
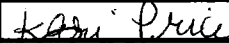

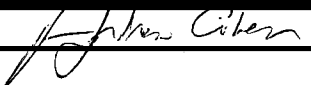



Submission Requirement 10

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
Michelle Holmes		2/9/17
Kari Price		2/9/17
Ben Runkle		2/9/17

Facilitator	Signature	Date
		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: University Family Care

SUBMISSION REQUIREMENT No. 10	Total Ranking
<p>The Offeror recently received an authorization request for an increase in attendant care hours for a member. The Offeror has already approved 20 hours a week of attendant care for this member, but the member’s representative, who is also the member’s spouse and caregiver, believes 45 hours are necessary due to the member’s declining condition. The member’s representative is very upset at the current allocation of hours and has contacted five different agencies, including the legislature. How would the Offeror address this situation, including an explanation of processes associated with approval and processes associated with denial of the request?</p>	1

Rationale:

Major Observations:

Offeror recognized urgency of the situation in its response. Member’s case manager took immediate action to contact the member’s representative and schedule a visit to the member’s residence the next day.

Offeror described a clear process for reassessing the member’s needs/environment, determining if a change in approved services or level-of-care was warranted and completing an updated CES. Offeror shared the results of the reassessment with the member/member’s representative upon its completion.


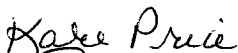
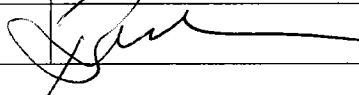
Offeror educated the member/member’s representative about the prohibition against a spouse working as a paid caregiver more than 40 hours in a seven-day period and the potential effect on other benefits associated with a change in income. Offeror described alternatives available for meeting the member’s needs other than increasing spousal caregiver hours. Offeror also discussed assistance available to the spousal caregiver, including respite and caregiver support groups.


Offeror described clearly the process that would be followed if the member/member’s representative did not agree to the proposed increase in caregiver hours, including issuing a Notice of Action within three calendar days; making efforts to resolve the matter with the member/member’s representative outside of the formal appeal structure; appropriately supporting the member in filing the appeal; and outlining in detail the allowable timelines for resolution (standard and expedited). Offeror did not mention that different procedures would apply if the member was SMI and elected to exercise SMI appeal rights.

Offeror described a clear strategy for communicating with AHCCCS and providing the necessary information for AHCCCS to “close the loop” with the legislature and other agencies.

Offeror described clearly a process for tracking the case within its grievance and appeal system and conducting a "root cause" analysis after resolution of the case to identify and address and systemic issues.

Offeror's response demonstrated a member-centered approach through inclusion of the member in communications and interaction with the case manager, as well as through increased frequency of contacts with the member/member's representative in the months following resolution of the issue to verify the new service plan was meeting the member's needs.

Evaluation Team Member	Signature	Date
Michelle Holmes		2/9/17
Kari Price		2/9/17
Ben Runkle		2/9/17

Facilitator	Signature	Date
Andrew Cohen		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: Centene

SUBMISSION REQUIREMENT No. 10	Total Ranking
<p>The Offeror recently received an authorization request for an increase in attendant care hours for a member. The Offeror has already approved 20 hours a week of attendant care for this member, but the member’s representative, who is also the member’s spouse and caregiver, believes 45 hours are necessary due to the member’s declining condition. The member’s representative is very upset at the current allocation of hours and has contacted five different agencies, including the legislature. How would the Offeror address this situation, including an explanation of processes associated with approval and processes associated with denial of the request?</p>	2

Rationale:

Major Observations:

Offeror recognized urgency of the situation in the first portion of its response. Member’s case manager took immediate action to contact the member’s representative and consult with a supervisor regarding the member’s request, before following-up with the member’s representative the next day. The member’s IDT also approved a temporary increase in attendant care hours prior to completion of the reassessment.

Offeror described a clear process for reassessing the member’s needs that included sending two reviewers for interrater-reliability purposes and determining if a change in approved services or level-of-care was warranted. Offeror stated it would share the results of the reassessment with the member/member’s representative, although only committed to doing so within the AHCCCS required timeline. Offeror did not mention completing an updated CES as part of the reassessment.



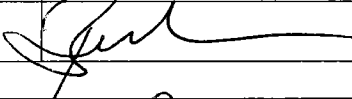

Offeror educated the member/member’s representative about the prohibition against a spouse working as a paid caregiver more than 40 hours in a seven-day period and the potential effect on other benefits associated with a change in income (e.g., food stamps). Offeror described alternatives available for meeting the member’s needs other than increasing spousal caregiver hours. Offeror discussed assistance available to the spousal caregiver, including respite and local behavioral health resources.

Offeror discussed the process that would be followed if the member/member’s representative did not agree to the proposed increase in caregiver hours, including issuing a Notice of Action and making multiple efforts to resolve the matter with the member/member’s representative outside of the formal appeal structure. Offeror did not describe clearly how it would support the member in filing the appeal or the allowable timelines for resolution. Offeror did mention that different procedures would apply if the member was SMI and elected to exercise SMI appeal rights.

Offeror described a clear strategy for communicating with AHCCCS through daily contact between its corporate compliance officer and her AHCCCS counterpart. Offeror interpreted "agencies" to mean caregiver agencies and stated it would contact each and request in the future that they report any member concerns about which they become aware to a member's case manager.

Offeror described clearly a process for tracking the case and performing a root cause analysis for quality improvement purposes.

Offeror's response focused on communication with the member's representative, rather than both the member and member's representative. However, offeror did demonstrate a member-centered approach through increased frequency of contacts with the member/member's representative in the months following resolution of the issue to verify the new service plan was meeting the member's needs.

Evaluation Team Member	Signature	Date
Michelle Holmes		2/9 ^{mic} /17
Kari Price		2/9/17
Ben Runkle		2/9/17
Facilitator	Signature	Date
Alicia Olsen		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME:

Mercy Care Group

SUBMISSION REQUIREMENT No. 10	Total Ranking
<p>The Offeror recently received an authorization request for an increase in attendant care hours for a member. The Offeror has already approved 20 hours a week of attendant care for this member, but the member's representative, who is also the member's spouse and caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted five different agencies, including the legislature. How would the Offeror address this situation, including an explanation of processes associated with approval and processes associated with denial of the request?</p>	<p>3</p>

Rationale:

Major Observations:

Offeror recognized urgency of the situation in the first part of its response by stating the member's case manager would contact the member/member's representative immediately to schedule an in-home visit, although it did not indicate how quickly the visit would occur.

Offeror described a clear process for reassessing the member's needs that included sending two reviewers for interrater-reliability purposes and determining if a change in approved services or level-of-care was warranted. Offeror stated it would share the results of the reassessment (including issuing a Notice of Action) with the member/member's representative, although only committed to doing so within the AHCCCS required timeline. Offeror did not mention completing an updated CES as part of the reassessment.

Offeror educated the member/member's representative about the prohibition against a spouse working as a paid caregiver more than 40 hours in a seven-day period. Offeror discussed the potential need for skilled nursing but did not clearly describe alternatives available for meeting the member's needs other than increasing spousal caregiver hours. Offeror also discussed assistance available to the spousal caregiver, including respite and palliative care (if the member's condition worsened).

Offeror described clearly the process that would be followed if the member/member's representative did not agree to the proposed increase in caregiver hours, including issuing a Notice of Action; making efforts to resolve the matter with the member/member's representative outside of the formal appeal structure; appropriately supporting the member in filing the appeal; and outlining the allowable timelines for resolution. Offeror mentioned that different procedures would apply if the member was SMI and elected to exercise SMI appeal rights.

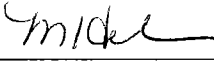
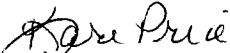
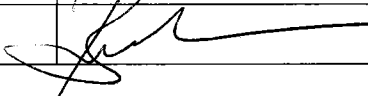

Offeror discussed informing the member's representative of external resources available to assist in the

appeal process. However, offeror referred the member's representative to a specific firm, instead of providing a list of firms in accordance with AHCCCS policy.

Offeror addressed its strategy for responding to inquiries from outside entities in a general manner by stating it would maintain communication with AHCCCS regarding the concern until it was resolved or closed by AHCCCS.

Offeror described clearly a process for tracking the case, performing continuous quality improvement at the IDT level and more broadly to identify trends and better anticipate and respond to future service requests.

Offeror's response demonstrated a member-centered approach through inclusion of the member in communications and interaction with the case manager.

Evaluation Team Member	Signature	Date
Michelle Holmes		2/9/17
Kari Price		2/9/17
Ben Runkle		2/9/17
Facilitator	Signature	Date
Andrew Cohen		2/9/17

COMPONENT: ADMINISTRATIVE

OFFEROR'S NAME: UHC

SUBMISSION REQUIREMENT No. 10	Total Ranking
<p>The Offeror recently received an authorization request for an increase in attendant care hours for a member. The Offeror has already approved 20 hours a week of attendant care for this member, but the member’s representative, who is also the member’s spouse and caregiver, believes 45 hours are necessary due to the member’s declining condition. The member’s representative is very upset at the current allocation of hours and has contacted five different agencies, including the legislature. How would the Offeror address this situation, including an explanation of processes associated with approval and processes associated with denial of the request?</p>	4

Rationale:

Major Observations:

Offeror recognized urgency of the situation in the first part of its response by stating the member’s case manager would contact the member/member’s representative immediately to schedule an in-home visit, determine if there are immediate needs and offer interim respite services prior to the visit. Offeror did not indicate how quickly the visit would occur.

Offeror described a clear process for reassessing the member’s needs that included sending two reviewers for interrater-reliability purposes and determining if a change in approved services or level-of-care was warranted. Offeror stated it would share the results of the reassessment (including issuing a Notice of Action) with the member/member’s representative, although only committed to doing so within the AHCCCS required timeline. Offeror did mention completing an updated CES as part of the reassessment.

Offeror educated the member/member’s representative about the prohibition against a spouse working as a paid caregiver more than 40 hours in a seven-day period. Offeror discussed Adult Day Health Care both as an alternative for meeting the member’s needs other than increasing spousal caregiver hours and as a means of providing personal time to the spousal caregiver, along with respite care.

Offeror discussed the process that would be followed if the member/member’s representative did not agree to the proposed increase in caregiver hours, including making efforts to resolve the matter with the member/member’s representative outside of the formal appeal structure. Offeror did not describe clearly who would be writing the appeal or the nature of the assistance to be offered to the member.


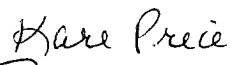
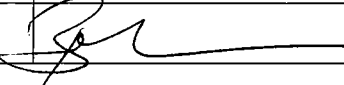

Offeror stated that it would send a Notice of Appeal Resolution within five business days of resolution but the requirement is 30 days (standard appeal) or three working days (expedited appeal) from the time of the filing. Offeror also did not mention that different procedures would apply if the member

was SMI and elected to exercise SMI appeal rights.

Offeror stated its case management administrator would keep AHCCCS informed of its steps to resolve the member/member representative's concerns but did not describe clearly a strategy for responding to inquiries from outside entities, such as the legislature or other agencies.

Offeror discussed steps to track the case and support decision-making about care needs but did not describe clearly a process for identifying trends for quality improvement purposes.

Offeror's response demonstrated a member-centered approach by stressing the importance of the case manager/member relationship and its ongoing member engagement activities.

Evaluation Team Member	Signature	Date
Michelle Holmes		2/9/17
Kari Price		2/9/17
Ben Runkle		2/9/17
Facilitator	Signature	Date
Andrew Cohen		2/9/17