> <p>Offeror endorsed the concept of member centered care and affirmed that the care plan would reflect the member's goals but did not describe clearly how the member would be engaged in goal setting or development of the care plan.</p>

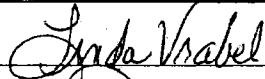

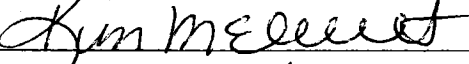
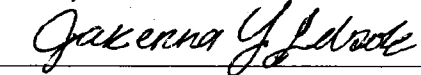
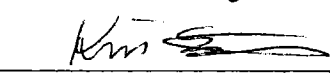
Offeror discussed consulting with the member's PCP to identify gaps and care and ensure delivery of services, and having the case manager travel to the PCP's office during member appointments, but did not describe clearly how the PCP would be engaged in initial development of the care plan.


Offeror discussed building trust with the member in order to engage her in self-management but did not discuss clearly how her social isolation would be addressed.

Offeror described a multidisciplinary approach to care management involving several disciplines, although the full composition of the care team was not clearly outlined.

Offeror did not propose to assign the member to a case manager who specializes in members with the type of challenging needs described in the case study.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jamie Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Leebsock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Chan		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 1**

COMPONENT: PROGRAM

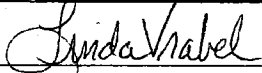

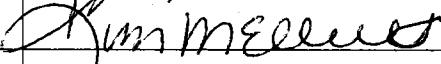
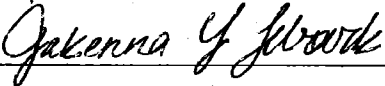
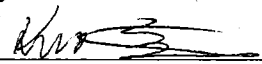
OFFEROR'S NAME: Bridgeway Health Solutions of Arizona, LLC


ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.</p> <p>The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.</p> <p>Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.</p>	

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror's response demonstrated a general understanding of the case study.</p> <p>Offeror described options for linking the member to a new primary care provider, including possible assignment to a network provider specializing in challenging members or assignment to an out-of-network provider under a single case agreement.</p> <p>Offeror did not describe clearly interactions with physician specialists to address member's chronic condition.</p> <p>Offeror discussed integration of physical and behavioral health through inclusion of the behavioral health coordinator on the member's care team and exchange of care plan and pharmaceutical data with the RBHA but did not describe clearly an active role for the plan in ensuring the member's behavioral health needs would be addressed.</p> <p>Offeror described its process for identifying member's care needs and priorities, including through face-to-face meeting(s) with the member, use of motivational interviewing and deployment of field-based member connection outreach staff.</p> <p>Offeror did not describe clearly how the primary care provider would be engaged in development of the care plan or if the provider would be a party to a care agreement with the member and plan.</p> <p>Offeror discussed making referrals to community-based organizations and helping the member to make appointments but failed to address in detail implementation of the care plan and other interventions that plan staff would undertake to address the member's physical, behavioral and social needs.</p>

Offeror proposed linking the member to a provider specializing in challenging members but did not propose to assign the member to a case manager with similar specialization.

Offeror did not describe clearly methods for incentivizing the member or her provider(s) to participate actively in achievement of care plan goals as part of a strategy to address her challenging case management needs.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		2/28/13
Kim Elliott		3/1/13
Jakenna LeBrock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: Maricopa Health Plan managed by University of Arizona

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.</p> <p>Offeror described multiple reports and analytical tools, such as weekly admission/readmission reports and drill down reports displaying readmissions by provider, member, disease state, Medicare status and behavioral health condition, it employs for medical and quality management purposes.</p> <p>Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror demonstrated its thorough understanding of the premise through a detailed description of its process for using data to perform root cause analysis and application of its PDSA model under the direction of an interdisciplinary team.</p> <p>Offeror also discussed performance of a contract compliance analysis to ensure transparency with AHCCCS and development of timelines for completion of the analysis and implementation of interventions.</p> <p>Offeror described staff from multiple departments with responsibility for discharge planning and reducing readmission rates, including care transition nurses, UM nurses, and community care partners.</p> <p>Offeror described in detail potential interventions to be implemented and evaluated under the PDSA model, including process changes at the plan and provider level and potential changes in staffing numbers and allocation of staff.</p> <p>Offeror discussed the use of value based methodologies to engage providers, including offering incentives or imposing penalties based on a provider's ability to meet established readmission rates.</p> <p>Offeror discussed establishment of an interdisciplinary workgroup that would report to the Quality Management Committee. Offeror also described how reports and findings would be shared with a UM finance committee and senior management through monthly directors meetings.</p>

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL	<i>Linda Vrabel</i>	2/28/13
Jami Snyder	<i>Jami Snyder</i>	02/28/13
Kim Elliott	<i>Kim Elliott</i>	3/1/13
Jakenna Lebsolk	<i>Jakenna Lebsolk</i>	03/01/13
Kimberly Engle	<i>Kimberly Engle</i>	3/4/13

Facilitator	Signature	Date
Andrew Cohen	<i>Andrew Cohen</i>	2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: University of Arizona Health Plans, University Family Care

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.

Offeror described multiple reports and analytical tools, such as weekly admission/readmission reports and drill down reports displaying readmissions by provider, member, disease state, Medicare status and behavioral health condition, it employs for medical and quality management purposes.

Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror demonstrated its thorough understanding of the premise through a detailed description of its process for using data to perform root cause analysis and application of its PDSA model under the direction of an interdisciplinary team.

Offeror also discussed performance of a contract compliance analysis to ensure transparency with AHCCCS and development of timelines for completion of the analysis and implementation of interventions.

Offeror described staff from multiple departments with responsibility for discharge planning and reducing readmission rates, including care transition nurses, UM nurses, and community care partners.

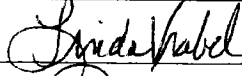
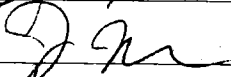
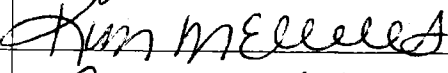
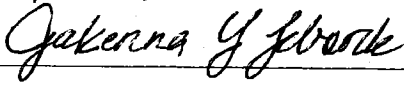
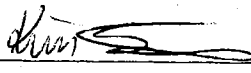
Offeror described in detail potential interventions to be implemented and evaluated under the PDSA model, including process changes at the plan and provider level and potential changes in staffing numbers and allocation of staff.


Offeror discussed the use of value based methodologies to engage providers, including offering incentives or imposing penalties based on a provider's ability to meet established readmission rates.

Offeror discussed establishment of an interdisciplinary workgroup that would report to the Quality Management Committee. Offeror also described how reports and findings would be shared with a UM finance committee and senior management through monthly directors meetings.

CONSENSUS RATIONALE

Contract/RFP No. YH14-0001

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Leasock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Alan		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: UnitedHealthcare Community Plan

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror presented a comprehensive and detailed response and demonstrated a strong understanding of the case study.

Offeror described multiple reports and analytical tools, such as readmission reports, provider scorecards and readmission risk assessment forms, it employs for medical and quality management purposes.

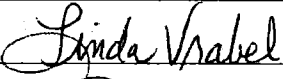

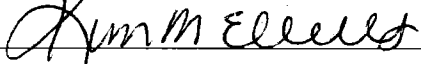

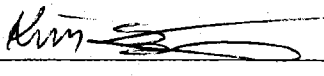
Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described in detail its current staffing and process for discharge planning and post-discharge case management and discussed how staffing and processes would be re-evaluated in light of the higher readmission rate.


Offeror described in detail how data is shared with hospitals and medical practices to encourage accountability and its process for auditing providers to identify potential gaps in care.

Offeror described staff from multiple departments with responsibility for discharge planning and reducing readmission rates, including concurrent review nurses, high risk case managers, transition case managers and nursing staff embedded within accountable care practices.

Offeror discussed use of value-based contracting to incentivize hospitals and physicians to reduce readmission rates.

Offeror described the role of quality management in addressing readmission rates through a performance improvement project and how information is evaluated at the committee level and shared with senior management and the board of directors.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Joni Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lebsack		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrea Coburn		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: Southwest Catholic Health Network dba Mercy Care Plan

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror described multiple reports and analytical tools, such as readmission report and daily census report with post discharge risk predictor score, it employs for medical and quality management purposes.



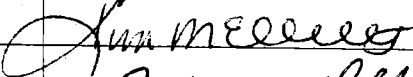
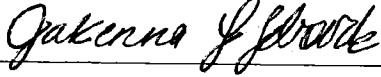
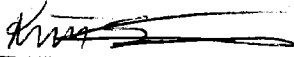
Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described its process for conducting root cause analysis at the system and provider levels through presentation of an example in which it was invited by a contracted hospital to participate in identifying and addressing drivers of high readmission rates.


Offeror presented examples of data-driven interventions with hospitals and physician groups to reduce readmission rates. Descriptions included examples of internal and external staffing and process changes and documentation of impact on readmission rates at the system level.

Offeror described staff from multiple departments with responsibility for discharge planning and reducing readmission rates, including concurrent review nurses and case managers.

Offeror discussed its information sharing on readmission activity with hospitals through regular Joint Operating Committee meetings, and its assistance to hospitals and physician providers in taking steps to reduce readmission rates, but did not describe clearly any incentives offered to providers to reduce readmission rates.

Offeror described in detail how information flows from quality improvement staff and its readmission team to the committee and board levels.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jani Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna LeSock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

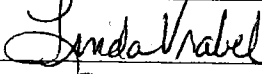

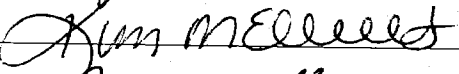


**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**


COMPONENT: PROGRAM

OFFEROR'S NAME: Health Net of Arizona

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:
<p><u>Major Observations</u></p> <p>Offeror presented a detailed response and demonstrated an understanding of the case study.</p> <p>Offeror described multiple reports, such as monthly key indicator and drill down reports, it employs for medical and quality management purposes.</p> <p>Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described in detail its process for using data to perform a barrier analysis at the system and provider levels to isolate possible drivers of high readmission rates.</p> <p>Offeror presented a detailed, rapid cycle performance improvement project that included interventions with hospitals and physician groups to reduce readmission rates.</p> <p>Offeror described staff from multiple departments with responsibility for discharge planning and reducing readmission rates, including complex discharge planners who would be located in hospitals with high readmission rates and pharmacist consultants who would review medication regimens with recently discharged members in their homes.</p> <p>Offeror discussed its information sharing on readmission activity with hospitals through quarterly meetings, but did not describe clearly any incentives offered to providers to reduce readmission rates.</p> <p>Offeror described in detail how quality management would oversee the performance improvement project and work in conjunction with medical management and other departments, but did not demonstrate clearly how senior management would be engaged in the process.</p>

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna LeBrock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Chen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: Care1st Health Plan Arizona

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror described multiple reports and analytical tools, such as readmission report and narcotic utilization report, it employs for medical and quality management purposes.


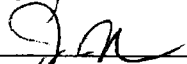
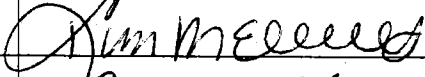
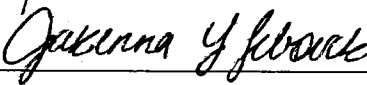
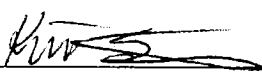
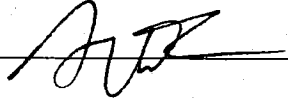
Premise of submission requirement was that the Offeror has a higher than average hospital readmission rate. Offeror described in detail its process for isolating possible drivers of high readmission rates within diagnostic categories or provider groups through root cause analysis.

Offeror discussed its use of a vendor to provide primary care services to recently-discharged home bound members, but did not describe in detail how it would undertake interventions to reduce the readmission rate based on findings from the root cause analysis.

Offeror described staff from multiple departments with responsibility for discharge planning and use of a vendor to provide primary care services to recently-discharged home-bound members, but did not describe clearly any changes in staffing to address the higher than average readmission rate noted in the case study.

Offeror described its incorporation of readmission activity into its gain sharing methodology for PCMH providers as a means of incentivizing providers to reduce readmission rates.

Offeror identified an interdisciplinary performance workgroup with responsibility for reviewing data and conducting root cause analysis but did not discuss escalation of data/trends to any standing committees for development, implementation and monitoring of interventions to reduce the readmission rate.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jemi Snyder		02/28/13
Kim Elliott		3/1/13
Jakena LeSouk		03/01/13
Kimberly Engle		3/4/13
Facilitator	Signature	Date
Andrew Cohen		2/28/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
 ORAL PRESENTATION REQUIREMENT NO. 2

COMPONENT: PROGRAM

OFFEROR'S NAME: Medisun Community Care Inc., dba Blue Cross/Blue Shield of Arizona

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror presented a detailed response and demonstrated an understanding of the case study.

Offeror described multiple reports, such as an ambulatory sensitive conditions readmission report and complaint/grievance/appeal reports, it employs for medical and quality management purposes.

Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described its use of root cause analysis and data to identify readmission rate drivers, including provider outliers, and developing interventions based on analysis findings.

Offeror discussed development of corrective actions at the health plan and hospital level to address readmission rate but did not describe clearly the types of interventions that would be undertaken to reduce its readmission rate. Offeror also discussed its current staffing model but did not describe clearly any changes in staffing to address the higher than average readmission rate noted in the case study.

Offeror discussed its partnerships with a QIO and Banner Health but did not describe clearly initiatives to incentivize provider engagement in reducing the readmission rate.

Offeror discussed its readmission workgroup and the workgroup's reporting relationship to the QMC. Offeror also discussed the availability of senior management to approve corrective actions rapidly but did not describe formal reporting through committees to executive management or the board.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL	Linda Vrabel	2/28/13
Jami Sawyer	Jami Sawyer	02/28/13
Kim Elliott	Kim Elliott	3/6/13
Jakenna Leasock	Jakenna Leasock	03/01/13
Kimberly Engle	Kimberly Engle	3/4/13

Facilitator	Signature	Date
Andrew Cohen	Andrew Cohen	2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: Health Choice Arizona

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p>	
<p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror's response demonstrated a general understanding of the case study.

Offeror described multiple reports, such as readmission, ER activity and provider profile reports, it employs for medical and quality management purposes.

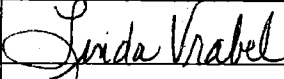

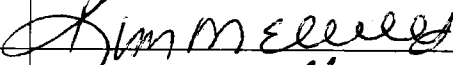
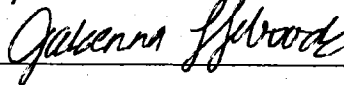
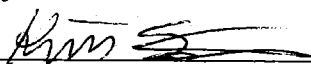
Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror acknowledged the premise but did not describe clearly how data would be used to isolate possible drivers of high readmission rates and develop interventions in response.


Offeror discussed its existing process for reducing readmissions at the member level but did not describe clearly how it would act at the system level to reduce its readmission rate.

Offeror discussed current ratios for transition of care staff, care navigators and case managers in detail but did not describe clearly whether or how the ratios would be evaluated and possibly changed to reduce the readmission rate.

Offeror discussed implementation of bundled hospital payments that will be inclusive of readmission events but did not describe clearly use of incentives with hospitals or physicians to reduce readmission rates.

Offeror did not describe clearly how quality management, quality committees or senior management would be engaged in the process.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lesock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
 ORAL PRESENTATION REQUIREMENT NO. 2

COMPONENT: PROGRAM

OFFEROR'S NAME: Phoenix Health Plan

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror's response demonstrated a general understanding of the case study.

Offeror described multiple reports, such as a 30-day readmission report and hospital dashboard report, it employs as part of an existing readmission rate performance improvement project.

Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described its existing performance improvement project, including root cause analysis findings and existing processes, but did not demonstrate clearly how processes or staffing were changed in response to the root cause analysis or how data is used to identify and implement interventions at the hospital or physician level. Offeror also indicated that patients readmitted due to medical instability, as a class, were not a priority for intervention under the performance improvement plan.

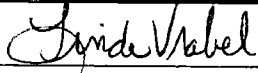
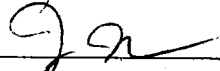
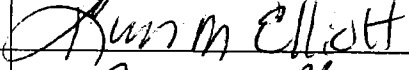
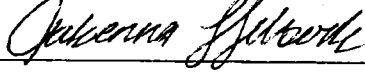
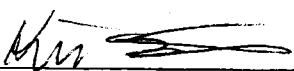
Offeror described staff with responsibility for hospital discharge planning and member case management, including dedicated staff responsible for attempting to contact all members within two days of discharge. However, Offeror did not discuss any changes in staffing to address the higher than average readmission rate noted in the case study. Offeror also stated its goal is to arrange a follow-up visit with the member's PCP between 14 and 30 days after discharge; AHCCCS is introducing a performance standard of seven days.

Offeror stated it is exploring incentives for hospitals and hospitalists to reduce readmission rates but did not indicate whether or when such incentives would be introduced.

Offeror mentioned use of the Peer Review Committee for physician education but did not describe clearly escalation of data/trends to the committee level, for development, implementation and monitoring of interventions to reduce the readmission rate.

CONSENSUS RATIONALE

Contract/RFP No. YH14-0001

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jami Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Cebsock		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Andrew Cohen		2/28/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
ORAL PRESENTATION REQUIREMENT NO. 2**

COMPONENT: PROGRAM

OFFEROR'S NAME: Bridgeway Health Solutions of Arizona, LLC

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.</p> <p>Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.</p>	

Rationale:

Major Observations

Offeror's response demonstrated a general understanding of the case study.

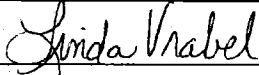
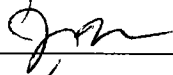
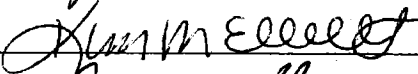

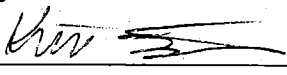
Offeror described multiple reports, such as a 30-day readmission report and provider quality-of-care report cards, it employs for medical and quality management purposes.

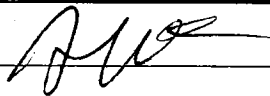
Premise of case study was that the Offeror has a higher than average hospital readmission rate. Offeror described its existing process for using reports/data to identify individual members at risk for readmission level but did not address clearly how it would act at the system level to reduce its readmission rate.

Offeror discussed staff with responsibility for hospital discharge planning and member case management but did not describe clearly how concurrent review/discharge planners and case managers work collaboratively to reduce readmissions. Offeror also did not describe clearly any changes in staffing to address the higher than average readmission rate noted in the case study.

Offeror discussed partnering with hospitals and nursing facilities to reduce readmission rates but did not describe clearly opportunities to improve care management or initiatives to incentivize provider engagement in reducing the readmission rate.

Offeror did not describe clearly how quality management, quality committees, or senior management would be engaged in the process.

Evaluation Team Member (Print Name)	Signature	Date
LINDA VRABEL		2/28/13
Jam Snyder		02/28/13
Kim Elliott		3/1/13
Jakenna Lebsack		03/01/13
Kimberly Engle		3/4/13

Facilitator	Signature	Date
Arden Allen		2/28/13