

### **Overview of RFP Evaluation Process**

For the Acute Care/Children's Rehabilitative Services (CRS) RFP YH14-0001, AHCCCS will use a scoring methodology comprised of:

- An evaluation of Narrative submissions and Oral Presentation using a Consensus Evaluation Process
- An evaluation of Capitation Bids
- An evaluation of Information Technology (IT) Systems Demonstration

Additional submissions required of Offerors that will not be scored include:

- Executive Summary
- Disclosure of Moral and Religious Objections
- Attestation

The Attestation is not scored; however, it will be verified during the readiness reviews.

### **Consensus Evaluation**

The general steps in the consensus evaluation process are described below:

Each submission requirement will be evaluated by an Evaluation Team consisting of either three or five individuals. These individuals are referred to as team members. A Facilitator will be assigned to each Team to assist the Team in discussions of the submission requirement and to assist the Team in reaching consensus. Each team member will first individually evaluate the Offeror's response to the designated narrative submission requirement or oral presentation. All team members will then be convened to participate in a consensus evaluation meeting(s) for the particular submission requirement, led by a Facilitator. Through the consensus evaluation meeting(s), the Team will establish a consensus ranking for each submission requirement which is approved by each and every member of the Team and incorporated into a Consensus Ranking document. The Consensus Ranking document represents the raw score for each submission requirement for each Offeror. Once the Consensus Ranking document is completed, it will be submitted to the Finance Team for inclusion in the overall scoring methodology. A Consensus Rationale document will also be completed which specifies the reason(s) for the ranking of each submission requirement. All working documents used in the evaluation process will be destroyed.

During the Consensus Evaluation Process, team members shall only consider the information submitted by the Offeror for the specific submission requirement. Information that is not received as part of the Offeror's bid submission shall not be considered. In addition, teams shall only consider information provided within the allotted page limit and permitted attachments, if any. A policy, brochure, or reference to a policy or manual does not constitute an adequate response and shall not be considered during the evaluation process. An Offeror's use of contingent language such as "explore" or "under consideration" shall not be considered during the evaluation process.

### **Capitation Bid Evaluation**

For the Acute Care Program capitation bid, Offerors must submit a medical bid and an administrative bid for each risk group in each geographic service area (GSA) for which a bid is submitted. Pursuant to the RFP Instructions to Offerors, the Acute Care bids will be scored by risk group within each GSA for: the medical component, the administrative component, and a combined medical and administrative component. Rates for Prior Period Coverage (PPC), SOBRA Family Planning Extension Program (SFPEP) and State Only Transplant will be established by the AHCCCS actuaries and will not be subject to competitive bidding. All other risk groups and the Delivery Supplement (hereafter referred to as risk groups) will be subject to competitive bidding.

Since an Offeror's final capitation score within a GSA is derived from its bids for all risk groups, excluding those populations where the rate is set by AHCCCS, a mechanism to combine and weight the various risk group scores is applied. The resulting overall weighted score represents the raw capitation score that is incorporated into the overall scoring methodology.

For the CRS Program capitation bid, only the administrative component will be bid and scored. Offerors will submit one statewide, administrative Per Member Per Month (PMPM) bid to cover the four CRS coverage types (CRS Fully Integrated, CRS Partially-Integrated – Acute, CRS Partially-Integrated – Behavioral Health (BH) and CRS Only). Each coverage type will receive the same administrative PMPM. The CRS capitation score represents the raw capitation score that is incorporated into the overall scoring methodology.

**Information Technology (IT) Systems Demonstration Evaluation**

The Information Technology (IT) Demonstration involves sixteen exchanges of data over a ten day period resulting in responses to 179 questions. A pre-populated answer sheet will be utilized to compare each Offeror's submitted responses to the expected responses which will determine the number of correct responses per exchange. A response must be one hundred percent correct to result in credit for a correct response; otherwise the response receives zero points. For example, if a response requires the identification of 30 mock member IDs and 29 IDs are correct and 1 is incorrect, the entire response is considered incorrect and therefore receives zero points. The number of correct responses by exchange by Offeror represents the raw scores that will be provided to the Finance Team for input into the overall scoring methodology.