

## SUBMISSION EVALUATION CONSIDERATIONS

### ACCESS TO CARE/NETWORK

#### *Acute Care Narrative Submission Requirement #1*

AHCCCS anticipates that its membership will grow as a result of implementation of the Affordable Care Act (ACA). It is estimated that an additional 180,000 to 430,000 new members will be eligible and enrolled with AHCCCS in the first year of implementation. These growth figures are dependent on decisions made by Governor Brewer and Arizona lawmakers regarding the many options under the ACA. In addition to the increased AHCCCS enrollment, the implementation of the Health Insurance Exchange will increase demand for provider accessibility.

What steps will the Offeror take to ensure access to care to support the influx of members? In addition to network management, how will the Offeror ensure its operational and administrative structure is sufficient to efficiently implement all program operations to accommodate the membership growth?

Response considerations included but were not limited to:

- Analyzing data to determine network adequacy
  - Identifying mechanisms and adequate operational and administrative staff to conduct contracting and credentialing (including provisional credentialing)
  - Analyzing and making changes to the operational and administrative structure
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#### *Acute Care Narrative Submission Requirement #2*

Describe how the Offeror evaluates and measures its network in order to ensure timely access to care to underserved populations, identify deficiencies in the network, manage the network, make improvements to the network and sustain an adequate network.

Response considerations included but were not limited to:

- Proactive processes to manage the network
  - Mechanisms to identify network deficiencies
  - Using data to make informed decisions and implement network improvements
  - Monitoring outcomes of process improvements for effectiveness and sustainability
  - Processes to ensure the provision of services to medically underserved areas and special needs populations
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### PROGRAM

#### *Acute Care Narrative Submission Requirement #3*

AHCCCS supports efforts to reward desired care outcomes attained through care coordination and the provision of the best and most appropriate evidence-based care that results in lower costs. How will the Offeror use data and evidence based decision support tools, both within its organization and in working with providers and stakeholders, to maximize care coordination for members, improve outcomes, and create cost efficiencies? How will these tools and data be used to implement outcome- and value-oriented payment models?

Describe the Offeror's experience and specific results.

Response considerations included but were not limited to:

- Describes creative uses of decision support tools to improve care coordination and health care outcomes
  - Describes approaches to reward care efficiencies that result in good outcomes through the use of payment models and/or contracting policies
  - Discusses quality improvement approaches that utilize data to drive changes in outcomes
  - Discusses incorporation of evidence-based care models used to maximize efficiencies and improve outcomes
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***Acute Care Narrative Submission Requirement #4***

Mr. Andrews is a member in your plan. He is extremely overweight, and spends long periods in bed due to ill health and complete exhaustion. He has no family. He can not walk 100 feet without resting. His medical diagnosis is COPD and he has a chronic cardiac condition following two heart attacks and stent insertions. When he becomes short of breath, he becomes very anxious and calls 911 to take him to the ER. He has been to the ER 12 times in the last six months. His PCP has referred him to the health plan for disease management.

Please describe how the Offeror would address the needs of Mr. Andrews. Describe what systemic processes the Offeror will use to improve health care outcomes for members with one or more chronic illnesses.

Response considerations included but were not limited to:

- Team approach to disease management care coordination. (Both for Mr. Andrews and Organizationally)
  - Identification of member specific needs included in the care plan components. (Both for Mr. Andrews and Organizationally)
  - Member engagement in the disease management process. (Both for Mr. Andrews and Organizationally)
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***Acute Care Narrative Submission Requirement #5***

George Robertson, a 29 year old AHCCCS member, was involved in a motor vehicle accident on March 1, 2012. After immediate stabilization at the scene, George was rushed to the Arizona General Hospital and treated in the emergency room as a trauma patient. George sustained multiple injuries including a fractured femur, internal bleeding, and trauma to the sternum. After surgery to resolve the internal bleeding, and internal fixation of the fractured femur, George was transferred to the hospital floor.

George has been an AHCCCS member for five years. George has a history of substance abuse which may have been a contributing factor in the accident. George is in active substance abuse treatment with a Regional Behavioral Health Authority provider but is not consistent in participating in treatment. After 21 days in the hospital, George is discharged home. George lives alone in a run-down apartment complex in Phoenix. George must navigate two flights of stairs to reach his apartment.

Four weeks after discharge, George was found by a maintenance worker at the bottom of the stairs. Paramedics were called and George was rushed to the emergency room. George was diagnosed with a head injury, later determined to be a traumatic brain injury, and broken ribs that were sustained from the fall down a flight of stairs. George was found to be in possession of illegal substances by the paramedics, resulting in police involvement at the hospital. After an additional four day inpatient stay, George is transitioned by the hospital Social Worker to a skilled nursing facility that specializes in TBI patients. The skilled nursing facility is not a contracted provider.

Describe what processes would be used to coordinate care for George as he moves through the continuum of care related to these documented health issues. What does the Offeror see as the greatest setback risks/challenges for George and how will the Offeror proactively address these concerns?

Response considerations included but were not limited to:

- Team approach to care coordination that includes both physical and behavioral health
  - Identification of member specific needs included in the care plan
  - Member and family engagement in the care planning process
  - Steps taken to address the risks and challenges
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#### ***Acute Care Narrative Submission Requirement #6***

Describe the Offeror's experience in Medicare Advantage and/or Medicare Special Needs Plans. Describe processes that will be utilized to enhance and maximize care coordination and improve member experience for members being served for both Medicare and Medicaid services by the Offeror and for members who will only be served for Medicaid by the Offeror. What strategies will be used to increase and maintain aligned Medicaid and Medicare enrollment

Response considerations included but were not limited to:

- Description of experience as a Medicare Advantage and/or Medicare Special Needs Plan
  - Communication and coordination with and for all dual eligible members. For unaligned dual eligible members, coordination with providers or other Medicare health plans serving members
  - Marketing and outreach strategies to increase and maintain member alignment
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#### **ORGANIZATION**

#### ***Acute Care Narrative Submission Requirement #7***

The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled *Best Care at Lower Cost* that estimated \$750 billion nationally is "wasted". This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.

As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with "waste" that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.

Response considerations included but were not limited to:

- Leveraging science and informatics
  - Engaging and empowering patients
  - Aligning incentives and improving transparency
  - Establishing a culture of leadership and learning
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***Acute Care Narrative Submission Requirement #8***

The Offeror is required to develop a compliance program designed to guard against fraud and abuse. Beyond the requirements outlined in the RFP and AHCCCS policies, describe additional activities your compliance program will take to limit, identify, and address fraud and abuse. Describe the Offeror's experience using these methods and include examples of successful application.

Response considerations included but were not limited to:

- Additional compliance program activities cited beyond the minimum contract standards
  - Offeror's experience in the application of the innovative techniques
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***Acute Care Narrative Submission Requirement #9***

Describe in detail the ongoing processes and strategies the Offeror will implement to minimize the need for providers to utilize the claims dispute process to obtain proper reimbursement. In addition, describe the interventions and strategies the Offeror will employ to resolve claims disputes without resorting to the hearing process.

Response considerations included but were not limited to:

- Proactive processes to avoid providers having to file a claims dispute
  - After the claims dispute is filed, processes are in place to resolve the matter at the earliest possible stage in the process
  - Local staff empowered to make decision to resolve claims issues prior to the filing of a claims dispute and/or during the claims dispute process
  - Analyzing and making changes to the operational and administrative structure based on identified issues
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***Acute Care Narrative Submission Requirement #10***

*Refer to the IT Demo section of the Acute/CRS RFP YH14-0001 Procurement File on the AHCCCS website for additional information regarding the Information Technology (IT) Systems Demonstration.*

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**ACCESS TO CARE/NETWORK**

***CRS Narrative Submission Requirement #11***

Describe the steps that the Offeror will take to ensure that individuals with a qualifying CRS condition under R9-22-1301 et seq. are able to access the care needed, including specialty care, to serve their qualifying medical condition(s) as well as their other medical and behavioral health needs. Also describe how the Offeror will leverage and balance the use of providers in the multi-specialty interdisciplinary clinics (MSICs) versus those in the broader community.

Response considerations included but were not limited to:

- Discussion regarding community providers and the appropriateness of expanding outside of the MSICs
  - Understanding of the importance of the MSIC for complicated children that benefit from multi-specialty environments
  - Having or will/have established contracts with pediatric specialty providers, including behavioral health providers and MSICs to ensure access to care for members throughout the state
  - Having an identified process to access care from out of network providers
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***CRS Narrative Submission Requirement #12***

A 13-year old foster child diagnosed with Spina Bifida, Intermittent Explosive Disorder, history of poly-substance abuse, and PTSD resulting from sexual abuse, is enrolled in CRS. Describe the comprehensive treatment plan developed for all diagnoses to address the complex care needs of the child.

Response considerations included but were not limited to:

- Identification of member specific, culturally appropriate care planning approach
  - Team approach to care coordination and care management that includes both physical and behavioral health services
  - Describes communication and coordination with the foster care system (CPS and CMDP) to address and coordinate care and services.
  - Member and family engagement in the care planning process
  - Opportunities for pediatric specialty providers, primary care providers, and other community based service organizations to provide care and services in the community
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***CRS Narrative Submission Requirement #13***

Describe the Offeror's approach to integrating and coordinating behavioral health services for CRS members.

Response considerations included but were not limited to:

- Behavioral health services are incorporated into the service plan
  - Specific approaches for children enrolled in CMDP and DDD are discussed
  - The approach addresses the delivery of behavioral health care in the MSIC and the community
  - The approach addresses coordination with other community based service organizations
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***CRS Narrative Submission Requirement #14***

Describe the mechanisms that the Offeror will use to ensure that all providers, including those within the MSIC setting and those outside of the MSIC setting, have access to the data needed to appropriately coordinate care for the member.

Response considerations included but were not limited to:

- Identifies types of clinical and non-clinical information and how it will be shared for the purposes of efficient and effective care coordination
  - Discusses use of electronic health records and health information exchange processes including integration of comprehensive care records
  - Addresses timeliness of data sharing and data exchange
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***CRS Narrative Submission Requirement #15***

Describe the role that stakeholder input will play in all facets of the CRS Program. Provide a written narrative outlining your organization's expectations, goals and responsibilities for the Ombudsman/Client Advocate as well as the client advocacy program.

Response considerations included but were not limited to:

- Program is member/family focused able to leverage organizational resources to assist the members
- Program actively identifies opportunities and issues facing members and communicates those to the members/families
- Autonomy to influence programmatic changes and effect change within the organization
- Coordination between key-staff positions to assist member/families
- Process for utilizing stakeholder input for various aspects of the Program

**ORAL PRESENTATION**

**PROGRAM**

***Question #1***

Suzie Smith, a 45 year old woman is enrolled with your health plan. Suzie resides in a community of approximately 150,000 people. Suzie lives in her own home and has no close family. She has isolated herself from friends and associates. Suzie was diagnosed with diabetes approximately a year ago. Suzie is in poor control of her diabetes and frequently refuses or forgets to take her medications. She does not comply with provider recommendations for her care.

The Quality Management staff at your plan received a call today from Dr. Jones regarding Suzie Smith. Dr. Jones is requesting to discharge Suzie from his practice due to her lack of compliance with care recommendations as well as her verbal abuse and occasional threat of physical violence towards the office staff. You are aware that Suzie has been discharged from almost all other primary care providers in her community for similar reasons.

Provide a description of the quality management plan that would be implemented to ensure that Suzie is able to receive medically necessary care and services.

Response considerations included but were not limited to:

- Description of how physical and behavioral health needs would be met
  - Care management agreement with member, provider(s), health plan developed and implemented.
  - Addresses challenging member case management
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***Question #2***

AHCCCS utilization management data indicates that approximately 5 percent of AHCCCS members statewide are readmitted within 30 days of discharge from an inpatient setting.

Provide a narrative describing the quality management and medical management data reports, processes, interventions, and staffing that will be used assuming your health plan is at twice the average AHCCCS readmission rate.

Response considerations included but were not limited to:

- Describes quality management and utilization management data and reports such as trends, complaints, utilization, used for identification, development and implementation of actions
  - Includes a description of staffing and process changes used to address and monitor for readmission opportunities
  - Describes value-based opportunities to engage providers in efforts to reduce or maintain readmission rates
  - Describes administrative and Committee engagement in quality improvement activities focused on readmission rates
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