

## Submission Requirement 1

Offeror	Rank*
Centene	2
UHC	4
University Family Care	1
Mercy Care Group	3

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

Evaluation Team Member	Signature	Date
Connie Williams	<i>Connie Williams</i>	2-9-17
Cheryl Beagan	<i>Cheryl Beagan</i>	2-9-17
Nancy Beardstey	<i>Nancy Beardstey</i>	2-9-17
Facilitator	Signature	Date
Scott Wether	<i>Scott Wether</i>	2-9-17

COMPONENT: PROGRAM

OFFEROR'S NAME: University Family Care

SUBMISSION REQUIREMENT No. 1	Total Ranking
<p>An 85 year old American Indian member currently enrolled with the Offeror, with Medicare Part A and Part B, and unknown tribal affiliation resides alone in Parker. The member has had several transitions in the last three years between Tribal ALTCS and the Offeror's ALTCS E/PD Health Plan. The member has received services from multiple IHS and 638 facilities as well as providers in the Offeror's network and through Medicare's network. Her diagnoses include Unspecified Depressive Disorder, Panic Disorder with agoraphobia, Transient Ischemic Attacks and history of CVA. Her vision has also been impaired by cataracts. This member also has demonstrated difficulty remembering conversations and confusion over her prescribed medications, resulting in inconsistencies in taking medications. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>1</p>

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described a process for coordination of Medicare and Medicaid benefits</p> <p>Offeror described a process to coordinate with Tribal providers including Tribal 638s and Purchased Referral Care; coordination activities included coordination with a Tribal Liaison and distribution of member materials specific to Tribal Service coordination</p> <p>Offeror described a process for assessing and treating member's behavioral health needs, including the performance of a neuropsychological examination and involvement of member's Primary Care Provider</p> <p>Offeror described a process for collecting historical treatment and utilization data from various sources, including AHCCCS (blind spot data), Tribal providers and Arizona Health-E Connection Health Information Exchange</p> <p>Offeror described how family would be involved in care planning as well as ongoing care needs of the member, including examples of how family would be engaged</p> <p>Offeror provided a description of assessments and identified services and supports to enable member to remain in the home</p> <p>Offeror described a planning process that engaged member and reviewed options that maximize ability of member to remain at home</p>


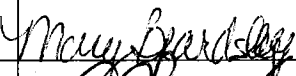
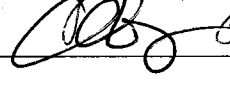

Offeror provided a comprehensive description of its behavioral health evaluation process and treatment

Offeror provided a detailed process for reviewing and coordinating member's medications

Offeror described a member-centered approach for identification of services, based on evidence-based practices, and identification of supports; services were identified in the context of member's goals and needs

Offeror described a goal-based approach for addressing member's eye care, including the potential need for supports following surgery

Offeror described activities to ensure culturally competent care

Evaluation Team Member	Signature	Date
Connie Williams		2-9-17
Mary Beardsley		2-9-17
Cheryl Begay		2-9-17
Facilitator	Signature	Date
Scott Wither		2-9-17

COMPONENT: PROGRAM

OFFEROR'S NAME: Centene

SUBMISSION REQUIREMENT No. 1	Total Ranking
<p>An 85 year old American Indian member currently enrolled with the Offeror, with Medicare Part A and Part B, and unknown tribal affiliation resides alone in Parker. The member has had several transitions in the last three years between Tribal ALTCS and the Offeror's ALTCS E/PD Health Plan. The member has received services from multiple IHS and 638 facilities as well as providers in the Offeror's network and through Medicare's network. Her diagnoses include Unspecified Depressive Disorder, Panic Disorder with agoraphobia, Transient Ischemic Attacks and history of CVA. Her vision has also been impaired by cataracts. This member also has demonstrated difficulty remembering conversations and confusion over her prescribed medications, resulting in inconsistencies in taking medications. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>2</p>

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described a process for coordination of Medicare and Medicaid benefits, including the sharing of member's care plan with Medicare providers</p> <p>Offeror described a process for coordination of Tribal providers, including the sharing of member's care plan and health records with Tribal providers</p> <p>Offeror described a process for assessing and treating member's behavioral health needs, including the performance of a neuropsychological examination and coordination with Tribal Behavioral Health providers</p> <p>Offeror described a process for collecting historical treatment and utilization data from various sources, including AHCCCS (blind spot data) and Tribal providers</p> <p>Offeror described how member and family would be educated and actively involved in care planning as well as ongoing care needs of the member</p> <p>Offeror provided a description of assessments and identified services and supports to enable member to remain in the home</p> <p>Offeror described a planning process that engaged member in discussion of options</p> <p>Offeror provided a comprehensive description of behavioral health treatment</p>

Offeror provided a detailed process for reviewing and coordinating member's medications

Offeror provided a goal-based description of services and supports

Offeror described a process to coordinate services to address member's eye care, including transportation

Offeror generally described coordination of services in a culturally appropriate manner

Evaluation Team Member	Signature	Date
Connie Williams	Connie Williams	2-9-17
Mary Beardsley	Mary Beardsley	2-9-17
Cheryl Begay	CB	2-9-17
Facilitator	Signature	Date
Scott Walker	SW	2-9-17

COMPONENT: PROGRAM

OFFEROR'S NAME: Mercy Care Group

SUBMISSION REQUIREMENT No. 1	Total Ranking
<p>An 85 year old American Indian member currently enrolled with the Offeror, with Medicare Part A and Part B, and unknown tribal affiliation resides alone in Parker. The member has had several transitions in the last three years between Tribal ALTCS and the Offeror's ALTCS E/PD Health Plan. The member has received services from multiple IHS and 638 facilities as well as providers in the Offeror's network and through Medicare's network. Her diagnoses include Unspecified Depressive Disorder, Panic Disorder with agoraphobia, Transient Ischemic Attacks and history of CVA. Her vision has also been impaired by cataracts. This member also has demonstrated difficulty remembering conversations and confusion over her prescribed medications, resulting in inconsistencies in taking medications. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>3</p>

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described a process for coordination of Medicare and Medicaid benefits</p> <p>Offeror described a process to coordinate with Tribal providers, including coordination with the Tribal Liaison and development of a Memorandum of Understanding (MOU)</p> <p>Offeror described a process for assessing and treating member's behavioral health needs</p> <p>Offeror described a process for collecting historical treatment and utilization data from various sources, including AHCCCS (blind spot data) and Tribal providers</p> <p>Offeror described how family would be educated and involved in care planning as well as ongoing care needs of the member</p> <p>Offeror provided a description of assessments and identified services and supports to enable member to remain in the home</p> <p>Offeror described a planning process that engaged member and promote choices that are culturally appropriate</p> <p>Offeror described assessment and treatment options for behavioral health services</p> <p>Offeror provided a detailed process for reviewing and coordinating member's medications</p>

Offeror provided a description of services and supports

Offeror described steps to address member's eye care

Offeror described activities to ensure culturally competent care

Evaluation Team Member	Signature	Date
Connie Williams	<i>Connie Williams</i>	2-9-17
Mary Beardstep	<i>Mary Beardstep</i>	2-9-17
Cheryl Begay	<i>Cheryl Begay</i>	2-9-17
Facilitator	Signature	Date
Scott With	<i>Scott With</i>	2-9-17

COMPONENT: PROGRAM

OFFEROR'S NAME:

UHC

SUBMISSION REQUIREMENT No. 1	Total Ranking
<p>An 85 year old American Indian member currently enrolled with the Offeror, with Medicare Part A and Part B, and unknown tribal affiliation resides alone in Parker. The member has had several transitions in the last three years between Tribal ALTCS and the Offeror's ALTCS E/PD Health Plan. The member has received services from multiple IHS and 638 facilities as well as providers in the Offeror's network and through Medicare's network. Her diagnoses include Unspecified Depressive Disorder, Panic Disorder with agoraphobia, Transient Ischemic Attacks and history of CVA. Her vision has also been impaired by cataracts. This member also has demonstrated difficulty remembering conversations and confusion over her prescribed medications, resulting in inconsistencies in taking medications. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>4</p>

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described a process for coordination of Medicare and Medicaid benefits</p> <p>Offeror generally described how it would communicate with Tribal providers</p> <p>Offeror described a process for assessing and treating member's behavioral health needs</p> <p>Offeror generally described how it would collect historical treatment and utilization data</p> <p>Offeror did not adequately describe how it would engage member to evaluate family circumstances and informal supports</p> <p>Offeror provided a description of assessments and identified services and supports to enable member to remain in the home</p> <p>Offeror described its behavioral health assessment process and identified treatment options, however use of PHQ-9 tool for depression and anxiety screening was identified, but tool generally addresses depression only</p> <p>Offeror provided a detailed process for reviewing and coordinating member's medications</p> <p>Offeror provided a description of services and supports</p> <p>Offeror identified several approaches for addressing member's eye care, including in-home eye care</p>



Offeror indicated that it would assign a culturally experienced case manager and addressing cultural issues

Evaluation Team Member	Signature	Date
Connie Williams	Connie Williams	2-9-17
Cheryl Begay	CB	2-9-17
Mary Beardstey	Mary Beardstey	2-14-17
Facilitator	Signature	Date
Scott W. H...	[Signature]	2-9-17