SUBMISSION EVALUATION CONSIDERATIONS

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 1:

The Offeror must identify no more than two contracts, in addition to Arizona Medicaid contracts, that represent its experience in managing similar healthcare delivery systems to the AHCCCS Complete Care program. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to: geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program and current contractual status. This submission will not be scored. [2 page limit]

In response to the submission requirements below that ask for the Offeror's experience as well as any other responses where experience is presented, the Offeror must refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in narrative submission requirement responses #2-18 which are not identified in this response will not be considered.

SUBMISSION REQUIREMENT 2:

AHCCCS has a comprehensive behavioral and physical health benefit package and strives for high quality services that are consistent with clinical guidelines, evidence based practices and/or consensus from the clinical and consumer communities. Describe how the Offeror will implement the critical components and principles of behavioral and physical health service delivery while maintaining a high standard of care. Describe past implementation of these concepts and other innovative strategies the Offeror will implement under this contract.

Response considerations included but were not limited to:

- Behavioral and Physical Health Concepts and Principles of Care
- Past Implementation and Future Strategies

SUBMISSION REQUIREMENT 3:

The implementation of the AHCCCS Complete Care Program is a transformative and complex change to the AHCCCS Managed Care Delivery System. The transition from the current delivery system must be carefully implemented and monitored. How will the Offeror effectively self-monitor to ensure members are able to access and receive needed services post-implementation?

Response considerations included but were not limited to:

- Addresses Appropriate Populations
- Processes in Place for Ongoing Monitoring
- Offeror Focus Areas Are Appropriate

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 4:

Integrating the delivery of behavioral and physical health care under a single entity is a significant step forward in improving the overall health of members. Even as care management at the provider level increases with innovative healthcare delivery and payment models, the Offeror will be responsible for care management and coordination.

Describe:

- How the Offeror's practices at the organizational level will successfully administer integrated benefits to improve individual health outcomes and enhance care coordination and member satisfaction. Include how the Offeror envisions its role in care management and coordination.
- Past experience in administering integrated contracts, highlighting improved quality outcomes and how this experience and any new strategies will be applied to the population served under AHCCCS Complete Care.
- How the Offeror will engage members and improve outcomes through the use of technology and social media.

Response considerations included but were not limited to:

- Organizational Structure
- Past Experience and Strategies
- Use of Technology

SUBMISSION REQUIREMENT 5:

The Offeror has a member who is a 54 year old female with schizophrenia, opioid use disorder, brittle diabetes, and chronic pain due to peripheral neuropathy. She is estranged from her family. Since her PCP will no longer prescribe Percocet she has been using IV heroin. She is homeless, does not receive regular meals and is inconsistent with checking her blood sugars and taking her psychotropic medications. As of October 15th, 2018, she has been in the emergency department for 3 days and is medically and psychiatrically stabilized to be released. She became enrolled with the Offeror on October 1st, 2018 from an Unsuccessful Incumbent Offeror. Her PCP is not in the Offeror's network. Describe how the Offeror will manage care to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Behavioral Health Services
- Physical Health Services
- Care Management

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 6:

The Offeror has a member who is an 18 year old female who was diagnosed with sickle cell anemia at the age of two. She has a history of intermittent substance use (opioid), but reports that she is currently not using. She is currently six months pregnant and was recently released from jail after three months. She is attempting to complete high school, but struggling with demands of her depression, pregnancy and sickle cell. She has difficulty managing pain and when it becomes significant enough that is when she tends to resort to opioids. Describe how the Offeror will manage care to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Behavioral Health Services
- Physical Health Services

SUBMISSION REQUIREMENT 7:

Describe how the Offeror will improve member engagement, develop and implement best practices, and track and monitor outcomes for the following populations:

- Justice Involved (including probation, parole, Reach-in)
- Court Ordered Evaluation (COE)/Court Ordered Treatment (COT)
- Members with high needs and high costs
- Members with Substance Use Disorders
- Children at risk of removal by Department of Child Safety (DCS)
- Children transitioning from the Comprehensive Medical and Dental Program (CMDP) to the AHCCCS Complete Care Contractor

Response considerations included but were not limited to:

- Justice Involved
- Court Ordered Evaluation (COE)/Court Ordered Treatment (COT)
- High Need/High Cost
- Substance Use Disorder
- Children at Risk of Removal by the Department of Child Safety (DCS)
- Children Transitioning from DCS/CMDP

SUBMISSION REQUIREMENT 8:

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.

Response considerations included but were not limited to:

- Strategies that Improve Outcomes
- Strategies that Add Value
- Strategies that Improve Member Experience
- Strategies that Align with AHCCCS Core Measures

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 9:

Describe how the Offeror will address the developmental needs of young children including early identification of developmental delay. Describe the processes the Offeror will employ to monitor the identification of members and the provision of services? In addition, for those members identified as having a behavioral or developmental condition, describe how the member's early intensive behavioral intervention benefit will be managed.

Response considerations included but were not limited to:

- Addressing the Developmental Needs of Young Children
- Managing Intensive Behavioral Benefit
- Care Coordination
- Monitoring and Oversight

SUBMISSION REQUIREMENT 10:

Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.

Response considerations included but were not limited to:

- Minimizing Emergency Department (ED) Holds
- Reducing Number of Psychiatric Hospital Admissions
- Increasing Alternative Community Based Services

SUBMISSION REQUIREMENT 11:

Describe the strategies the Offeror will utilize to ensure development of a comprehensive provider network of specialty providers and behavioral health providers for children and adults. Identify areas of concern and how the Offeror will overcome these contracting challenges to ensure accessibility.

Response considerations included but were not limited to:

- Network Challenges
- Network Comprehensiveness
- Behavioral Health Network
- Specialist Network

SUBMISSION REQUIREMENT 12:

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.

Response considerations included but were not limited to:

- Provider Relations
- Provider Communications
- Processes to Minimize Contracting Issues
- Processes to Minimize Provider Complaints, Prior Authorization and Claims Concerns

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 13:

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.

Response considerations included but were not limited to:

- Member Participation
- Provider Participation
- Past Experience

SUBMISSION REQUIREMENT 14:

AHCCCS began its integration efforts almost 10 years ago, and through this RFP is making major advances to integrate care for the member at the payor level. To accelerate the focus on integration at the provider level, describe the Offeror's specific and detailed value-based strategies that align incentives between providers and the Offeror in order to reduce fragmentation and improve member outcomes. The Offeror's response must address value-based integration strategies for each of the following:

a. Integrated providers,
b. Behavioral health only providers, and
c. Physical health only providers.

The Offeror's responses to a) and b) must address how the Offeror envisions paying for behavioral health services, including value-based strategies, to transition the delivery system off of block purchasing. It is AHCCCS' desire to move away from historical block purchasing for a number of reasons including but not limited to:

a. May create a barrier to care when the provider nears or has exhausted its annual block payments
b. May place 100% of risk on the provider and does not share risk with the Contractor
c. May create a lack of incentive to providers to submit encounters when payments precede services
d. May encourage provision of non-medically necessary services in order to meet encounter targets.
e. May create a provider dependency on fixed payments that do not correlate to service needs year to year, resulting in staffing changes and perception of lost revenue or rate reductions

Response considerations included but were not limited to:

- General Response Affecting Strategies
- Integrated Provider Strategies
- Behavioral Health Provider Strategies
- Physical Health Provider Strategies
- Block Payment Transition Strategies

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 15:
Explain the Offeror's approach to monitoring and controlling health care cost trends. Describe a situation in which the Offeror identified an unfavorable trend including the strategies and specific actions implemented to control expenditures.

Response considerations included but were not limited to:
- Approach to Monitoring Health Care Cost Trends
- Approach to Controlling Health Care Cost Trends
- Example of Change to Unfavorable Trend

SUBMISSION REQUIREMENT 16A:
GSA Specific Submission Requirement

a. If bidding North GSA:
Describe the unique aspects of service delivery to members in the North GSA. What strategies will the Offeror employ to ensure effective delivery of services?

No submission is required for Central GSA.

Response considerations included but were not limited to:
- Identification of Unique Aspects of Service Delivery
- Effectiveness of Strategies

SUBMISSION REQUIREMENT 16B:
GSA Specific Submission Requirement

a. If bidding South GSA:
Describe the unique aspects of service delivery to members in the South GSA. What strategies will the Offeror employ to ensure effective delivery of services?

No submission is required for Central GSA.

Response considerations included but were not limited to:
- Identification of Unique Aspects of Service Delivery
- Effectiveness of Strategies

SUBMISSION REQUIREMENT 17:
Describe, in detail, the steps the Offeror will take to engage and collaborate with tribes for the delivery of services to American Indian members. Include the process for identification, escalation and resolution of unique barriers to service delivery on and off tribal lands.

Response considerations included but were not limited to:
- Steps to Engage and Collaborate
- Process for Identification, Escalation, and Resolution of Barriers to Service Delivery

NARRATIVE SUBMISSION REQUIREMENTS

SUBMISSION REQUIREMENT 18:

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.

Category 1: Current AHCCCS Contractor or Affiliated Organization of a current AHCCCS Contractor	AHCCCS will review the most recent **Acute Care** Operational Review (CYE16). No submission required. 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). Scoring preference will be given to Offerors included in this category.
Category 2: Not a current AHCCCS Contractor nor an Affiliated Organization of a current AHCCCS Contractor	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. The Offeror's submission shall not exceed one page plus attached review. AHCCCS reserves the right to validate the submitted review.

CAPITATION NON-COST BID SUBMISSION

SUBMISSION REQUIREMENT: **Administrative Bid Submission**

Administrative Bid Submission

An Administrative Bid Submission workbook is included in the Data Supplement and is a required submission with the Offeror's bid. A separate worksheet must be completed for each GSA in which the Offeror submits a bid. The single workbook must be submitted in Excel to AHCCCS via the SFTP server in accordance with the Proposal Due Date in Paragraph 15, RFP Milestone Dates in this Section. Instructions for access to the SFTP are included in the General Information section of the Bidders' Library.

If any moral or religious objections are submitted as specified in Paragraph 19, Submission Requirements in this Section, the Offeror must not exclude from the administrative bid submission(s) any related administrative costs.

Actuarial Certification(s)

The Offeror must ensure that an actuary who is a member of the American Academy of Actuaries

certifies that the Administrative Bid Submission meets the requirements of 42 CFR 438.5(e) by including a signed actuarial certification of all administrative rates submitted with the RFP submission. The Offeror may submit a separate certification for each GSA or a single certification that covers all GSAs bid. Further detail regarding requirements of the administrative bid can be found in the Data Supplement in the Bidders' Library in the Administrative Bid Requirements document in Section F, Rate Development Information.

Data Supplement Information from Section F – Rate Development Information
The Offeror's administrative bid must meet the requirements of 42 CFR § 438.5(e), except that any potential start-up expenses should be excluded from the bid (AHCCCS does not reimburse start-up costs). If the administrative bid includes a management fee, the management fee must be broken out into the categories shown in the pink cells. Offerors should detail administrative costs by the line items listed below and utilize the Other Administrative line only when no other line applies. (Other Administrative costs should be no more than 5% of the total administrative amount). Additionally, AHCCCS has a mechanism for ensuring capitation rates include the appropriate amount of premium tax for the Contractor, so premium tax should be excluded from the Offeror's administrative bid.

Response considerations included but were not limited to:

- Compliance with excel spreadsheet/instructions
- Rate Submitted
- Actuarial Certification
- CEO Approval of Actuarially Sound Capitation Rates

SUBMISSION REQUIREMENT: **Underwriting Gain**
Underwriting Gain Bid
The Offeror will bid an underwriting gain greater than zero and less than or equal to one percent of the gross medical component for each GSA for which the Offeror is submitting a bid, for each of the first three years of the contract. It is AHCCCS' intent to use the underwriting gain bids for each of these three years. AHCCCS is awaiting CMS requirements of the actuarial certification for the underwriting gain if it is bid rather than developed by AHCCCS' actuaries. If AHCCCS elects not to apply the conditions required by CMS for documentation, the underwriting gain bid will not be used in the capitation rates nor will the underwriting gain bid be scored. In this situation, only the administrative bid will be scored for the Capitation – Non-Benefit Costs bid submission. In the event the underwriting gain bids are not utilized in the capitation rate development, AHCCCS will set the underwriting gain equal to one percent of the gross medical component.

A Non-Benefit Costs Bid Submission workbook for the administrative and underwriting gain bids is included in the Data Supplement in the Bidder's Library and is a required submission with the Offeror's bid. A separate worksheet must be completed for each GSA in which the Offeror submits a bid. The single workbook must be submitted in Excel to AHCCCS via the SFTP server in accordance with the Proposal Due Date in Paragraph 15, RFP Milestone Dates in this Section. Instructions for access to the SFTP are included in the General Information section of the Bidders' Library.

Actuarial Certification(s)
The Offeror must ensure that an actuary who is a member of the American Academy of Actuaries certifies that the non-benefit costs bid submission meets the requirements of 42 CFR 438.5(e) by including a signed actuarial certification of all rates submitted with the RFP submission. The Offeror

may submit a separate certification for each GSA or a single certification that covers all GSAs bid. Further detail regarding requirements of the bids can be found in the Data Supplement in the Bidders' Library in the Non-Benefit Costs Bid Requirements document in Section F, Rate Development Information.

Data Supplement Information from Section F – Rate Development Information
The actuarial certification must describe the development (data, assumptions and methodologies) of the non-benefit costs (administrative and UW gain bids) in enough detail so an actuary applying generally accepted actuarial principles and practices can identify each type of non-benefit cost bid and evaluate the reasonableness of the cost assumptions underlying each expense in accordance with 42 CFR § 438.7(b)(3). The actuarial certification must include a statement and a description of why the Offeror has no concern with meeting the capitalization requirements with the UW gain bid. Further clarification on documentation can be found in the 2017-2018 Medicaid Managed Care Rate Development Guide.
(https://www.medicaid.gov/medicaid/managed-care/downloads/guidance/2018-medicaid-rate-guide.pdf).

Response considerations included but were not limited to:

- Compliance with Instructions
- UW Gain Percentage Submitted
- Actuarial Certification
- CEO Approval of Actuarially Sound Capitation Rates

ORAL PRESENTATIONS

SUBMISSION REQUIREMENT: Oral Presentation 1
Your member is a 42 year old male who was involved in a motor vehicle accident. His girlfriend and their child were killed in the accident. He sustained a concussive injury and fractured his left femur. His leg wound is not completely healed. He cries frequently, has difficulty sleeping and has nightmares. He complains of daily headaches and leg pain which have improved with the use of MS Contin. He is able to complete activities of daily living with cueing and some hands on assistance. He is currently in acute rehab and is ready for discharge. Describe how the Offeror will manage care to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Behavioral Health Services
- Physical Health Services
- Care Coordination/Care Management

ORAL PRESENTATIONS

SUBMISSION REQUIREMENT: Oral Presentation 2

A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.

Response considerations included but were not limited to:

- Behavioral Health Services
- Physical Health Services
- Care Coordination