

**SECTION H. EVALUATION FACTORS AND SELECTION PROCESS**

AHCCCS will evaluate each Offeror's ability to provide cost-effective, high-quality contract services in a managed care setting in accordance with the AHCCCS overall mission and goals. The following evaluation factors will be weighted in the order listed:

- A. Capitation
- B. Program
- C. Organization
- D. Provider Network

The Capitation and the network development portion of Provider Network will be scored by Geographic Service Area. The remaining submission areas: the network management portion of Provider Network, Program, and Organization are anticipated to be scored statewide, not specific to any Geographic Service Area (GSA). The scores received for each of the four required components will be weighted separately and combined to derive a final score for the Offeror, by GSA. Contracts will be awarded to qualified Offerors whose proposals are deemed to be most advantageous to the State in accordance with Section I, Paragraph 9, Award of Contract.

In the case of negligible differences between two or more competing proposals for a particular GSA, in the best interest of the state, AHCCCS may consider the following factors in awarding the contract:

- the level of performance of an Offeror who is an Incumbent Contractor (in the interest of continuity of care);
- the level of performance of an Offeror who participates in other lines of AHCCCS business;
- an Offeror's past performance with AHCCCS;
- whether an Offeror is a Medicare Advantage (MA) Plan and / or MA Special Needs Plan, or has developed formal relationships with a Medicare Advantage Plan and / or MA Special Needs Plan that allow the Contractor to provide coordinated care for dual eligible members;
- whether an award of contract would enhance the diversity of the network of available Contractors;
- the nature, frequency and significance of any compliance actions; and / or
- any convictions or civil judgments entered against the Offeror's organization.

AHCCCS reserves the right to waive immaterial defects or omissions in this solicitation or submitted proposals. The Offeror should note that, if successful, it must meet all AHCCCS requirements, irrespective of what is requested and evaluated through this solicitation. The proposal provided by the Offeror will become part of the contract with AHCCCS.

*All of the components listed below will be evaluated against relevant statutes, AHCCCS rules and policies, the requirements contained in this RFP and other referenced sources. The Offeror's Checklist available in the Bidder's Library contains RFP references for each of these items:*

## A. CAPITATION

AHCCCS will publish a capitation rate range for each GSA. The ranges to be used for this RFP will be in the lower half of the actuarially sound rate range and by GSA as developed by the AHCCCS actuary. AHCCCS will only evaluate the Offeror's full long term care capitation rates. In order for the bid to be considered, it must be within the published range.

The Offeror will be evaluated on its ability to meet Performance Bond, Minimum Capitalization requirements and financial standards. AHCCCS may terminate a contract if the Contractor has not met the Performance Bond and Minimum Capitalization requirements by October 1, 2011.

## B. ORGANIZATION

Organization is the structure that supports the care delivery system. Organization includes personnel, claims systems, encounter reporting, financial management and fraud and abuse. The AHCCCS Administration will be interested in the qualifications and experience of the organization in managing similar populations. All organization components, including member rights and advocacy activities, should be sensitive to the unique nature of the ALTCS population.

The following areas will be evaluated:

- a. Claims (includes TPL)
- b. Corporate Compliance
- c. Encounters
- d. Finance
- e. Grievance Systems (Member Grievances and Appeals, and Provider Claim Disputes)
- f. Information Systems
- g. Organization and Staffing

## C. PROGRAM

AHCCCS will evaluate the Offeror's responsiveness to the requirements of this solicitation and AHCCCS policies. In particular, it is anticipated that the Offeror's proposal regarding the following will be evaluated:

- a. Case Management
- b. Quality Management
- c. Medical Management
- d. Disease Management
- e. Chronic Care Management
- f. Behavioral Health Management

**D. PROVIDER NETWORK**

Network development is defined as the process of developing contractual arrangements with a sufficient number of providers capable of delivering all covered services to AHCCCS members in accordance with AHCCCS standards. Network management is defined as the process by which the Offeror certifies, monitors, evaluates, improves and communicates with its network. The following areas will be evaluated:

- a. Capacity analysis, planning and development
- b. Monitoring and management of network
- c. Network communication
- d. Provider satisfaction
- e. Potential loss of a provider