CATEGORY: ORGANIZATION

Offeror Name _____

ORGANIZATION AND STAFFING **SUBMISSION REQUIREMENT**	**Yes = 1 No = 0**	**RFP Reference**	**Offeror Reference**
4. Submit resumes of key personnel as required in Section G, Paragraph 10. Offeror's Key Personnel. Include information on how long the personnel have been in these positions. If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description is limited to 3 pages		Section I pg. 171 Section D ¶25	

EVALUATION CRITERIA	**Yes = 1 No = 0**		**Offeror Reference**
Administrator CEO/COO			
1. The Administrator has relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
2. The Administrator has experience with the elderly and physically disabled, through publicly funded programs.			
3. The Administrator has long term care experience.			
Financial Officer/CFO			
4. The Financial Officer has relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
5. The Financial Officer has experience with the elderly and physically disabled, through publicly funded programs.			
6. The Financial Officer has long term care experience.			
Medical Director			
7. The Medical Director has relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
8. The Medical Director has experience with the elderly and physically disabled, through publicly funded programs.			
9. The Medical Director has long term care experience.			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
Quality Management Manager			
10. The QM Manager has relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
11. The QM Manager has experience with the elderly and physically disabled, through publicly funded programs.			
12. The QM Manager has long term care experience.			
Medical Management Coordinator			
13. The MM Coordinator relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
14. The MM Coordinator has experience with the elderly and physically disabled, through publicly funded programs.			
15. The MM Coordinator has long term care experience.			
Case Management Administrator/Manager			
16. The CM Manager relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
17. The CM Manager has experience with the elderly and physically disabled, through publicly funded programs.			
18. The CM Manager has long term care experience.			
Behavioral Health Coordinator			
19. The BH Coordinator relevant managed care experience, "Relevant' is defined to mean previous management experience in the AHCCCS or in another state's Medicaid managed care program."			
20. The BH Coordinator has experience with the elderly and physically disabled, through publicly funded programs.			
21. The BH Coordinator has long term care experience.			
KEY PERSONNEL SCORE (21)			

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ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIRMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
5: Submit an organizational chart down to the supervisor level as required in section G, #6,a.		Section I, pg 171 Section D ¶ 25	

EVALUATION CRITERIA	Yes = 1 No = 0		
1. Did the Offeror submit an organization chart down to the supervisory level?			
ORGANIZATIONAL CHART (1)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
6. Submit the number of full time equivalents who are or will be devoted to Arizona Long Term Care Program by functional area (functional area defined as: case management, provider services, medical services, grievance and request for hearings, finance, claims/prior authorization, information systems, and quality management).		Section I pg. 171 Section D ¶25	

EVALUATION CRITERIA	Yes = 1 No = 0		
1. Did the Offeror submit the full time equivalents for each of the following areas: • case management • provider services • medical services • grievance and request for hearings • finance • claims/prior authorization • information systems • quality management			
FULL TIME EQUIVALENTS (1)			

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ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
7. For key positions/employees (see Section G, #10) which are not full time provide justification as to why the position is not full time. Include a description of their other duties.		Section I pg. 171 Section D ¶25	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. For the key positions /employees (Section G, #10) which were not full time did the Offeror submit justification as to why the position is not full time?			
2. What key positions did the Offeror list as not full time: Position — Amount of Time Devoted to the Position (if known) _____ _____ _____			
KEY POSITIONS NOT FULL TIME (1)			

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Secondary Reviewer's Signature and Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
8. Describe the organization's experience in working with federally funded programs such as Medicare and Medicaid, experience as a managed care organization and in working with long term care populations. Include a table showing current Medicare and Medicaid risk contracts and other risk contracts to include date started and enrollees by contract type. In addition, include a table of Medicare and Medicaid contracts discontinued within the past 5 years and the reason for the termination. (Note Amend #3; #34 – page limit = 3 pages narrative; plus tables)		Section I pg. 171 Section D ¶25	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
a. The Offeror has experience serving as a risk contractor to Medicare and/or Medicaid.			
b The Offeror has experience as a managed care organization.			
c. The Offeror has experience serving as a risk contractor to a Medicaid long term care population.			
ORGANIZATION'S MANAGED CARE EXPEIENCE WORKING WITH FEDERALLY FUNDED PROGRAMS (3)			

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CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
9. Describe the organization's subcontracted arrangements, or its intentions to subcontract, for any organizational or administrative functions including, but not limited to, A. Automated data processing B. Management Services C. Third party administrator D. Capitated or other risk subcontracts requiring claims processing The description must address your process to oversee, resolve deficiencies and terminate the contract if necessary.		Section I pg. 171 Section D ¶33	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
Did the Offeror's submission include, at a minimum:			
1. Does the Offeror plan on delegating? If no, Offeror receives full points = 6.			
2. Process to review contractor's performance.			
3. Process to review the financial standards as required by the Offeror of the contractor.			
4. Process for communicating deficiencies to the contractor			
5. Require CAP			
6. Process for requiring monitoring of CAP			
SUBCONTRACTED AGREEMENTS (6)			

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Secondary Reviewer's Signature and Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT		RFP Reference	Offeror Reference
10. Describe past, current and planned participation with community organizations/coalitions and/or advocacy groups. Include how you have used, or intend to use your participation to educate others about ALTCS and/or other long-term care programs in the community. Explain how involvement in community activities has or would be integrated into internal organizational quality improvement activities.		Section I pg. 172 Section D ¶24	

EVALUATION CRITERIA			Offeror Reference
Qualitative: – suggested areas for consideration: a. The Offeror has PAST and/or CONTINUING involvement with community coalitions / advocacy groups that address the issues of people who are at risk of and/or in need long-term care services. b. The Offeror describes PLANNED FUTURE involvement with community coalitions / advocacy groups that address the issues of people who are at risk of and/or in need long-term care services. c. The Offeror describes how the information they provide results in others having a better understanding of how their program and services integrate into the continuum of care. d. Does the Offeror describe how their involvement impacts their management of the LTC Program?			
PAST, CURRENT AND PLANNED COMMUNITY INVOLVEMENT (12%)			

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CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT		RFP Reference	Offeror Reference
11. Describe any sanctions since January 1, 2003 that have been imposed by AHCCCS, Medicaid programs in other states or Medicare. Include the description of the sanction, the specific reason for the sanction and the timeline to resolve or correct the deficiency. Sanctions may include more than monetary penalties.		Section I pg. 171 Section D ¶80	

EVALUATION CRITERIA	Yes = No = 0		Offeror Reference
a. No past or current sanctions in the past 18 months (November 2004 through March 2006) = 3 points			
b. Resolution was in less than 30 days = 2 point			
c. Resolution was in less than 90 days = 1 point			
SANCTIONS (3)			

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Secondary Reviewer's Signature and Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
14. Describe your information system organization that will support the ALTCS line of business. Describe your data processing and health information system architecture and interfaces between system components. Include a diagram of the information system and data processing flow chart the will support the ALTCS line of business. At a minimum include the following: (Submission requirement not to exceed 10 pages) • Describe the system hardware and software applications that will make up your ALTCS information system. Address all subsystems, including claims/encounters, member, provider, and medical management. Include vendor name(s), address, contact person and version(s) you are using, if hardware or software is vendor supported. Describe how it is or will be configured to support your ALTCS line of business. • If Offeror is not currently operating as an acute health plan for AHCCCS or program contractor for ALTCS members, provide a detailed implementation plan, including timeline, for meeting all IS requirements prior to the contract start date. • How many years has your IT organization or contract software vendor supported each of the software applications described above? • Describe process flows and how system functions/subsystems are integrated into or interface with the system. • Describe your system change order or software modification process. Is your system modification program in house or through a vendor? When was the last major version update and are you currently on the latest version of the software application(s). • When was the last operational audit or external performance review of your IT division? • If your current system will not support all ALTCS requirements what are the plans to meet these requirements? • Is there a planned system conversion within the next 18 months? If yes, describe your planning and system implementation process. (Note: Amend #3; #38 – 10 pages of narrative plus implementation plan plus timeline)		Section I pg. 172 - 173 Section D ¶44, 63	

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Secondary Reviewer's Signature and Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
a. Offeror's description addresses the Claims/Encounter subsystem, including data inputs and process flows. (Must include 1 through 6 below to receive a point)			
1. Description includes all major claims functions: data entry, adjudication, storage, payment, adjustments			
2. Description includes the ability to send and receive ANSI 837 transactions			
3. Description includes the ability to send and receive ANSI 835 transactions			
4. Description includes conversion and validity testing of encounter data			
5. Description includes interface between claims systems and other systems (especially prior authorization)			
6. Description includes detailed flow diagram of major claims processing functions, including data entry, adjudication, interface with UM/prior authorization and eligibility subsystems, accounting/payment, reporting and storage			
b. Offeror's description addresses the Member subsystem, including data inputs and process flows. (Must meet 1 through 5 below to receive point)			
1. Description describes the ability to accept and process data as provided by the state			
2. Description includes process for entering and validating monthly enrollment files that are sent in an ANSI 834 format.			
3. Description includes process for resolving discrepancies between existing and new member data (e.g., change of ID, address)			
4. Process flow demonstrates receipt, entry, validation and storage of data			
5. Description of how system identifies new enrollments and forwards data to initiate other transactions (cards, member handbooks)			
c. Offeror's description addresses the Provider subsystem, including data inputs and process flows. (Must meet 1 through 3 below to receive point)			
1. Description of interface between provider data, credentialing and claims systems			
2. Describes process for timely loading of all provider data			
3. Description includes process for ensuring accuracy of data (e.g., auditing a sample of entered data)			

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CATEGORY: ORGANIZATION

Offeror Name _____

d. Offeror's description addresses the Medical Management subsystem, including data inputs and process flows. (Must meet 1 through4 below to receive point)			
1. Description identifies how medical management functions interface with claims data and how authorizations are automatically linked to claims.			
2. Description demonstrates how medical management staff gain access to historical claims data			
3. Description identifies reporting capabilities			
4. Description of how subsystem is used to support quality improvement activities			
e. Offeror does not use IS vendor(s) OR includes the required information for each vendor providing IS support. (Here or elsewhere in IS response, Offeror must disclose number of years IT organization or contract software vendor has supported each of the applications listed in response to scored item #1. If not provided here or elsewhere, mark this item "No".)			
1. Vendor name(s) provided			
2. Vendor address(es) provided			
3. Contact person(s) identified			
4. Hardware/software versions identified			
5. Years IT organization or vendor has supported Claims/Encounter, Member, Provider and Medical Management subsystems			
f. Offeror includes a diagram of information system and data processing flows that is consistent with its narrative description and shows both internal and external data flows, including eligibility and encounter data transmission between Offeror and AHCCCS. (Must meet 1 through 3 below to receive point)			
1. Diagram addresses entry point for eligibility data and shows interfaces between Member subsystem and other subsystems			
2. Diagram addresses entry points for hard copy and electronic claims data, shows interface with Provider and Medical Management subsystems and output of encounters to ALTCS			
3. Diagram is consistent with narrative description			

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CATEGORY: ORGANIZATION

Offeror Name _____

g. Offeror is an incumbent AHCCCS acute plan or ALTCS program contractor OR Offeror provides a detailed implementation plan and timeline that documents key implementation activities (including hardware/software installation, programming and testing) and presents a realistic schedule for meeting all IS requirements prior to contract start date. (Note – if Offeror is a current AHCCCS/ALTCS plan, but indicates its current system will not support all ALTCS requirements, Offeror must provide a plan to meet these requirements. In that case, apply the same criteria as for non-incumbent plans, i.e., Offeror must document key implementation activities and present a realistic schedule for completion prior to contract start date.)			
1. Implementation plan provides details for planning, analysis, design/system setup, testing, implementation, and maintenance.			
2. Timeline allows sufficient time for testing (e.g., 30 days)			
3. Timeline identifies interface testing with AHCCCS systems			
4. Timeline allows sufficient time and resources			
h. Offeror provides an adequate description of system change order/software modification process, including how requests are made, how they are evaluated and prioritized, who is responsible for implementing and how they are tested following implementation.			
i. Offeror states it is using a currently supported version of all software applications listed above			
j. Offeror has had an operational audit or external review of its IT division at some point since January 1, 2004.			
k. Offeror does not have a system conversion planned within the next 18 months OR Offeror's description of planning and implementation process addresses how ALTCS business will be supported without interruption during the transition period. (No conversion = 1 point; if a conversion is scheduled then must meet 1 below to receive point)			
1. Timeline allows for sufficient testing time based on the scope of the implementation.			
INFORMATION SYSTEMS (11)			

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ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

KEY PERSONNEL AND STAFFING SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
4. Key personnel resumes/job descriptions		21
5. Organization Charts		1
6. Full time equivalents devoted to ALTCS		1
7. Key position less than full time		1
8. Experience in Medicare/Medicaid, managed care and long term care		3
9. Subcontracted arrangements		6
10. Past, current and planned community involvement		
11. Sanction(s)		3
14. Information System		11
TOTAL POINTS FOR ORGANIZATION STAFFING		

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: ORGANIZATION

Offeror Name _____

CLAIMS SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
12. Provide a detailed flowchart and narrative description of the claims adjudication process, addressing both paper and electronic claims submissions. Include timeliness standards, cost avoidance/TPL activities, how claim inquiries are handled and a sample remittance advice (front and back). (Note – Amend #3; #36 -The submission requirement will be a maximum of 5 pages of narrative; 2 pages of flowcharts AND remittance advice.)		Section I pg. 172 Section D ¶44, 63	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. The submission contains a flow chart and a written description that details the flow of claims from the receipt to adjudication.			
2. The submission identifies the use of a remittance advice that specifies reasons for denial or partial payment.			
3. The submission addresses timelines for the payment of clean claims in compliance with program standards.			
4. The submission includes a method for Coordination of Benefits/Third Party Liability that addresses cost recovery methodologies.			
5. The submission identifies the process for handling provider claims inquiries including:			
a. Which personnel are responsible for researching claims inquiries.			
b. How findings/answers are communicated to providers.			
CLAIMS (6)			

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
13. Provide a description of the monitoring process and resolution of deficiencies for the claims adjudication process.		Section I pg. 172 Section D ¶44, 63	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. The submission included a description of the monitoring process			
2. The submission included establishing a corrective action plan			
3. The submission included monitoring of the corrective action plan (monitoring to include testing/evaluation of the CAP)			
4. The submission included the identification and correction of claims submitted incorrectly.			
CLAIMS (4)			

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

CLAIMS SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
12. Flowchart and narrative description of the claims adjudication process		6
13 Description of monitoring process and resolution of deficiencies		4
TOTAL POINTS FOR CLAIMS		10

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: ORGANIZATION

Offeror Name _____

CORPORATE COMPLIANCE SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
15. Describe the Offeror's plan for preventing, detecting, trending, and reporting fraud and abuse.		Section I pg. 173 Section D ¶70	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's submission include processes for:			
a. preventing fraud and abuse			
b. detecting fraud and abuse			
c. trending fraud and abuse			
d. reporting fraud and abuse			
Fraud & Abuse (4)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
16. Describe the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff involved in compliance along with staff levels of authority. (Note: Amend #3; #39 – 3 pages of narrative plus organizational chart)		Section I pg. 173 Section D ¶70	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's submission include an organizational chart that includes a reporting line from the Compliance Officer to the CEO, CFO, or COO?			
2. Did the Offeror's submission include the Compliance Officer's level of authority including access to all records, and the ability to make direct independent referrals to AHCCCS OPI or other appropriate parties?			
Compliance Officer (2)			

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Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

CORPORATE COMPLIANCE	ACTUAL SCORE	TOTAL POINTS POSSIBLE
15. Plan For preventing, detecting, trending and reporting fraud and abuse		4
16 Compliance Officer's level of authority		2
TOTAL POINTS FOR CORPORATE COMPLIANCE		6

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: ORGANIZATION

Offeror Name _____

ENCOUNTERS SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
17. Describe your encounter submissions process including, but not limited to, how accuracy, timeliness and completeness are ensured and the remediation process when the AHCCCS standards are not met.		Section I pg. 173 Section D ¶73 & 74	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. All services rendered (including those in the prior period), or those for which there is a financial obligation (including those in the prior period), will be submitted as encounters to AHCCCS.			
2. Encounters will be submitted to AHCCCS no later than 240 days after the end of the month in which the service was rendered, or the effective date of enrollment with the Offeror, whichever is later.			
3. Encounters that are returned to the Offeror by AHCCCS ("pended" encounters) will be resolved within 120 days of the original AHCCCS processing date.			
4. A record will be maintained of all deleted encounters including a claims reference number and reason for deletion for each encounter.			
5. Replacement or voided encounters will be submitted to AHCCCS for all claims that are corrected following the initial encounter submission.			
6. Mandated HIPAA transactions can be sent and received			
7. There is a method for process improvement when standards are not met.			
8. There will be a process for submitting encounters that include non-covered or denied line charges or units			
9. There will be a process for reporting billed and paid units and charges.			
10. Encounter staff will produce a management report that reconciles the claims system to the encounter system.			
11. Timeliness of encounter submissions is tracked, in aggregate.			
Encounters (11)			

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Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

ENCOUNTERS	ACTUAL SCORE	TOTAL POINTS POSSIBLE
17. Encounter submission process		11
TOTAL POINTS FOR ENCOUNTERS		11

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: ORGANIZATION

Offeror Name _____

FINANCE AND LIABILITY MANAGEMENT SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
18. Provide the organization's last four unaudited internally prepared quarterly financial statements, with preparation dates indicated. (The Offeror may exceed the three page limit) Existing ALTCS Contractors which have met this submission requirement through current contract requirements do not need to resubmit the last four unaudited financial statements. Note: The organization refers to the separate corporation established for the purposes of this contract. If no separate corporation currently exists, the Offeror should submit audited financial statements for the line of business most like the services provided under this contract.		Section I pg. 173 Section D ¶52	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Does the Offeror's Current Ratio equal at least 1.0 in each quarter?			
a. 1st quarter			
b. 2nd quarter			
c. 3rd quarter			
d. 4th quarter			
2. Is the Offeror's Medical Expense Ratio at least 85% in each quarter?			
a. 1st quarter			
b. 2nd quarter			
c. 3rd quarter			
d. 4th quarter			
Ratios (8)			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
19. Submit financial forecasts for the first three years of the contract starting with October 1, 2006. Include all assumptions used for the forecasts. Financial forecasts shall include a balance sheet and a statement of revenues, expenses and changes in equity in at least the level of detail specified for annual audited financial statements as outlined in the *ALTCS Financial Reporting Guide for the Arizona Long Term Care System.* The Offeror may exceed the three-page limit.		Section I pg. 173 Section D ¶52 ALTCS Financial Reporting Guide	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's proposal include financial forecasts for the first three years of the bid, including a balance sheet and income statement for each of the three years?			
a. 1st year – balance sheet and income statement			
b. 2nd year – balance sheet and income statement			
c. 3rd year – balance sheet and income statement			
2. Were the Offeror's forecasts consistent with the equity requirements of the ALTCS program for the three-year projection? (The Offeror meets the equity requirement for each year)			
a. 1st year			
b. 2nd year			
c. 3rd year			
3. Were the Offeror's forecast assumptions for capitation reasonable (i.e. Total capitation revenue divided by total projected member months is within rates bid per bid disk, for first year and the trends for the 2nd and 3rd year are reasonable – See assumption sheet)?			
a. 1st year			
b. 2nd year			
c. 3rd year			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

4. Did the Offeror's viability standards (current ratio, medical expense ratio, administrative cost percentage and RBUCs) meet AHCCCS standards?			
Current Ratio is at least 1.00 (Current Assets divided by current liabilities)			
a. 1st year			
b. 2nd year			
c. 3rd year			
Medical Expense Ratio is at least 85% (Total medical expense (including case management) divided by total payments received from AHCCCS less premium tax			
a. 1st year			
b. 2nd year			
c. 3rd year			
Total Administrative Cost Percentage is no more than 8% (Total administrative expenses (excluding case management, premium tax, and income tax) divided by total payments received from AHCCCS less premium tax			
a. 1st year			
b. 2nd year			
c. 3rd year			
Received but Unpaid Claims Days are no more than 30 days (Received but unpaid claims divided by the average daily medical expenses for the period, net of sub-capitation expenses)			
a. 1st year			
b. 2nd year			
c. 3rd year			
5. Were the Offerors forecasts consistent with the Organization's plan for meeting the minimum capitalization requirements? (See requirement 23 of this section)			
Forecasted Viability Standards (22)			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
20. Describe the organization's RBUC recognition and evaluation methodology.		Section I pg. 173 Section D ¶52; ALTCS Financial Reporting Guide	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's RBUC methodology recognize a claim as an RBUC the day it is received?			
2. Did the Offeror's RBUC methodology specify how received unadjudicated claims are valued?			
RBUC Methodology (2)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
21. Describe the organization's IBNR recognition and evaluation methodology.		Section I pg. 173 Section D ¶52; ALTCS Financial Reporting Guide	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's IBNR methodology identify nursing facility, HCBS, and "other medical" separately in the IBNR calculation?			
2. Did the Offeror's IBNR consider prior authorization as a component in the IBNR calculation?			
3. Did the Offeror's IBNR methodology include verification of the IBNR calculation?			
IBNR Methodology (3)			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
22. Submit the Organization's plan for meeting the Performance Bond or Bond Substitute requirement including the type of bond to be posted, source of funding and timeline for meeting the requirement.		Section I pg. 173 Section D ¶46, 47;	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's plan for meeting Performance Bond or Bond substitute include one of the following: a. a performance bond of standard commercial scope issued by a surety company doing business in the State of AZ or b. an irrevocable letter of credit or c. cash deposit to AHCCCS or d. an acceptable substitute security in lieu of one of the above			
Performance Bond or Bond Substitute (1)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
23. Submit the organization's plan for meeting the minimum capitalization requirement.		Section I pg. 173 Section D ¶45;	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's plan provide a methodology for achieving the minimum capitalization requirements per contract?			
Minimum Capitalization (1)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
24. Submit the Organization's two most recent audited financial statements, if available. The Offeror may exceed the three-page limit. Existing ALTCS Contractors which have met this submission requirement through current contract requirements do not need to resubmit the two most recent financial statements. Note: The Organization refers to the separate corporation established for the purposes of this contract. If no separate corporation currently exists, the Offeror should submit audited financial statements for the line of business most like the services provided under this contract. At the very least, the Offeror should submit their corporate audited financial statements.		Section I pg. 173 - 174 Section D ¶52	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror submit the Organization's two most recent audits?			
Recent Audits (1)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
25. Provide enrollment figures for the two most recent audited financial statements (See submission requirement #24 above)		Section I pg. 174 Section D ¶52	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror submit the Organization's enrollment figures for the two most recent audits submitted in #24?			
Enrollment Figure (1)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
26. Provide verification of any contributions made to the Offeror to improve its financial position after its most recent audit (copies of bank statements and deposit slips, if applicable).		Section I pg. 174 -	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror provide verification of any contributions made to improve the Offeror's financial position or did the Offeror's indicate this submission requirement was not applicable?			
Verification of Contributions (1)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
27. Submit the organization's claims aging report, in dollars, for October, November and December 2005 using the following format: Month | 0 – 30 Days | 31 – 60 Days | 61 – 90 Days | Greater than 90 days October November December In addition, submit a summary by month of claims payment statistics for the calendar year 2005 detailing the percentage of clean claims that were paid within thirty (30) and sixty (60) calendar days of receipt by the plan. If applicable, new Offeror's should also submit a copy of their most recent annual claims timeliness report to another state for their largest public client (based on number of enrollees) noting the standard the state contractor requires. NOTE: days should reflect calendar days.		Section I pg. 174 – Section D ¶52	

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Calculate percentage of claims in aging that are 0-30 days. If for all three months 0-30 days represents at least 85% of total aging.			
2. Based on summary monthly stats report (which should be compared to submissions to DHCM or other State Agency (if new Offeror) for consistency):			
a. Report shows that at least 9 out of 12 months, 90% or more of clean claims were paid within thirty (30) days.			
b. Report shows that at least 9 out of 12 months, 99% or more of clean claims were paid within sixty (60) days).			
Claims Aging Report (3)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
28. Describe the Organization's corporate cost allocation plan, if applicable. The cost allocation plan is the methodology of allocating corporate administrative costs including itemization of expenses allocated.		Section I pg. 174 –	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror describe the Organization's corporate cost allocation plan?			
Cost Allocation Plan (1)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

FINANCE AND LIABILITY MANAGEMENT SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
18. Last four unaudited financial statements		8
19. Financial forecasts for the first three years of operation		22
20. RBUC recognition		2
21. IBNR recognition		3
22. Performance bond or bond substitute		1
23. Minimum capitalization		1
24. Two most recent audited financial statements		1
25. Enrollment figures for 24		1
26. Contributions made to improve Offeror's financial position		1
27. Claims aging report for Oct., Nov., and Dec., 2005		3
28. Corporate cost allocation plan		1
TOTAL POINTS FOR FINANCE AND LIABILITY MANAGEMENT		44

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: ORGANIZATION

Offeror Name _____

GRIEVANCE SYSTEM SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
29. Provide a flowchart and written description of the Offeror's grievance system. At a minimum the description should include the member grievance and appeal process, and the provider and subcontractor claim dispute process. **Note:** Submission requirement will be a maximum of 3 pages of narrative with a maximum of 2 pages of flowcharts.		Section I pg. 174 Attachments B(1) & (2)	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's description include flowcharts and written descriptions for grievances, including:			
a. When, where and how to file			
b. Resolution requirements, including timelines in accordance with AHCCCS rules			
c. Response requirements			
2. Did the Offeror's proposal include flowcharts and written descriptions for appeals, including:			
a. When, where and how to file			
b. Resolution requirements, including timelines in accordance with AHCCCS rules			
c. Notice requirements			
d. Expedited appeals including timelines in accordance with AHCCCS rules			
3. Did the Offeror's proposal include flowcharts and written descriptions for provider claim disputes including:			
a. When, where and how to file			
b. Resolution requirements, including timelines in accordance with AHCCCS rules			
c. Notice requirements			
Offeror's Grievance System (10)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: ORGANIZATION

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
30. Describe how data resulting from the grievance system is used to improve performance of the Offeror.		Section I pg. 174 ¶22, 23 and Attachments B(1) & (2)	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the Offeror's description include identification of trends and quality improvement activities?			
2. Did the Offeror's description include development and implementation of interventions based identified trends?			
Use of Grievance System Data (2)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: ORGANIZATION

Offeror Name _____

GRIEVANCE SYSTEM SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
29. Flowcharts and narrative of the Offeror's Grievance System		10
30. Use of Grievance System data		2
TOTAL POINTS FOR GRIEVANCE SYSTEM		12

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**