

ACUTE CARE/CRS RFP CONSENSUS RANKING
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

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

Total Number of Bidders:
10

Totaled By Team Lead:	Signature	Date
Michelle Holmes	<i>Michelle Holmes</i>	2/26/13

Verified By Facilitator:	Signature	Date
A. Howard Cohen	<i>A. Howard Cohen</i>	2/26/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9**

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Care 1st Health Plan Arizona

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	1

Rationale:

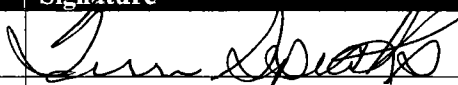
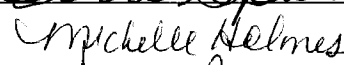
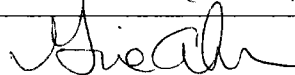
Major Observations:


Offeror described in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror described in detail comprehensive and proactive processes that are in place to resolve disputes at the earliest possible stage.

Offeror's functions are based in Arizona and offeror empowers local staff to assist in resolution of provider claims issues and identification and implementation of process improvements.

Offeror described in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9**

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Maricopa Health Plan managed by University

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	2

Rationale:

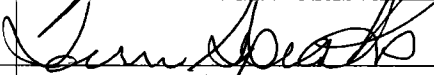


Major Observations:


Offeror described in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror described in detail proactive processes that are in place to resolve disputes at the earliest possible stage.

Offeror's functions are based in Arizona and offeror empowers local staff to assist in resolution of provider claims issues.

Offeror described in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Chen		2/26/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9**

COMPONENT: ORGANIZATION

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

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	2

Rationale:

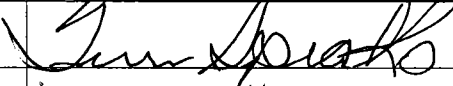

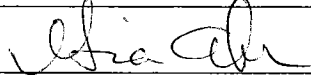
Major Observations:


Offeror described in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror described in detail proactive processes that are in place to resolve disputes at the earliest possible stage.

Offeror's functions are based in Arizona and offeror empowers local staff to assist in resolution of provider claims issues.

Offeror described in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terrri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Phoenix Health Plan

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	4

Rationale:




Major Observations:

Offeror described in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror described detailed processes that are in place to resolve disputes at the earliest possible stage.

Offeror's functions are based in Arizona and offeror empowers local staff to assist in resolution of provider claims issues.

Offeror described in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

OFFEROR'S NAME: UnitedHealthcare Community Plan

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	5

Rationale:

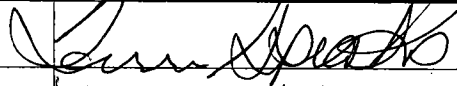
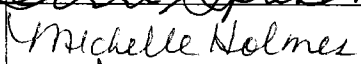
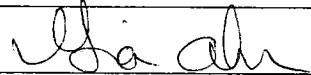
Major Observations:


Offeror described in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror described processes that are in place to resolve disputes at the earliest possible stage.

Offeror described processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Offeror failed to describe in detail how the provider relations function participates in resolution of provider claims issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Olson		2/26/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9**

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Health Choice Arizona

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	6

Rationale:



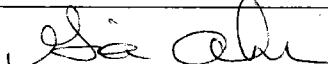
Major Observations:


Offeror described in detail processes to avoid providers having to file a claims dispute.

Offeror described processes that are or will be put into place to resolve disputes at the earliest possible stage.

Offeror described processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Offeror failed to describe in detail how the provider relations function participates in resolution of provider claims issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Chen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

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

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	7

Rationale:


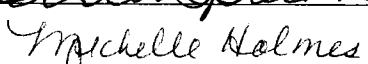
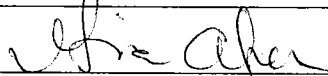
Major Observations:

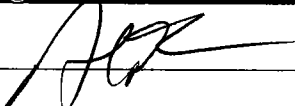
Offeror described in detail processes to avoid providers having to file a claims dispute.

Offeror's functions are based in Arizona and offeror empowers local staff to assist in resolution of provider claims issues.

Offeror failed to describe in detail processes in place to resolve disputes at the earliest possible stage.

Offeror discussed monitoring of claims dispute trends but failed to describe in detail processes for making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Health Net of Arizona

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	8

Rationale:



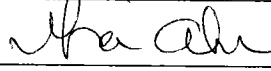
Major Observations:


Offeror described in detail processes to avoid providers having to file a claims dispute.

Offeror failed to describe in detail processes in place to resolve disputes at the earliest possible stage.

Offeror failed to clearly describe a process whereby local staff are empowered to facilitate timely resolution of provider claims issues.

Offeror failed to describe in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speards		2/26/13
Michelle Holmes		2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Chen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

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

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	9

Rationale:



Major Observations:


Offeror described compliance with standard program requirements and addressed proactive measures in general terms, but failed to describe in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror failed to describe in detail processes in place to resolve disputes at the earliest possible stage.

Offeror's functions are based in Arizona but offeror failed to describe in detail how local staff are empowered to assist in resolution of provider claims issues.

Offeror failed to describe in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues

Evaluation Team Member (Print Name)	Signature	Date
Tern Speaks		2/26/13
Michelle Holmes	Michelle Holmes	2/24/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 9

COMPONENT: ORGANIZATION

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

SUBMISSION REQUIREMENT No. 9	Total Ranking
Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.	10

Rationale:



Major Observations:


Offeror described compliance with standard program requirements and addressed proactive measures in general terms, but failed to describe in detail comprehensive and proactive processes to avoid providers having to file a claims dispute.

Offeror failed to describe in detail processes in place to resolve disputes at the earliest possible stage.

Offeror failed to describe in detail how local staff are empowered to assist in resolution of provider claims issues.

Offeror failed to describe in detail processes for analyzing and making changes to its operational and administrative structures based on identified issues.

Evaluation Team Member (Print Name)	Signature	Date
Terri Speaks		2/26/13
Michelle Holmes	Michelle Holmes	2/26/13
Gina Aker		2/26/13

Facilitator	Signature	Date
Andrew Cohen		2/26/13