Submission Requirement 13

Offeror	Rank*	
Magellan Complete Care of Arizona, Inc.	7	
UnitedHealthcare Community Plan	6	
Mercy Care	4	
Banner - University Family Care Plan	1	
Health Net Access, Inc.	5	
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	3	
Care1st Health Plan Arizona, Inc.	2	
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^{*}If Offeror omits a submission, the requirement rank for that offeror for that submission will be an "X"

Facilitator	Signature	Date
Scott Wetter	Aulen	2-15.18

OFFEROR'S NAME:

Banner - University Family Care Plan

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	1

RATIONALE:

Major Observations:

Offeror described approach for engaging members through participation in Member Advisory Committee.

Offeror provided a detailed description of its Office of Individual and Family Affairs (OIFA), including its functions, approaches to encourage member participation and involvement of members with experience receiving services through the Medicaid program.

Offeror indicated that the OIFA Administrator has a direct reporting line to the CEO.

Offeror described an innovative strategy to retain a contractor to recruit and support members for participation in councils and committees, as well offering financial compensation to members and families for their committee contributions.

Offeror described approach for promoting peer support for service planning activities.

Offeror described approaches to promote member participation and feedback, including virtual community meetings, CEO on Your Corner meetings.

Offeror described detailed approaches for engaging members and receiving member feedback and how feedback is used to enhance services.

Offeror described approach to incorporate member survey results in its value based purchasing model.

Offeror described several approaches for obtaining provider feedback.

Offeror described use of monthly forums to inform implementation.

Offeror described an approach to use Neighborhood Advisory Councils and inclusion of Neighborhood representatives on its committees.

Offeror described on-line tools to engage and inform providers.

	EVALUATION TEAM MEMBER	
NAME	SIGNATURE	DATE
Ena Binns	THOUSE S	2/15/2018
Lou Anne Allard	France 100	2/15/18
CJ Loiselle	EZET	2-15-2018

	FACILITATOR	
NAME	SIGNATURE	DATE
South Worthwar	Austrilla	2-15-18

OFFEROR'S NAME:

Carelst Health Plan Arizona, Inc.

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	2

RATIONALE:

Major Observations:

Offeror described approach for engaging members through participation in the Member, Family and Stakeholder Advocacy Council (MAC), overseen by Advocacy Administrator.

Offeror provided a detailed description of the MAC role in soliciting member and family feedback.

Offeror described approach to include members in the Clinical and Service Quality Improvement Committee (CSQIC), in addition to other quality committees.

Offeror described detailed approaches for engaging members and receiving member feedback and how feedback is used to enhance services.

Offeror described several approaches for obtaining provider feedback.

Offeror described approach for conducting integration summits to obtain provider feedback during implementation.

Offeror described its on-line tools to engage and inform providers.

Offeror described how it used provider feedback to improve performance and provided examples of outcomes.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	THOU DO	9115/18
Lou Anne Allard	RILLI	2/15/18
CJ Loiselle	ERP	2/15/18

	FACILITATOR	
NAME	SIGNATURE	DATE
Sattwolen	MANUSI	7-15-18

OFFEROR'S NAME:

Health Choice Arizona, Inc. (Steward Health

OR'S NAME: Choice Arizona)

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	3

RATIONALE:

Major Observations:

Offeror identified functions of the Member Advisory Committee.

Offeror described approach for promoting peer support at all levels of the system.

Offeror described its intent to develop a Member Experience Committee that will serve as a hub for reviewing performance.

Offeror described other committees that demonstrate an effort to engage culturally diverse groups.

Offeror generally described approaches for obtaining and using member feedback to enhance services.

Offeror described several approaches for obtaining provider feedback.

Offeror described plan to conduct quarterly provider surveys.

Offeror described in detail its on-line tools to engage and inform providers, including access to a provider survey via the portal.

Offeror described use of an operational dashboard and twice-weekly operational meetings to review provider feedback and operational performance.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	HWW 100	2115/2018
Lou Anne Allard	Tolly	3/15/18
CJ Loiselle	Vez el	2-15-2018

	FACILITATOR	* .
NAME	SIGNATURE	DATE
Scatt Wattoner	full callle	2-15-18

OFFEROR'S NAME:

Mercy Care

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	4

RATIONALE:

Major Observations:

Offeror described approach for engaging members through participation in the Member Advisory Committee.

Offeror described approach to engage and support member participation in committee meetings.

Offeror described extensive member participation in various committees and intent to create an Office of Health Care Advocacy and Advancement.

Offeror described how feedback would be collected and used to support the transition and program improvement.

Offeror described several approaches for obtaining provider feedback.

Offeror described on-line tools to engage and inform providers.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	TAULINO	215/2018
Lou Anne Allard	Z. XIII	2/15/18
CJ Loiselle	Exed	2-15-2018

	FACILITATOR	
NAME	SIGNATURE	DATE
Scottwater	Rusterson	2-15-18

OFFEROR'S NAME:

Health Net Access, Inc.

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NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	5

RATIONALE:

Major Observations:

Offeror described approach for engaging members through participation in the Member Advisory Committee.

Offeror described approach to engage and support member participation in committee meetings, but offered a limited description of timeframes for committee meetings.

Offeror described several committees that demonstrate commitment to engage culturally diverse groups.

Offeror generally described approaches for obtaining and using member feedback to enhance services.

Offeror described approaches for obtaining provider feedback.

Offeror indicated that it conducted provider implementation forums prior to and following implementation.

Offeror described on-line tools to engage and inform providers

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	Tradal Vose	2115/18
Lou Anne Allard	J. Alland	2/15/18
CJ Loiselle	esel	2/15/2018

	FACILITATOR	
NAME	SIGNATURE	DATE
Scottation	Vouller	2-15-18

OFFEROR'S NAME:

UnitedHealthcare Community Plan

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	6

RATIONALE:

Major Observations:

Offeror described approach for engaging members through participation in the Member Advisory Committees and other committees.

Offeror described approach to engage and support member participation in committee meetings.

Offeror described approach for promoting peer support at all levels of the system.

Offeror generally described how feedback would be used to support the transition and program improvement.

Offeror described approaches for obtaining provider feedback.

Offeror described on-line tools to engage and inform providers.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	The for	2/16/18
Lou Anne Allard	2: Ally	3/15/18
CJ Loiselle	C200	2-15-2018

	FACILITATOR	
NAME	SIGNATURE	DATE
Scottwilluse	freker	2-05-18

OFFEROR'S NAME:

Magellan Complete Care of Arizona, Inc.

	TOTAL
NARRATIVE SUBMISSION REQUIREMENT 13	RANKING
How will the Offeror effectively obtain and utilize member and provider feedback? Describe the Offeror's processes used to obtain feedback and examples of how that feedback resulted in improvements to both the member and provider experience.	7

RATIONALE:

Major Observations:

Offeror identified functions of the Member Advisory Committee.

Offeror did not clearly describe how member participation would be encouraged.

Offeror described experience for promoting peer supports in provider settings but did not clearly describe whether approach would be adapted for the Arizona program.

Offeror describe approach to engage member in QI/QM Committee.

Offeror did not clearly describe how feedback would be collected and used specifically to support the transition and program improvement.

Offeror described approaches for obtaining provider feedback.

Offeror described on-line tools to engage and inform providers.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Ena Binns	Tall IDS	ALCI XIX
Lou Anne Allard	R. Shi	2/15/18
CJ Loiselle	reger	2-15-2018

	FACILITATOR	
NAME	SIGNATURE	DATE
Scothalter	Kulleliked	2-15-18