Submission Requirement 11

Offeror	Rank*
Centene	4
UHC	2
University Family Care	3
Mercy Care Group	1

*If Offeror omits a submission, the requirement rank for that offeror for that submission will be an "X"

Evaluation Team Member	Signature	Date
Ben Runkle		2/9/17
Christina Wurst		2/9/17
Jay Donkleberger		2/9/17

Facilitator	Signature	Date
Scott Wathen		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: Mercy Care Group

SUBMISSION REQUIREMENT No. 11	Total Ranking
A provider who is a specialty surgeon filed a claim dispute contesting the Offeror's recent recoupment of the entire payment amount for a claim it paid 26 months earlier. The Offeror's notification of recoupment to the provider stated the following language: Claim reference number xxx for Member yyy will be recouped in the next payment cycle. Not all services are covered. No prior authorization obtained. In its claim dispute, the surgeon insists that the recoupment was improper, stating that all services were critically necessary, and referring the Offeror to the extensive medical records previously submitted with the claim. The provider's medical records submitted with the claim indicate that the member was admitted to the hospital directly from another physician's office as a result of severe flank pain, inability to stand, vomiting, and fever. The surgeon is not employed by the hospital where the surgery was performed but has admitting privileges at the hospital. Identify all steps and describe all activities the Offeror will take in response to the claim dispute as part of the grievance and appeal process. Include the type and full content of any communications the Offeror will send to the provider. Also, explain/describe how the Offeror will handle this dispute if the provider files a request for hearing and discuss the legal and factual arguments that will be made by the Offeror to support its position.	1

Rationale:

Major Observations:

Per RFP Amendment 2, Question 1, there is no page limit for the "type and full content of any communications the offeror will send to the provider." However, offeror included attachments that do not represent communications that would be sent to the provider; these attachments therefore were not considered as part of the evaluation.

Offeror included a template of the acknowledgment notice and included the decision due date and an invitation to submit additional evidence

Offeror reviewed timeliness and legal/factual basis of dispute; gathered documentation and performed clinical review; and researched history of claim payment and recoupment

Offeror indicated that it would access PMMIS to review covered services and retrospective services

Offeror described activity to confirm that dispute was filed timely

Offeror included three NODs that could address SR11 scenario and all included appeal rights

Offeror described process to ensure that fair hearing request was received timely

Offeror described process to ensure that materials are sent to AHCCCS timely

Offeror indicated that legal review is part of preparation

Offeror indicated that hearings will be supported by legal representation

Offeror indicated that it attempts to resolve disputes in order to relieve administrative burden on the system and provider

Offeror described process to promote settlement (via staff and attorney)

Evaluation Team Member	Signature	Date
Christina Quast		2/9/17
Ben Runkle		2/9/17
Jay Dunkleberger		2/9/17

Facilitator	Signature	Date
Scott Wirth		2-9-17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: UHC

SUBMISSION REQUIREMENT No. 11	Total Ranking
A provider who is a specialty surgeon filed a claim dispute contesting the Offeror's recent recoupment of the entire payment amount for a claim it paid 26 months earlier. The Offeror's notification of recoupment to the provider stated the following language: Claim reference number xxx for Member yyy will be recouped in the next payment cycle. Not all services are covered. No prior authorization obtained. In its claim dispute, the surgeon insists that the recoupment was improper, stating that all services were critically necessary, and referring the Offeror to the extensive medical records previously submitted with the claim. The provider's medical records submitted with the claim indicate that the member was admitted to the hospital directly from another physician's office as a result of severe flank pain, inability to stand, vomiting, and fever. The surgeon is not employed by the hospital where the surgery was performed but has admitting privileges at the hospital. Identify all steps and describe all activities the Offeror will take in response to the claim dispute as part of the grievance and appeal process. Include the type and full content of any communications the Offeror will send to the provider. Also, explain/describe how the Offeror will handle this dispute if the provider files a request for hearing and discuss the legal and factual arguments that will be made by the Offeror to support its position.	2

Rationale:

Major Observations:

Offeror described process for sending an acknowledgement letter and provided a template for the "Claim Dispute Acknowledgement" letter but did not provide an example of a letter per the submission requirement scenario and template does not include timeframe for decision

Offeror reviewed timeliness and legal/factual basis of dispute; gathered documentation and performed clinical review; and researched history of claim payment and recoupment

Offeror described a process that is Arizona-specific and reviews entire validity of claim in addition to disputed portions

Offeror described activity to confirm that dispute was filed timely

Offeror provided detailed description of process for reviewing the claim (e.g., TPL, member eligibility, exceeding edit limits)

Offeror provided an NOD template that did not specifically address SR11 scenario

Offeror described possible outcomes and the actions it would take for each outcome; actions appear appropriate

Offeror described process to ensure that fair hearing request was received timely

Offeror described process to ensure that materials are sent to AHCCCS timely

Offeror did not indicate that hearing preparation process includes legal review or legal representation

Offeror provided incorrect citation

Offeror did not describe a process for determining the value of moving forward with a hearing

Offeror described a process for peer to peer discussions in order to resolve/avert disputes

Offeror described an informal provider resolution process

Evaluation Team Member	Signature	Date
Christina Quast		2/9/17
Ben Runkle		2/9/17
Jay Dunkelberger		2/9/17

Facilitator	Signature	Date
Scott Walker		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: University Family Care

SUBMISSION REQUIREMENT No. 11	Total Ranking
A provider who is a specialty surgeon filed a claim dispute contesting the Offeror's recent recoupment of the entire payment amount for a claim it paid 26 months earlier. The Offeror's notification of recoupment to the provider stated the following language: Claim reference number xxx for Member yyy will be recouped in the next payment cycle. Not all services are covered. No prior authorization obtained. In its claim dispute, the surgeon insists that the recoupment was improper, stating that all services were critically necessary, and referring the Offeror to the extensive medical records previously submitted with the claim. The provider's medical records submitted with the claim indicate that the member was admitted to the hospital directly from another physician's office as a result of severe flank pain, inability to stand, vomiting, and fever. The surgeon is not employed by the hospital where the surgery was performed but has admitting privileges at the hospital. Identify all steps and describe all activities the Offeror will take in response to the claim dispute as part of the grievance and appeal process. Include the type and full content of any communications the Offeror will send to the provider. Also, explain/describe how the Offeror will handle this dispute if the provider files a request for hearing and discuss the legal and factual arguments that will be made by the Offeror to support its position.	3

Rationale:

Major Observations:

Offeror included an example of the acknowledgment notice that included the decision due date, the extension timeframe and an invitation to submit additional evidence

Offeror generally described review of legal/factual basis of dispute; gathered documentation and performed clinical review; and researched history of claim payment and recoupment

Offeror does not clearly address activity to confirm that dispute was filed timely

Offeror issued NOD that included appeal rights

Offeror did not provide legal basis for recoupment based on lack of prior authorization

Offeror did not adequately address prior authorization requirements in relation to emergency situation as described in SR11 scenario

Offeror's actions appear appropriate based on offeror's modified scenario but did not adhere to the SR11 scenario

Offeror described process to ensure that fair hearing request was received timely

Offeror described process to ensure that materials are sent to AHCCCS timely

Offeror indicated that only law and AHCCCS policies apply to Non-PAR providers

Offeror described a process to review outstanding appeals on a weekly basis in an effort to resolve disputes and enhance provider satisfaction

Offeror described a process to review outstanding appeals and identify opportunities to resolve/settle disputes

Offeror included a ""State Fair Hearing Acknowledgement"" to provider

Offeror referenced "waste" but did not indicate that it would refer to OIG

Evaluation Team Member	Signature	Date
Christina Quast		2/9/17
Ben Runkle		2/9/17
Jay Dunkleberger		2/9/17

Facilitator	Signature	Date
Scott Witten		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: Centene

SUBMISSION REQUIREMENT No. 11	Total Ranking
A provider who is a specialty surgeon filed a claim dispute contesting the Offeror's recent recoupment of the entire payment amount for a claim it paid 26 months earlier. The Offeror's notification of recoupment to the provider stated the following language: Claim reference number xxx for Member yyy will be recouped in the next payment cycle. Not all services are covered. No prior authorization obtained. In its claim dispute, the surgeon insists that the recoupment was improper, stating that all services were critically necessary, and referring the Offeror to the extensive medical records previously submitted with the claim. The provider's medical records submitted with the claim indicate that the member was admitted to the hospital directly from another physician's office as a result of severe flank pain, inability to stand, vomiting, and fever. The surgeon is not employed by the hospital where the surgery was performed but has admitting privileges at the hospital. Identify all steps and describe all activities the Offeror will take in response to the claim dispute as part of the grievance and appeal process. Include the type and full content of any communications the Offeror will send to the provider. Also, explain/describe how the Offeror will handle this dispute if the provider files a request for hearing and discuss the legal and factual arguments that will be made by the Offeror to support its position.	4

Rationale:

Major Observations:

Offeror included an example of the acknowledgment notice that included the decision due date

Offeror reviewed timeliness and legal/factual basis of dispute; gathered documentation and performed clinical review; and researched history of claim payment and recoupment

Offeror used its provider manual to evaluate dispute even though provider is non-PAR and referred only to offeror's policy to justify PA requirement for post-stabilization services

Offeror described activity to confirm that dispute was filed timely

Offeror issued NOD that included appeal rights

Offeror used incorrect and superfluous citations

Offeror's actions appear appropriate based on offeror's modified scenario but did not adhere to the SR11 scenario

Offeror described process to ensure that fair hearing request was received timely

Offeror described process to ensure that materials are sent to AHCCCS timely

Offeror did not indicate that hearing preparation process includes legal review or legal representation

Offeror indicated sending exhibits to OALS (which it should not do), but did not indicate that exhibits are forwarded to OAH

Offeror indicated that hearing preparation process includes an independent clinical review

Offeror did not describe a process for determining the value of moving forward with a hearing

Offeror described a process to settle in instances where independent medical review disagrees with original decision

Offeror included a separate letter that described extending timeframes, but language presumes that provider would agree with extension

Offeror indicated that it sends quarterly reports to AHCCCS, but reports are due monthly

Evaluation Team Member	Signature	Date
Christina Quast		2/9/17
Ben Runkle		2/9/17
Jay Dunkleberger		2/9/17

Facilitator	Signature	Date
Scott Wilson		2-8-17