


Submission Requirement 4

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

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

Facilitator	Signature	Date
Andrew Brown		7/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR'S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	1

RATIONALE:

Major Observations:

Offeror identified a best practice model (ICMCC pyramid) to promote integrated care and described an Arizona administrative structure, leadership and credentialed staffing to support optimum integration of behavioral and physical health services.

Offeror described how physical health and behavioral health care managers will work together to promote integration of services, including through co-location of staff. Offeror described how it will collaborate with providers and their case managers to promote integration.

Offeror described experience with integrated contracts that identified services by provider type and payer.

Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members with SUD. Offeror did not address clearly its experience with respect to members in CRS, members with special health care needs, justice-involved members and high needs/high cost members.

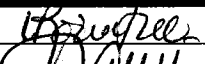
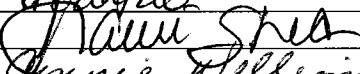
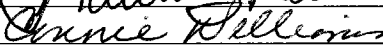
Offeror discussed sharing data with providers through its portal as part of its strategy for working with providers to improve outcomes.

Offeror described a process for monitoring health cost trends related to both physical and behavioral health services and a process for identifying inappropriate service utilization.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs, monitor care, make updates in real time and make care management data visible to providers.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror's experience description addressed how its activities resulted in improved outcomes. Offeror described how it will apply its experience to the AHCCCS Complete Care (ACC) Program.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree		2/23/18
Laurie Shea		2/23/18
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR'S NAME: Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	2

RATIONALE:

Major Observations:

Offeror identified a best practice model (SAMSHA Six Keys to Integration) to promote integrated care and described an Arizona administrative structure, leadership and credentialed staffing to support optimum integration of behavioral and physical health services.

Offeror described how physical health and behavioral health care managers will work together to promote integration of services, including through co-location of staff. Offeror discussed neighborhood networks and providers and their case managers but did not describe clearly how its care managers and providers and their case managers will work together to promote integration.

Offeror described experience with integrated contracts that identified services by provider type and payer.

Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members with SUD, members in CRS, members with special health care needs, justice-involved members and high needs/high cost members.

Offeror discussed sharing data with providers through its Complete Care Plan as part of its strategy for working with providers to improve outcomes.

Offeror did not describe clearly a process for monitoring health cost trends related to both physical and behavioral health services. Offeror discussed inclusion of utilization data in its predictive modeler but did not describe clearly a process for identifying inappropriate service utilization.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs, monitor care, make updates in real time and make care management data visible to providers.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror's experience description addressed how its activities resulted in improved outcomes. Offeror described how it will apply its experience to the AHCCCS Complete Care (ACC) Program.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree	<i>Virginia Rountree</i>	2/23/18
Laurie Shea	<i>Laurie Shea</i>	2/23/18
Connie Williams	<i>Connie Williams</i>	2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen	<i>Andrew Cohen</i>	2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR’S NAME:

Health Choice Arizona, Inc. (Steward Health Choice Arizona)

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	3

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror identified a best practice model (Four Quadrant Model) to promote integrated care, although offeror did not describe clearly all aspects of the model, including with respect to treatment of SUD for members with co-morbid conditions. Offeror described an Arizona administrative structure, leadership and credentialed staffing to support optimum integration of behavioral and physical health services.</p> <p>Offeror described how physical health and behavioral health care managers will work together to promote integration of services; offeror did not describe clearly whether staff would be co-located. Offeror described how it will collaborate with providers and their case managers to promote integration.</p> <p>Offeror described experience with integrated contracts that identified services by provider type and payer.</p> <p>Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members with SUD, members with special health care needs, justice-involved members and high needs/high cost members. Offeror discussed children but did not did not address clearly its experience with respect to members in CRS.</p>




Offeror discussed sharing data with providers through its Physician Toolkit and Performance Report Cards as part of its strategy for working with providers to improve outcomes.

Offeror described a process for monitoring health cost trends related to both physical and behavioral health services and a process for identifying inappropriate service utilization.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs and monitor care. Offeror did not describe clearly whether updates are made in real time or if it makes care management data visible to providers.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror's experience description addressed how its activities resulted in improved outcomes. Offeror described how it will apply its experience to the AHCCCS Complete Care (ACC) Program.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree		2/23/18
Laurie Shea		2/23/18
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR’S NAME: UnitedHealthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	3

RATIONALE:

Major Observations:

Offeror identified a best practice model (Evidence-Based Care Management and Coordination, Network Transformation and System Integration and Modernization) to promote integrated care. Offeror described an Arizona administrative structure, leadership and credentialed staffing to support optimum integration of behavioral and physical health services.

Offeror described how physical health and behavioral health care managers will work together to promote integration of services, including through co-location of staff. Offeror described how it will collaborate with providers and their case managers to promote integration, although it addressed behavioral health providers and community-based organizations more clearly than other providers.

Offeror described experience with integrated contracts that identified services by provider type and payer.

Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members with SUD, members in CRS, members with special health care needs, justice-involved members and high needs/high cost members.

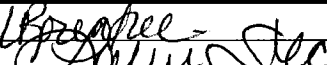
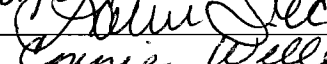
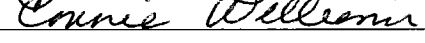
Offeror discussed sharing data with providers as part of its strategy for working with providers to improve outcomes.

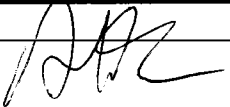
Offeror discussed the results of specific initiatives but did not describe clearly a process for monitoring health cost trends related to both physical and behavioral health services. Offeror discussed ED utilization among CRS members but did not describe clearly a broader process for identifying inappropriate service utilization.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs and monitor care. Offeror addressed making data visible to providers but did not describe clearly whether updates are made in real time.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror discussed the ability of providers to send text messages/appointment reminders to members through the care management platform.

Offeror's experience description addressed how its activities resulted in improved outcomes. Offeror described how it will apply its experience to the AHCCCS Complete Care (ACC) Program.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree		2/23/18
Laurie Shea		2/23/18
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR'S NAME: Care1st Health Plan Arizona

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	5

RATIONALE:

Major Observations:

Offeror identified a best practice model, based on its Florida and Kentucky operations, to promote integrated care. Offeror described an Arizona administrative structure, leadership and staffing to support optimum integration of behavioral and physical health services. Offeror discussed staffing and staff credentials in general terms, but did not describe clearly staff credential and licensure requirements.

Offeror described how physical health and behavioral health care managers will work together to promote integration of services. Offeror provided an example of staff co-location but did not describe clearly whether staff would typically be co-located under its model. Offeror did not describe clearly how it will collaborate with providers and their case managers to promote integration.

Offeror described experience with integrated contracts that identified services by provider type and payer. Offeror’s experience was limited to other states.

Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members with SUD, justice-involved members and high needs/high cost members. Offeror did not address clearly its experience with respect to members in CRS and members with special health care needs.


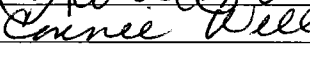

Offeror discussed sharing data with providers through its web portal as part of its strategy for working with providers to improve outcomes.

Offeror discussed the results of specific initiatives but did not describe clearly a process for monitoring health cost trends related to both physical and behavioral health services. Offeror did not describe clearly a broader process for identifying inappropriate service utilization.

Offeror discussed integrated system solutions and tools but did not describe clearly its care management technology platform for identifying comprehensively member history and needs and monitoring care. Offeror did not describe clearly whether data is visible to providers or if updates are made in real time.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror's experience description addressed how its activities resulted in improved outcomes. Offeror described how it will apply its experience to the AHCCCS Complete Care (ACC) Program.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree		2/15/18 2/23/18
Laurie Shea		2/23/18
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

OFFEROR’S NAME:

Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	6

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror discussed person-centered integrated care but did not identify clearly a best practice model to promote integrated care. Offeror described an Arizona administrative structure, leadership and staffing to support optimum integration of behavioral and physical health services. Offeror did not describe clearly staff credential and licensure requirements.</p> <p>Offeror described how physical health and behavioral health care managers will work together to promote integration of services, including through co-location of staff. Offeror described how it will collaborate with providers and their case managers to promote integration.</p> <p>Offeror described experience with integrated contracts that identified services by provider type and payer.</p> <p>Offeror’s experience description addressed certain member types with potential need for both physical and behavioral health services, including members in CRS, members with special health care needs, members with SUD, justice-involved members and high needs/high cost members.</p> <p>Offeror discussed sharing data with providers as part of its strategy for working with providers to improve outcomes.</p>

Offeror did not describe clearly a process for monitoring health cost trends related to both physical and behavioral health services. Offeror discussed risk stratification and sharing utilization data with providers but did not describe clearly a broader process for identifying inappropriate service utilization.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs, monitor care, make updates in near real time and make care management data visible to providers.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror discussed strategies for the AHCCCS Complete Care (ACC) Program but did not describe clearly how these strategies are based on its experience with integrated care.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree	<i>Virginia Rountree</i>	2/23/18
Laurie Shea	<i>Laurie Shea</i>	2/23/18
Connie Williams	<i>Connie Williams</i>	2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen	<i>Andrew Cohen</i>	2/23/18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 4

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

NARRATIVE SUBMISSION REQUIREMENT 4	TOTAL RANKING
<p>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.</p> <p>Describe:</p> <ul style="list-style-type: none"> • 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. <p>[7 page limit]</p>	7

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror mentioned the SAMSHA Four Quadrant Model and the Integrated Health Neighborhood but did not describe clearly how either would be applied as a best practice model to promote integrated care. Offeror also discussed applying its experience as a RBHA and its experience in Florida and New York but did not describe clearly how this experience would be applied as a best practice model to promote integrated care.</p> <p>Offeror discussed using Integrated Care Teams to support optimum integration of behavioral and physical health services. Offeror did not describe clearly staff credential and licensure requirements.</p> <p>Offeror described how physical health and behavioral health care managers will work together to promote integration of services, including through co-location of staff. Offeror described how it will collaborate with providers to promote integration. Offeror did not describe clearly how it will collaborate with provider case managers to promote integration.</p> <p>Offeror described experience with integrated contracts that identified services by provider type and payer.</p> <p>Offeror's experience description addressed certain member types with potential need for both</p>

physical and behavioral health services, including members with SUD, members with special health care needs, justice-involved members and high needs/high cost members. Offeror discussed children but did not address clearly its experience with respect to members in CRS.

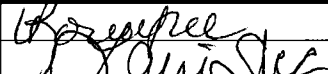
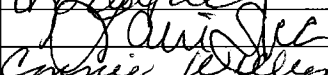
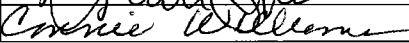
Offeror did not describe clearly sharing data with providers as part of its strategy for working with providers to improve outcomes.

Offeror discussed its data driven approach but did not describe clearly a process for monitoring health cost trends related to both physical and behavioral health services. Offeror discussed its outcomes related to reducing inappropriate utilization in Florida.

Offeror's presented a strategy for using care management technology to identify comprehensively member history and needs and monitor care. Offeror did not describe clearly whether data is visible to providers or if updates are made in real time.

Offeror described use of technology (e.g., social media and text reminders) to communicate with members. Offeror did not describe clearly a process for encouraging or requiring providers to use technology/social media to engage members.

Offeror discussed strategies for the AHCCCS Complete Care (ACC) Program but did not describe clearly how these strategies relate to its experience with integrated care.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Virginia Rountree		2/23/18
Laurie Shea		2/23/18
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18