

Submission Requirement 8

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	4
UnitedHealthcare Community Plan	3
Mercy Care	5
Banner - University Family Care Plan	2
Health Net Access, Inc.	6
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	7
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		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

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

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	<p>1</p>


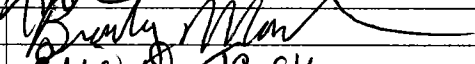
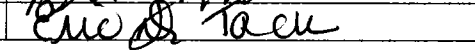
RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described multiple methods for early identification of pregnant members.</p> <p>Offeror described multiple strategies to improve birth outcomes, including with respect to tobacco avoidance, teen pregnancy and behavioral health risk assessment. Offeror did not describe clearly strategies for improving outcomes with respect to offering anticipatory guidance on fetal alcohol syndrome or screening for postpartum depression, other than through information sent to doctors (for depression).</p> <p>Offeror described a process to screen members for opioid use that included employment of controlled substance prescription monitoring program (CSPMP) and described a process to refer members for treatment of substance use disorder.</p> <p>Offeror described an approach for using value-based payments to promote improved birth outcomes.</p> <p>Offeror described a process for promoting preventive care as part of its prenatal outreach and education.</p> <p>Offeror described a process for educating members on family planning options, including long-acting reversible contraceptives (LARC).</p> <p>Offeror described a process for identifying and addressing member needs related to social determinants of health.</p> <p>Offeror described strategies for case management of high risk-high cost members.</p> <p>Offeror briefly discussed special needs of Native American members.</p> <p>Offeror described a process for promoting breast feeding through offering of lactation consultants,</p>

although it did not describe clearly how breast feeding would be promoted as part of member education.

Offeror did not describe clearly how it would educate members on maternal-infant bonding.

Offeror described multiple strategies that align with AHCCCS core measures, including addressing low birthweight babies, offering support to the family, offering peer support and engaging members with SUD in treatment.

Offeror discussed its C-Section rate performance but did not describe clearly a strategy for further reducing the C-Section rate or reducing the rate of early elective deliveries.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Kristin Budlong, R.N.		2/16/18
Brandy Madrid, R.N.		2-16-18
Eric Tack, M.D.		2/16/18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

Banner – University Family Care Plan

OFFEROR'S NAME:

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	<p>2</p>

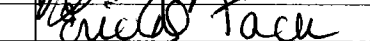
RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described multiple methods for early identification of pregnant members.</p> <p>Offeror described multiple strategies to improve birth outcomes, including with respect to teen pregnancy, behavioral health risk assessment for teens and screening for postpartum depression.</p> <p>Offeror described a process to refer members for treatment of substance use disorder.</p> <p>Offeror did not describe clearly strategies for improving outcomes with respect to screening for opioid use, tobacco avoidance, anticipatory guidance on fetal alcohol syndrome or behavioral health risk assessment for adults.</p> <p>Offeror described an approach for using value-based payments to promote improved birth outcomes.</p> <p>Offeror described a process for promoting preventive care as part of its prenatal outreach and education.</p> <p>Offeror described a process for educating members on family planning, although Offeror did not describe clearly that it would present LARC as one of the options.</p> <p>Offeror described a process for identifying and addressing member needs related to social determinants of health.</p> <p>Offeror described strategies for case management although it did not describe clearly a process for identification and case management of high risk-high cost members.</p> <p>Offeror briefly discussed the Title X Navajo Grant but did not otherwise address clearly the special needs of Native American members.</p>

Offeror briefly addressed promotion of breast feeding, although it did not describe clearly how breast feeding would be promoted as part of member education.

Offeror did not describe clearly how it would educate members on maternal-infant bonding.

Offeror described multiple strategies that align with AHCCCS core measures, including offering support to the family, offering peer support and engaging members with SUD in treatment.

Offeror discussed its low birthweight and C-Section rate performance but did not describe clearly a strategy for further reducing the incidence of low birthweight births, C-Sections or early elective deliveries.

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Eric Tack, M.D.		2/16/18

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Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

OFFEROR'S NAME: UnitedHealthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	<p>3</p>

RATIONALE:

Major Observations:

Offeror discussed working with high volume OB providers to identify pregnant members but did not describe clearly other methods for early identification.

Offeror described multiple strategies to improve birth outcomes, including with respect to teen pregnancy, behavioral health risk assessment and providing anticipatory guidance on fetal alcohol syndrome. Offeror did not describe clearly strategies for improving outcomes with respect to tobacco avoidance or screening for postpartum depression.

Offeror described a process to screen members for opioid use that included employment of controlled substance prescription monitoring program (CSPMP) and described a process to refer members for treatment of substance use disorder.

Offeror described an approach for using value-based payments to promote improved birth outcomes.

Offeror described a process for promoting preventive care as part of its value-based purchasing strategy.

Offeror described a process for educating members on family planning options, including long-acting reversible contraceptives (LARC).

Offeror described a process for identifying and addressing member needs related to social determinants of health.

Offeror described strategies for case management of high risk-high cost members.

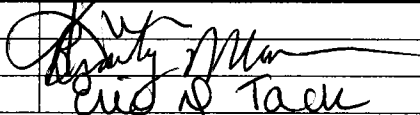
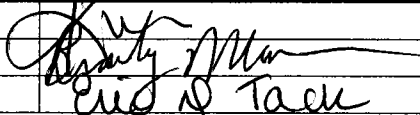
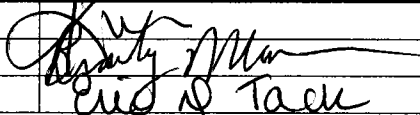
Offeror described a strategy for addressing the special needs of Native American members.

Offeror briefly addressed promotion of breast feeding, although it did not describe clearly how breast

feeding would be promoted as part of member education.

Offeror did not describe clearly how it would educate members on maternal-infant bonding.

Offeror described multiple strategies that align with AHCCCS core measures, offering peer support, engaging members with SUD in treatment, reducing the incidence of low birthweight babies, reducing C-Section rates and reducing the incidence of early elective deliveries. Offeror did not describe clearly a strategy for offering support to the member's family.

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Kristin Budlong, R.N.		2/16/18
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Eric Tack, M.D.		2/16/18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

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

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.	4

RATIONALE:

Major Observations:

Offeror did not describe clearly methods for early identification of pregnant members.

Offeror described multiple strategies to improve birth outcomes, including with respect to teen pregnancy, tobacco avoidance, behavioral health risk assessment and screening for postpartum depression. Offeror did not describe clearly a strategy for reducing the incidence of low birthweight babies.

Offeror did not describe clearly strategies for improving outcomes with respect to screening for opioid use or providing anticipatory guidance on fetal alcohol syndrome.

Offeror described a process to refer members for treatment of substance use disorder.

Offeror discussed enhanced payments for certain services and options for value-based payments, but did not describe clearly how it would use VBP to promote improved birth outcomes.

Offeror described a process for promoting preventive care.

Offeror described a process for educating members on family planning options, including long-acting reversible contraceptives (LARC).

Offeror described a process for identifying and addressing member needs related to social determinants of health.

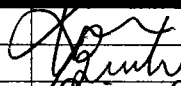
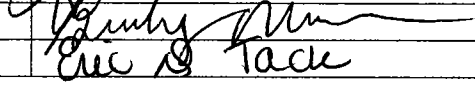
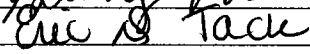
Offeror described strategies for case management of high risk-high cost members.

Offeror described a strategy for addressing the special needs of Native American members.

Offeror addressed promotion of breast feeding and education of members on maternal-infant

bonding.

Offeror described multiple strategies that align with AHCCCS core measures, including offering support to the family, offering peer support, engaging members with SUD in treatment, reducing C-Section rates and the incidence of early elective deliveries.

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FACILITATOR		
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Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

OFFEROR'S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	5

RATIONALE:

Major Observations:

Offeror did not describe clearly methods for early identification of pregnant members.

Offeror described multiple strategies to improve birth outcomes, including with respect to teen pregnancy, tobacco avoidance, behavioral health risk assessment and screening for postpartum depression. Offeror discussed alcohol use but did not describe clearly a strategy for providing anticipatory guidance on fetal alcohol syndrome.

Offeror described a process to screen members for opioid use and refer members for treatment of substance use disorder.

Offeror described a process for using value-based payments to promote improved birth outcomes.

Offeror discussed wellness for refugees but did not describe clearly a strategy for promoting preventive care.

Offeror discussed birth spacing and pre-conception education but did not address long-acting reversible contraceptives (LARC).

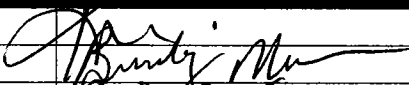
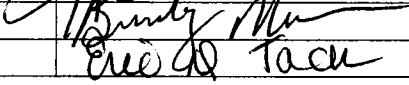
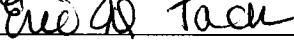
Offeror described a process for identifying and addressing member needs related to social determinants of health.

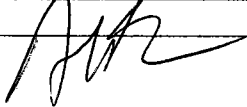
Offeror described strategies for case management of high risk-high cost members.

Offeror did not describe clearly a strategy for addressing the special needs of Native American members.

Offeror mentioned breast feeding but did not describe clearly a process for education of members on breast feeding or maternal-infant bonding.

Offeror described multiple strategies that align with AHCCCS core measures, including reducing the incidence of low birthweight babies, reducing C-Section rates, reducing the incidence of early elective deliveries, offering support to the family, offering peer support and engaging members with SUD in treatment.

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Kristin Budlong, R.N.		2/16/18
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Eric Tack, M.D.		2/16/18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

OFFEROR'S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	<p>6</p>

RATIONALE:

Major Observations:

Offeror described a strategy for early identification of pregnant members.

Offeror described multiple strategies to improve birth outcomes, including with respect to tobacco avoidance, behavioral health risk assessment and referring members for treatment of substance use disorder. Offeror did not describe clearly strategies for addressing teen pregnancy or offering anticipatory guidance on fetal alcohol syndrome.

Offeror discussed its actions when a member is identified as abusing opioids but did not describe clearly a process for screening members for opioid use.

Offeror described a process for using value-based payments to promote improved birth outcomes.

Offeror described a process for improving preventive care as part of its member incentive program.

Offeror described a process for educating members on family planning options, including LARC.

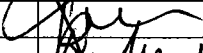
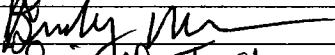
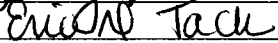
Offeror described a process for identifying and addressing member needs related to social determinants of health.

Offeror described strategies for case management of high risk-high cost members.

Offeror addressed the special needs of Native American members.

Offeror described a process for promoting breast feeding but did not describe clearly how it would educate members on maternal-infant bonding.

Offeror described a strategy in alignment with an AHCCCS core measure to engage members with SUD in treatment. Offeror provided a general commitment to reduce further the incidence of low birthweight births but did not describe clearly a strategy for doing so. Offeror did not describe clearly strategies that align with AHCCCS core measures with respect to reducing C-Section rates, reducing the incidence of early elective deliveries, offering support to the family or offering peer support specifically to pregnant members.

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Eric Tack, M.D.		2/16/18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/16/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 8

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

NARRATIVE SUBMISSION REQUIREMENT 8	TOTAL RANKING
<p>AHCCCS is responsible for payment of more than fifty percent of all births in Arizona. Not including the requirements set forth in AHCCCS policy, what strategies related to pregnant women and their families will the Offeror implement to improve outcomes, add value and improve the experience of AHCCCS members? As part of the response, the Offeror is expected to also describe the results and potential barriers identified from strategies previously implemented.</p>	7

RATIONALE:

Major Observations:

Offeror did not describe clearly a strategy for early identification of pregnant members, other than relying on AHCCCS, providers or members for notification.

Offeror described multiple strategies to improve birth outcomes, including with respect to tobacco avoidance, anticipatory guidance on fetal alcohol syndrome and behavioral health risk assessment. Offeror did not describe clearly strategies for addressing teen pregnancy or screening for postpartum depression.

Offeror described a process to screen members for opioid use that included employment of controlled substance prescription monitoring program (CSPMP) and described a process to refer members for treatment of substance use disorder.

Offeror described a process for using value-based payments to promote improved birth outcomes.

Offeror described a process for improving preventive care as part of its member incentive program.

Offeror described a process for educating members on family planning options, including LARC.

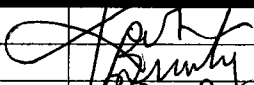
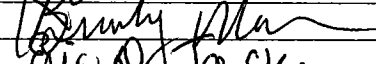
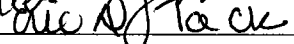
Offeror described strategies for case management of high risk-high cost members.

Offeror did not address clearly the special needs of Native American members.

Offeror described a process for promoting breast feeding but did not describe clearly how it would educate members on maternal-infant bonding.

Offeror discussed risk factors but did not describe clearly a process for identifying and addressing member needs related to social determinants of health.

Offeror did not describe clearly strategies that align with AHCCCS core measures with respect to reducing the incidence of low birthweight babies, reducing C-Section rates, reducing the incidence of early elective deliveries, offering support to the family or offering peer support. Offeror discussed identifying members at risk for opioid abuse and discussed member case management but did not describe clearly a strategy for engaging members with SUD in treatment.

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Kristin Budlong, R.N.		2/16/18
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Andrew Cohen		2/16/18