

Submission Requirement 12

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	7
UnitedHealthcare Community Plan	3
Mercy Care	3
Banner - University Family Care Plan	2
Health Net Access, Inc.	5
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	6
Care1st Health Plan Arizona, Inc.	1

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

Facilitator	Signature	Date
Andrew Cohen		2/6/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: Care1st Health Plan Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror's specific processes to effectively manage provider relations and communications. Include how the Offeror's processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	1

RATIONALE:

Major Observations:

Offeror described a process for assignment of provider representatives to physical and behavioral health providers.

Offeror described a process for prompt outreach to, and interaction with, network providers.

Offeror described the activities performed by provider representatives, including training/education of providers; offeror's training activities covered multiple modalities and addressed both network and non-network providers.

Offeror presented a comprehensive network communication strategy that included both formal and informal contacts and addressed both physical and behavioral health providers.

Offeror described its activities related to hosting provider forums; offeror's discussion addressed provider input into development of agendas and areas of focus, which included integrated service delivery.

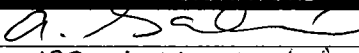
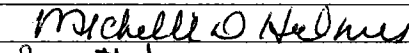
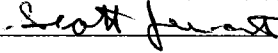
Offeror described a process for training customer service/claims staff; offeror cited experience of provider relations staff but did not describe clearly the initial and ongoing training of provider representatives.

Offeror described its activities related to minimizing contracting issues, including timely and accurate processing and loading of new provider contracts.

Offeror described its activities related to minimizing provider claims concerns through accurate and timely claims adjudication and through timely resolution of claims disputes and hearing requests.

Offeror discussed its prior authorization activities but did not describe clearly its activities related to efficient processing of prior authorization requests.

Offeror did not describe clearly a simple and standardized appeal process, although its proactive network management activities are intended to reduce appeal volume.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Alex Galico		2/16/18
Michelle Holmes		2/16/18
Scott Jewart		2/16/18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror’s specific processes to effectively manage provider relations and communications. Include how the Offeror’s processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	2

RATIONALE:

Major Observations:

Offeror described a process for assignment of provider representatives to physical and behavioral health providers.

Offeror did not describe clearly its process for prompt outreach to, and interaction with, network providers.

Offeror described the activities performed by provider representatives, including training/education of providers; offeror’s training activities covered multiple modalities, including use of social media.

Offeror presented a comprehensive network communication strategy that included both in-person and technology-assisted methods.

Offeror described its activities related to hosting provider forums; offeror’s discussion did not address clearly provider input into development of agendas and areas of focus.

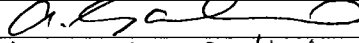

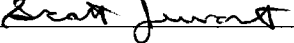
Offeror described a process for training customer service/claims staff and for initial and ongoing training of provider representatives.

Offeror described its activities related to minimizing contracting issues, including timely and accurate processing and loading of new provider contracts.

Offeror described its activities related to minimizing provider claims concerns through accurate and timely claims adjudication and through timely resolution of claims disputes and hearing requests.

Offeror discussed its activities related to minimizing prior authorization concerns, including through efficient processing of prior authorization requests.

Offeror did not describe clearly a simple and standardized appeal process, although its proactive network management activities are intended to reduce appeal volume.

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NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror's specific processes to effectively manage provider relations and communications. Include how the Offeror's processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	3

RATIONALE:

Major Observations:

Offeror described a process for assignment of provider representatives to physical and behavioral health providers.

Offeror discussed onboarding but did not describe clearly its process for prompt outreach to, and interaction with, network providers.

Offeror described the activities performed by provider representatives, including training/education of providers; offeror's training activities covered multiple modalities and included ongoing professional development opportunities.

Offeror presented a comprehensive network communication strategy that included both in-person and technology-assisted methods.

Offeror described its activities related to hosting provider forums; offeror's discussion did not address clearly provider input into development of agendas and areas of focus.


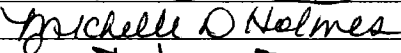
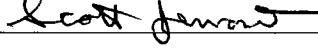
Offeror discussed the skills and experience of its customer service/claims staff and provider representatives but did not describe clearly its initial and ongoing training activities.

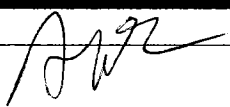
Offeror described its activities related to minimizing contracting issues, but did not address clearly its process for ensuring timely and accurate processing and loading of new provider contracts.

Offeror described its activities related to minimizing provider claims concerns through accurate and timely claims adjudication and through timely resolution of claims disputes and hearing requests.

Offeror discussed its activities related to minimizing prior authorization concerns, including through efficient processing of prior authorization requests. Offeror did not address clearly its authorization turnaround times.

Offeror discussed its performance with respect to timely resolution of provider appeals.

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Scott Jewart		2/16/18

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NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: UnitedHealthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror's specific processes to effectively manage provider relations and communications. Include how the Offeror's processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	3

RATIONALE:

Major Observations:

Offeror described a process for assignment of provider representatives to high volume providers but did not describe clearly its network-wide process.

Offeror discussed routine visit activities by network advocates but did not describe clearly its process for prompt outreach to, and interaction with, network providers.

Offeror described the activities performed by provider representatives, including training/education of providers; offeror's training activities covered multiple modalities and emphasized flexibility in scheduling to accommodate provider preferences.

Offeror presented a comprehensive network communication strategy that included both in-person and technology-assisted methods and a commitment to operate its call center twenty-four hours per day, seven days per week during a transition period.

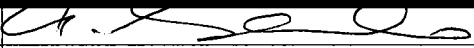
Offeror described its activities related to hosting provider forums; offeror's discussion addressed provider input into development of agendas and areas of focus, which included integrated service delivery.

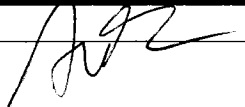
Offeror described a process for conducting training of customer service representatives; offeror did not describe clearly a process for initial and ongoing training of provider representatives (advocates).

Offeror described its activities related to minimizing contracting issues, including timely and accurate processing and loading of new provider contracts. Offeror discussed monitoring claims disputes but did not describe clearly a process for accurate processing or timely processing and resolution of claims disputes and hearing requests.

Offeror discussed its activities related to minimizing prior authorization concerns, including through efficient processing of prior authorization requests. Offeror did not address clearly its authorization turnaround times.

Offeror discussed educating providers regarding their appeal rights but did not describe clearly a simple and standardized appeal process.

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Alex Galico		2/16/18
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Scott Jewart	Scott Jewart	2/16/18

FACILITATOR		
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Andrew Cohen		2/16/18

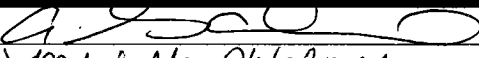
COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror's specific processes to effectively manage provider relations and communications. Include how the Offeror's processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	5

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror did not describe clearly a process for assignment of provider representatives to physical and behavioral health providers.</p> <p>Offeror described a process for prompt outreach to, and interaction with, network providers that included both initial and 90-day follow-up meetings.</p> <p>Offeror described the activities performed by provider representatives, including training/education of providers; offeror's training activities covered multiple modalities and addressed both physical and behavioral health providers.</p> <p>Offeror presented a network communication strategy for initial and near-term orientation of providers but did not describe clearly a process for ongoing communication regarding program changes or offering of in-person technical assistance.</p> <p>Offeror described its activities related to hosting provider forums; offeror's discussion addressed provider input into development of agendas and areas of focus, which included integrated service delivery.</p> <p>Offeror did not describe clearly a process for training customer service/claims staff or provider representatives.</p> <p>Offeror described its activities related to minimizing contracting issues, including timely and accurate processing and loading of new provider contracts.</p> <p>Offeror described its activities related to minimizing provider claims concerns through accurate and timely claims adjudication. Offeror discussed monitoring claims disputes but did not describe clearly a process for timely processing and resolution of claims disputes and hearing requests.</p> <p>Offeror discussed its activities related to minimizing prior authorization concerns, including through efficient processing of prior authorization requests.</p>

Offeror discussed monitoring appeal trends but did not describe clearly a simple and standardized appeal process.

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NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR’S NAME: Health Choice Arizona, Inc. (Steward Health Choice Arizona)

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror’s specific processes to effectively manage provider relations and communications. Include how the Offeror’s processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	6

RATIONALE:

Major Observations:

Offeror did not describe clearly a process for assignment of provider representatives to physical and behavioral health providers.

Offeror did not describe clearly a process for prompt outreach to, and interaction with, network providers.

Offeror described the activities performed by provider representatives, including training/education of providers; offeror’s training activities covered in-person visits but did not address clearly other modalities.

Offeror presented a comprehensive network communication strategy that emphasized responsiveness to providers in resolving issues.

Offeror described its activities related to hosting provider forums; offeror’s discussion addressed provider input into development of agendas and areas of focus, which included integrated service delivery.

Offeror mentioned updating customer service representatives on program changes but did not describe clearly a process for training customer service/claims staff or provider representatives.

Offeror mentioned credentialing and identified the individual responsible for loading contract data but did not describe clearly a process for timely and accurate loading of new provider contracts.

Offeror discussed transitioning to a new claims system but did not describe clearly its process for accurate and timely claims adjudication. Offeror did not describe clearly a process for timely processing and resolution of claims disputes and hearing requests.

Offeror mentioned that providers can check the status of authorization requests on the provider portal but did not describe clearly its activities related to efficient processing of prior authorization requests.

Offeror did not describe clearly a simple and standardized appeal process.

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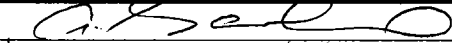
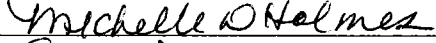

FACILITATOR		
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Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 12

OFFEROR'S NAME: Magellan Complete Care of Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 12	TOTAL RANKING
Describe the Offeror’s specific processes to effectively manage provider relations and communications. Include how the Offeror’s processes will minimize provider complaints, contracting issues, prior authorization and claims concerns.	7

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror did not describe clearly a process for assignment of provider representatives to physical and behavioral health providers.</p> <p>Offeror did not describe clearly a process for prompt outreach to, and interaction with, network providers.</p> <p>Offeror described the activities performed by provider representatives, including training/education of providers.</p> <p>Offeror presented a network communication strategy for initial orientation of providers but did not describe clearly a process for ongoing communication.</p> <p>Offeror mentioned provider forums but did not describe clearly a process for hosting forums or incorporating provider input into development of agendas and areas of focus.</p> <p>Offeror did not describe clearly a process for training customer service/claims staff or provider representatives.</p> <p>Offeror identified potential contracting issues but did not describe clearly a process for timely and accurate loading of new provider contracts.</p> <p>Offeror identified potential claims issues but did not describe clearly a process for accurate and timely claims adjudication. Offeror did not describe clearly a process for timely processing and resolution of claims disputes and hearing requests.</p> <p>Offeror mentioned that providers can submit authorization requests through the provider portal but did not describe clearly its activities related to efficient processing of prior authorization requests.</p> <p>Offeror did not describe clearly a simple and standardized appeal process.</p>

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