

## Submission Requirement 18

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	7
UnitedHealthcare Community Plan	1
Mercy Care	3
Banner - University Family Care Plan	5
Health Net Access, Inc.	4
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	6
Care1st Health Plan Arizona, Inc.	2

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

Facilitator	Signature	Date
Andrew Cohen		2/14/18

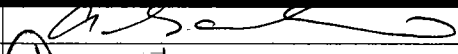
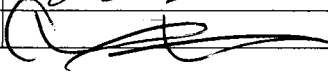
COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18

OFFEROR'S NAME: United Healthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		1
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with 42 CFR 438.66 for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 13,178 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 99.1 percent.</p>

Offeror's performance percentage was highest among Category 1 organizations.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Alex Galico		2/8/18.
Christina Quast		2/8/2018

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/8/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18

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

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		2
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with <i>42 CFR 438.66</i> for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 13,092 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 98.4 percent.</p>

Offeror's performance percentage was second highest among Category 1 organizations.

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Alex Galico		2/8/18
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Andrew Cohen		2/8/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18

OFFEROR'S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	3
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with <i>42 CFR 438.66</i> for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 12,963 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 97.5 percent.</p>

Offeror's performance percentage was third highest among Category 1 organizations.

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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18


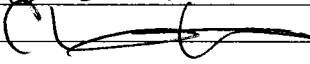
OFFEROR'S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	4
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with <i>42 CFR 438.66</i> for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 12,766 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 96.0 percent.</p>



Offeror's performance percentage was fourth highest among Category 1 organizations.

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Andrew Cohen		2/8/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18


OFFEROR'S NAME: Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		5
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with <i>42 CFR 438.66</i> for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 12,326 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 92.7 percent.</p>

Offeror's performance percentage was fifth highest among Category 1 organizations.

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FACILITATOR		
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Andrew Cohen		2/8/18



COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 18

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

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		6
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	
<p><b>Category 2:</b> Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor</p>	<p>The Offeror is required to submit its most recent review in compliance with <i>42 CFR 438.66</i> for a business line with physical or integrated physical and behavioral health services from another state. The Offeror will also describe how the services delivered in the business line for the submitted review are comparable to the Scope of Services for this AHCCCS Complete Care RFP.</p> <p>The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.</p>	

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 1.</p> <p>Offeror received a score of 11,917 out of 13,300 total possible points in the most recent AHCCCS acute operational review, for a performance percentage of 89.6 percent.</p>

Offeror's performance percentage was sixth highest among Category 1 organizations.

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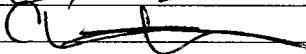
OFFEROR'S NAME: Magellan Complete Care of Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 18		TOTAL RANKING
<p>In accordance with 42 CFR 438.66, Medicaid agencies complete reviews of their contracted health plans at least every three years. AHCCCS will incorporate the past performance of the Offerors as noted below. The Offeror must identify which category applies to its organization and submit the information specified below.</p>		7
<p><b>Category 1:</b> Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor</p>	<p>AHCCCS will review the most recent <b>Acute Care Operational Review (CYE16)</b>. No submission required.</p> <p>If the Offeror is an Affiliated Organization with a current AHCCCS Acute Care Plan, AHCCCS will review the subsidiary's Acute Care Operational Review (CYE16).</p> <p>Scoring preference will be given to Offerors included in this category.</p>	
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RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror was evaluated under Category 2. Offeror was the sole organization evaluated under this category. In accordance with RFP Narrative Submission Requirement 18, preference is given to offerors in Category 1.</p> <p>Offeror submitted findings from a focused survey (audit) of Senior Whole Health Plan Partial</p>

Capitation Plan, a New York-licensed plan. The most significant findings, as identified by the auditor in the executive summary, included the following:

- The HMO and TA Associates US Holding Company failed to comply with Part 98 of New York State Department of Health (DOH) Regulation (10 NYCRR 98-1.9(a)) when they did not obtain approval from DOH prior to the implementation of a change in control of the HMO.
- The HMO failed to comply with Section 3224-a(a) of the New York Insurance Law (“Prompt Pay Law”) with regard to its non-Medicare claims.
- The HMO failed to comply with Section 3224-a(b) of New York Insurance Law (“Prompt Pay Law”) with regard to denial of its non-Medicare claims.

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