ALTCS RFP EVALUATION TOOL

CATEGORY: Provider Network

Offeror Name _____

Provider Network Management **SUBMISSION REQUIREMENT**	**Yes = 1 No = 0**	**RFP Reference**	**Offeror Reference**
55. The Offeror must submit a Network Development and Management plan that describes how it will analyze its network, by service type, and how it will respond to gaps, including newly identified needs. The submission may exceed the 3 page maximum.		Section D, Paragraphs 28. Network Development and 29. Network Management	

EVALUATION CRITERIA	**Yes = 1 No = 0**		**Offeror Reference**
1. Did the Offeror's narrative describe a proactive process for evaluating deficiencies, gaps and limitations in their network? The Offeror must address each service type listed below separately. However, the analytical technique(s) applied may be the same for all.			
a. Covers HCBS			
b. Covers Institutional.			
c. Covers Behavioral Health			
d. Covers Acute Care			
2. Did the Offeror's plan contain evidence that it receives or seeks input on the status of the network from:			
a. Members?			
b. Providers?			
c. Staff?			
3. Did the Offeror's plan include a section on monitoring the provider network to ensure it is sufficient to provide all covered services to ALTCS members?			
4. Did the Offeror's plan include a process for evaluating membership growth and changes in order to maintain and build a network?			
5. Did the Offeror's description include a plan for interventions to fill network gaps and evaluation of those interventions?.			
6. Did the organization address work force development and identify the actions it plans to take in this area?			
Network Development and Management Plan **SCORE (11)**			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: Provider Network

Offeror Name _____

SUBMISSION REQUIRMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
56: Describe the part of your Network Development and Management Plan you consider to be the most innovative and proactive for meeting the needs of the ALTCS EPD membership? Include the reason(s) why these are felt to be the most innovative and proactive. Qualitative (Rank)			

EVALUATION CRITERIA	Yes = 1 No = 0		
Rank	Qualitative		
Innovative & Creative Aspect **(Qualitative)**			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
57. The Offeror must describe how its organization will communicate efficiently and effectively with its provider network in explaining the standards for the program, changes in laws and regulations, changes in subcontract requirements and resolution of provider issues.		Reference - Section D, Paragraph 29. Network Management.	

EVALUATION CRITERIA	Yes = 1 No = 0		
1. Did the Offeror's description include a communication plan for the distribution of contract and program changes and requirements?			
2. Did the Offeror describe a process for sharing changes and updates with Providers **prior** to implementation?			
3. Did the Offeror's narrative include a process for the training of providers? Examples of training are in-services on new rules, i.e., education, orientation, etc.?			
4. Did the Offeror's description include a process for providers to bring issues to its attention and for responding back regarding these issues?			
External Communication **(4)**			

CATEGORY: Provider Network

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
58. Describe how the results obtained through various types of provider and network monitoring (i.e. Quality Management, Case Management, Grievance System, Medical Management etc.) are used to manage the network and identify how provider issues are communicated within the organization.		Reference: Section D, Paragraph 28, Network Management	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Are recruitment activities initiated when a gap exists in the network?			
2. Are changes made to the network to accommodate the needs of special populations?			
3. Are recruitment activities initiated prior to the network reaching established capacity limits?			
4. Are mechanisms in place to ensure issues regarding provider availability are communicated to the appropriate internal area to resolve?			
5. The Offeror has a process to ensure that the Provider Services/Contracting Department gives/receives regular information and feedback from the following:			
a. Medical Director input?			
b. Member Provider council feedback?			
c. Member Grievances?			
d. Member Appeals?			
e. Provider Claim Disputes?			
Use of Information **(9)**			

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Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
59. The Offeror must describe how their organization will handle the loss (i.e., contract termination, closure or natural disaster) in a GSA of a) a nursing facility and b) an assisted living facility. Two areas that must be addressed in the narrative are 1) the process for monitoring providers who have a known viability problem or a known potential for closure and 2) how the Offeror will ensure the member receives medically necessary services if such a situation occurs.		Reference - Section D, Paragraphs 28. Network Development, 29. Network Management and 83. Business Continuity and Recovery Plan.	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
1. Did the description include a review of nursing facilities::			
a) Financial data?			
b) Licensing reports?			
c) Ownership changes?			
d) Trends of Quality of Care concern Findings?			
2. Did the description include a review of Assisted Living Facilities:			
a) Financial data?			
b) Licensing reports?			
c) Ownership changes?			
d) Trends of Quality of Care concern Findings?			
3. Did the offeror have a process for investigating providers with a known issue that may result in a closure that included contact with the provider prior to closure?			
4. Did the offeror have a transition plan in place for members?			
Loss of a Provider **(10)**			

ALTCS RFP EVALUATION TOOL

CATEGORY: Provider Network

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
60. Describe how provider turnover, complaints and provider satisfaction will be assessed. How will results be used for possible changes or improvements?		Reference - Section D, Paragraphs 28. Network Development and 29. Network Management	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
Did the Offeror's submission include, at a minimum:			
1. Are provider complaints and turnover trended and analyzed to identify opportunities to increase provider satisfaction?			
2. Are provider surveys conducted on a regular, periodic basis?			
3. Are provider survey results analyzed to identify opportunities to increase provider satisfaction?.			
4. Are the opportunities identified in the survey analysis implemented, or for new bidders, is there a reasonable process described for their implementation?			
5. Are the changes made as a result of analysis monitored for effectiveness, or for new bidders, is there a reasonable process described for their implementation?			
6. Are the survey results shared with providers, or for new bidders, is there a reasonable process described for their implementation?			
Provider Satisfaction **(6)**			

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Offeror Name _____

Provider Network Management Summary	ACTUAL SCORE	TOTAL POINTS POSSIBLE
55. Network Development and Management Plan		11
56. Innovative & Creative Aspect	Qualitative	Qualitative
57. External Communication		4
58. Use of Information		9
59. Loss of a Provider		10
60. Provider Satisfaction		6
TOTAL POINTS FOR Network Management		39

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

ALTCS RFP EVALUATION TOOL

CATEGORY: Provider Network

Offeror Name _____

Provider Network Development **SUBMISSION REQUIREMENT**	**Yes = 1** **No = 0**	**RFP Reference**	**Offeror Reference**
61. The Offeror must provide a listing of their provider network in an Excel Spreadsheet by: a) Electronic Copy on a Compact Disc (CD) in the format listed in Exhibit C and b) A printed copy roster, 8/12 by 14 size paper (legal), of the Long Term Care, Home and Community, HCBS Home, Behavioral Health and Acute Care Providers in the format listed in Exhibit C.		Reference - Section D, Paragraphs 28. Network Development, 29 .Network Management, Attachment and Bidders library Exhibit C	

Provider Network Roster	**ACTUAL SCORE**	**TOTAL POINTS POSSIBLE**
GSA 40 Gila, Pinal Counties		68
GSA 42 La Paz, Yuma		68
GSA 44 Apache, Coconino, Mohave, Navajo		136
GSA 46 Cochise, Graham Greenlee		102
GSA 48 Yavapai		34
GSA 50 Pima Only		47
GSA 50 Pima, Santa Cruz		81
GSA 52 Maricopa		74

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**