

ACUTE CARE/CRS RFP CONSENSUS RANKING
SUBMISSION REQUIREMENT NO. 5

COMPONENT: PROGRAM

SUBMISSION REQUIREMENT NO. 5	
Ranking No.	Offeror
1	Care 1 st Health Plan Arizona
2	Health Net of Arizona
2	Bridgeway Health Solutions of Arizona, LLC
4	Southwest Catholic Health Network dba Mercy Care Plan
5	UnitedHealthcare Community Plan
6	Health Choice Arizona
7	Maricopa Health Plan managed by University of Arizona
7	University of Arizona Health Plans, University Family Care
9	Phoenix Health Plan
10	Medisun Community Care Inc. dba Blue Cross Blue Shield of Arizona Community Care

Total Number of Bidders:
10

Totaled By:	Signature	Date
Carol Sanders	<i>Carol Sanders</i>	2/13/13

Verified By:	Signature	Date
<i>A-M... A...</i>	<i>AMK</i>	4/11/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Care 1st Health Plan Arizona

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>1</p>

Rationale:

Major Observations:

Offeror presented a comprehensive and detailed team approach to care coordination that included participation by appropriate physical and behavioral health professionals.

Integrated care team included a pharmacist.

Offeror described a medical "rounding" process for the integrated care team.

Offeror included a comprehensive and detailed description of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror addressed how the member would be engaged in the care planning process.

Offeror described risks and challenges confronting the member and steps to be taken to overcome them.

Offeror's approach included effective use of technology in support of care coordination.

Offeror referred to the member's support system and involvement of family members in care management, but did not address in detail how family members would be engaged in the care planning process.

Evaluation Team Member (Print Name)	Signature	Date
Rennie Komolafe	A.O. Komolafe	2-13-13
Kristen O'Hara	KO'Hara	2-13-13
Sharon Silver	Sharon Silver	2/13/13
Cherry Boardman	Cherry Boardman	2-13-13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Andrew Cohen	Andrew Cohen	2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Health Net of Arizona

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>2</p>

Rationale:

Major Observations:

Offeror presented a comprehensive and detailed team approach to care coordination that included participation by appropriate physical and behavioral health professionals.

Offeror included a comprehensive and detailed description of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror addressed how both the member and his family would be engaged in the care planning process.

Offeror described risks and challenges confronting the member and steps to be taken to overcome them.

Offeror took steps to address broader quality of care issues associated with the case.

Offeror's discussion of risks and challenges addressed polypharmacy issues but did not include a detailed discussion of pain management.

Evaluation Team Member (Print Name)	Signature	Date
Ronnie Komolafe	A-O. Komolafe	2-13-13
Kristen O'Hara	Kristen O'Hara	2-13-13
Shaunon Sliver	Shaunon Sliver	2/13/13
Cherry Boardman	Cherry Boardman	2-13-13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Anker Colon	Anker Colon	2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Bridgeway Health Solutions of Arizona, LLC

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p align="center">2</p>

Rationale:

Major Observations:

Offeror presented a detailed team approach to care coordination that included participation by appropriate physical and behavioral health professionals.

Integrated care team included a pharmacist.

Offeror included a comprehensive and detailed description of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror addressed how both the member and his family would be engaged in the care planning process.

Offeror described risks and challenges confronting the member and steps to be taken to overcome them.

Offeror did not clearly describe the role of the medical director within the interdisciplinary care team's care planning activities.

Evaluation Team Member (Print Name)	Signature	Date
RONNIE KOMDLAFFE	A. O. Komdlaffe	2-13-13
Kristen O'Hara	Kristen O'Hara	2-13-13
Shannon Shiver	Shannon Shiver	2/13/13
Cherry Boardman	Cherry Boardman	2-13-13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Andrew Olson	Andrew Olson	2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Southwest Catholic Health Network dba Mercy Care Plan

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>4</p>

Rationale:

Major Observations:

Offeror presented a detailed team approach to care coordination.

Integrated care team included a pharmacist.

Offeror included a detailed description of most of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

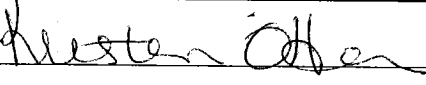
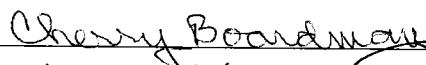
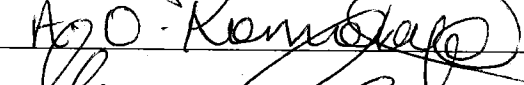


Offeror addressed how both the member and his family would be engaged in the care planning process.

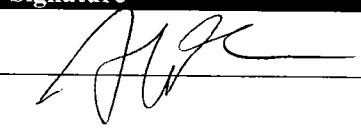
Offeror described risks and challenges confronting the member and steps to be taken to overcome them.

Offeror took steps to address broader quality of care issues associated with the case.

Although the offeror's integrated care team included a psychiatrist, it was unclear whether this individual was a plan or RBHA provider and how the RBHA would be represented in the care planning process.

Offeror identified pain management in its assessment of the member's needs did not describe in detail how these needs would be addressed.

Evaluation Team Member (Print Name)	Signature	Date
Kristen O'Hara		2-13-13
Cherry Boardman		2-13-13
Ronnie Kamolafe		2-13-13
Shannon Shiver		2/14/13
Carol Sanders		2/15/13

Facilitator	Signature	Date
Andrew Cohen		2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: UnitedHealthcare Community Plan

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>5</p>

Rationale:

Major Observations:

Offeror presented a detailed team approach to care coordination.

Integrated care team included a pharmacist.

Offeror included a detailed description of most of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror addressed how the member's family would be engaged in the care planning process.

Offeror described risks and challenges confronting the member and steps to be taken to overcome them.


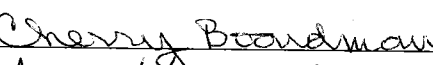
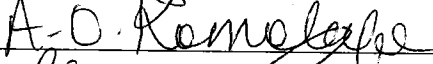
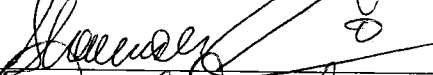

Offeror took steps to address broader quality of care issues associated with the case.


Offeror identified a primary care manager at the end of the response but did not clearly describe who would have primary responsibility for the member at each stage of the case.

Offeror's discussion of living arrangements addressed the skilled nursing facility and member's home but did not clearly describe other community-based options.

Offeror did not describe in detail how the member's pain management needs would be addressed.

Offeror referred to member-centered care and member empowerment but did not clearly describe how the member would be engaged in the care planning process.

Evaluation Team Member (Print Name)	Signature	Date
Kristen O'Hara		2-13-13
Cherry Boardman		2-13-13
Ronnie Komolafe		2-13-13
Shaunon Shiver		2/14/13
Carol Sanders		2/15/13

Facilitator	Signature	Date
Arden Ann		2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Health Choice Arizona

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p align="center">6</p>

Rationale:

Major Observations:

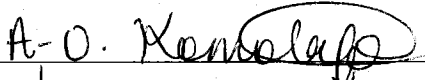
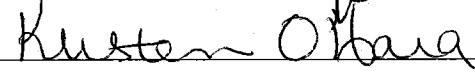
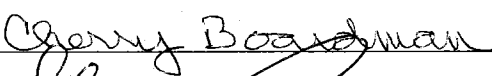
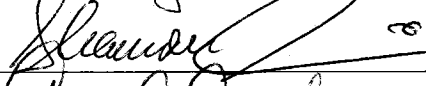
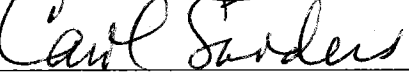
Offeror included a comprehensive and detailed description of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

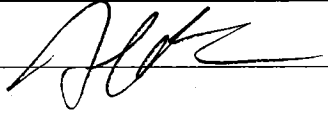
Offeror addressed how the member would be engaged in the care planning process.

Offeror did not clearly describe the composition of the integrated care team.

Offeror mentioned the member's family with respect to housing resources but did not clearly describe how the family would be engaged in the care planning process.

Offeror discussed risks and challenges confronting the member but described only in general terms the steps that would be taken to overcome these risks and challenges, including with respect to his traumatic brain injury, other physical injuries and substance abuse history.

Evaluation Team Member (Print Name)	Signature	Date
RONNIE KOMOLAFE		2-13-13
Kristen O'Hara		2-13-13
Cherry Boardman		2-13-13
Shannon Shiver		2/14/13
Carol Sanders		2/15/13

Facilitator	Signature	Date
Andrew Cohen		2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Maricopa Health Plan managed by University of Arizona

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>7</p>

Rationale:

Major Observations:

Offeror described a medical "rounding" process for the integrated care team.

Offeror discussed most of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.


Offeror addressed how both the member and his family would be engaged in the care planning process.

Offeror took steps to address broader quality of care issues associated with the case.

Offeror presented a team approach to care coordination that included a pharmacist, but did not clearly describe who would have primary responsibility for the member's care management.

Offeror discussed the member's medication abuse but did not describe clearly how his pain management needs would be addressed.

Evaluation Team Member (Print Name)	Signature	Date
Kristen O'Hara	Kristen O'Hara	2-13-13
Cherry Boardman	Cherry Boardman	2-13-13
Ronnie Kemolege	A. O. Kemolege	2-13-13
Shannon Shiver	Shannon Shiver	2/14/13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Andrew Ashen		2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: University of Arizona Health Plans, University Family Care

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p>7</p>

Rationale:

Major Observations:

Offeror described a medical "rounding" process for the integrated care team.

Offeror discussed most of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror addressed how both the member and his family would be engaged in the care planning process.

Offeror took steps to address broader quality of care issues associated with the case.

Offeror presented a team approach to care coordination that included a pharmacist, but did not clearly describe who would have primary responsibility for the member's care management.

Offeror discussed the member's medication abuse but did not describe clearly how his pain management needs would be addressed.

Evaluation Team Member (Print Name)	Signature	Date
Kristen O'Hara	Kristen O'Hara	2-13-13
Cherry Boardman	Cherry Boardman	2-13-13
Ronnie Kamalaje	A. O. Kamalaje	2-13-13
Shannon Shiver	Shannon Shiver	2/14/13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Andrew Cohen	[Signature]	2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Phoenix Health Plan

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p align="center">9</p>

Rationale:

Major Observations:

Offeror included a description of member's needs within the care plan, addressing physical and behavioral health, living arrangements and potential legal issues.

Offeror took steps to address broader quality of care issues associated with the case.

Offeror referred to individuals on the integrated care team throughout the response but did not clearly describe the full composition of the team.

Offeror did not clearly indicate whether the member's PCP would be part of the integrated care team.

Offeror included member's empowerment as a goal and affirmed importance of family's participation, but did not clearly describe how the member and his family would be engaged in the care planning process.

Offeror acknowledged member's risks and challenges but did not describe in detail how post-discharge risks would be mitigated.

Evaluation Team Member (Print Name)	Signature	Date
RONNIE KOMOLAFE	A.O. Komolafe	2-13-13
Kristen O'Hara	Kristen O'Hara	2-13-13
Cherry Boardman	Cherry Boardman	2-13-13
Shannon Shiver	Shannon Shiver	2/14/13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Anker Cohen	Anker Cohen	2/14/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE
SUBMISSION REQUIREMENT NO. 5**

COMPONENT: PROGRAM

OFFEROR'S NAME: Medisun Community Care Inc. dba Blue Cross

SUBMISSION REQUIREMENT No. 5	Total Ranking
<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>	<p align="center">10</p>

Rationale:

Major Observations:

Offeror did not clearly define the full composition of the integrated care team.

Offeror did not clearly define the activities to be performed by APS or how APS would be integrated with the remainder of the care team.

Offeror discussed using motivational interviewing with the member but did not clearly describe how the member would be engaged in the care planning process.

Offeror discussed the member's family with respect to placement options but did not clearly describe how the family would be engaged in the care planning process.

Offeror discussed risks and challenges but did not clearly address physical health issues other than the member's traumatic brain injury.

Offeror discussed use of a pharmacy lock-in but did not clearly address the member's pain management needs.

Offeror proposed to have its Chief Medical Officer take steps to prevent future occurrences but did not propose steps to address broader quality of care issues associated with the case.

Evaluation Team Member (Print Name)	Signature	Date
RONNIE KOMOLAFE	A-O Komolafe	2-13-13
Kristen O'Hara	Kristen O'Hara	2-13-13
Cherry Boardman	Cherry Boardman	2-13-13
Shaunon Silver	Shaunon Silver	2/14/13
Carol Sanders	Carol Sanders	2/15/13

Facilitator	Signature	Date
Andrew Cohen		2/14/13