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Request for Proposals (RFP)

Arizona Health Care Cost Containment System (AHCCCS)

Solicitation #: YH24-0001

Long Term Care for Individuals Who Are Elderly and/or Have a Physical Disability (ALTCS E/PD)

Proposal Due Date: October 2, 2023 at 3 P.M. Arizona Time

AHCCCS Procurement Contact:
Meggan LaPorte, Chief Procurement Officer
Email: RFPYH24-0001@azahcccs.gov

Submitted by:
Health Net Access, Inc. dba
Arizona Complete Health-Complete Care Plan
1850 W. Rio Salado Pkwy., Suite 211 Tempe, AZ 85281

Part A

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A1
Offeror's Checklist

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EXHIBIT A: OFFEROR'S CHECKLIST

The Offeror shall complete and submit the Offeror's Checklist as the initial pages of the Proposal. It is the Offeror's responsibility to ensure it has submitted all requirements in the RFP notwithstanding the items included in the Offeror's Checklist.

OFFEROR'S CHECKLIST ALTCS EPD RFP #YH24-0001		
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A2

Completed and Signed Offeror's Intent to Bid

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The Deadline to submit the Intent to Bid form is August 31, 2023, BY 3:00 PM ARIZONA TIME

Each Offeror MUST SUBMIT AN OFFEROR'S INTENT TO BID FORM by the deadline above in order to receive access to the AHCCCS Secure File Share (ASFS). FAILURE TO SUBMIT AN INTENT TO BID form by the due date will DISQUALIFY any potential Offeror FROM SUBMITTING A PROPOSAL FOR THE SOLICITATION. Access to the ASFS is restricted to **TWO INDIVIDUALS PER OFFEROR**. Each individual requesting access shall be an employee of the potential Offeror and not a consultant or independent contractor.

Once received, AHCCCS will request access to ASFS for each individual and each individual will receive a 'Welcome' email from *AHCCCS ISD Customer Support* with instructions for activating an ASFS account. Each individual will be provided access to a folder for upload of its RFP Proposal and download access for download of the RFP Data Supplement file(s). Each individual shall send confirmation of access to RFPYH24-0001@azahcccs.gov.

1	NAME:	Lisa L. Stutz
2	TITLE:	Vice President, Complex Care Programs
3	EMAIL ADDRESS:	lisa.l.stutz@azcompletehealth.com
4	PHONE NUMBER:	480-629-1380
5	COMPANY NAME:	Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan
6	COMPANY ADDRESS:	1850 W. Rio Salado Parkway, Suite 211, Tempe, AZ 85281
7	COMPANY WEBSITE:	https://www.azcompletehealth.com/

I ATTEST THAT THE FOLLOWING IS TRUE:	INITIALS
My company (listed in box #5 above) has experience providing "Solicitation Services" as described in this RFP.	LLS
My company (listed in box #5 above) intends, or is considering its intent, to submit a bid for this RFP.	LLS
I understand that submittal of this form does not obligate my company to submit a bid.	LLS
I am an employee of my company (listed in box #5 above) and not a consultant or independent contractor.	LLS
I understand that it is my responsibility to ensure that the data uploaded to ASFS is shared only with employees of my company (not consultants or independent contractors) who need this information to create a proposal for this RFP, and that it is ONLY used for purposes of this RFP.	LLS
I understand that it is my responsibility that all copies of the data retrieved from ASFS shall be destroyed after the award of this RFP.	LLS

Signature: Lisa L. Stutz **Date:** 8/18/23

If assistance is needed, contact the assigned AHCCCS Procurement Officer listed on the front page of the solicitation at RFPYH24-0001@azahcccs.gov.

The Deadline to submit the Intent to Bid form is August 31, 2023, BY 3:00 PM ARIZONA TIME

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Once received, AHCCCS will request access to ASFS for each individual and each individual will receive a 'Welcome' email from *AHCCCS ISD Customer Support* with instructions for activating an ASFS account. Each individual will be provided access to a folder for upload of its RFP Proposal and download access for download of the RFP Data Supplement file(s). Each individual shall send confirmation of access to RFPYH24-0001@azahcccs.gov.

1	NAME:	Jennifer Keogh
2	TITLE:	Program Manager III
3	EMAIL ADDRESS:	jkeogh@azcompletehealth.com
4	PHONE NUMBER:	520-306-7891
5	COMPANY NAME:	Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan
6	COMPANY ADDRESS:	1850 W Rio Solado Parkway, Suite 211, Tempe, AZ 85281
7	COMPANY WEBSITE:	https://www.azcompletehealth.com/

I ATTEST THAT THE FOLLOWING IS TRUE:	INITIALS
My company (listed in box #5 above) has experience providing "Solicitation Services" as described in this RFP.	JK
My company (listed in box #5 above) intends, or is considering its intent, to submit a bid for this RFP.	JK
I understand that submittal of this form does not obligate my company to submit a bid.	JK
I am an employee of my company (listed in box #5 above) and not a consultant or independent contractor.	JK
I understand that it is my responsibility to ensure that the data uploaded to ASFS is shared only with employees of my company (not consultants or independent contractors) who need this information to create a proposal for this RFP, and that it is ONLY used for purposes of this RFP.	JK
I understand that it is my responsibility that all copies of the data retrieved from ASFS shall be destroyed after the award of this RFP.	JK

Signature: Jennifer Keogh **Date**: 8.16.23

If assistance is needed, contact the assigned AHCCCS Procurement Officer listed on the front page of the solicitation at RFPYH24-0001@azahcccs.gov.

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Completed and Signed Solicitation Offer and Offer Page

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	# Notice of Request for Proposal
	SOLICITATION # YH24-0001
	LONG TERM CARE FOR INDIVIDUALS WHO ARE ELDERLY AND/OR HAVE A PHYSICAL DISABLITY (ALTCS EPD)

AHCCCS Procurement Officer:
Meggan LaPorte
Chief Procurement Officer
E-Mail: RFPYH24-0001@azahcccs.gov

Issue Date: August 1, 2023

RFP DESCRIPTION:	**LONG TERM CARE FOR INDIVIDUALS WHO ARE ELDERLY AND/OR HAVE A PHYSICAL DISABILITY (ALTCS EPD)**
PRE-PROPOSAL CONFERENCE:	A Pre-Proposal Conference has **NOT** been scheduled.
QUESTIONS DUE: *Questions shall be submitted to the procurement officer on the Q&A form provided with this RFP. Answers will be posted publicly on the AHCCCS website in the form of a Solicitation Amendment for the benefit of all Potential Offerors.*	**AUGUST 8, 2023** AND **AUGUST 22, 2023** by 5:00 PM Arizona Time
ALL OFFERORS MUST SUBMIT THEIR INTENT TO BID FORM BY: *Refer to RFP Instructions to Offerors for details*	**AUGUST 31, 2023** by 3:00 PM Arizona Time
PROPOSAL DUE DATE: *Proposals shall be submitted in accordance with this RFP's Instructions to Offerors prior to the time and date indicated here, or as may be amended through a Solicitation Amendment.*	**OCTOBER 2, 2023** by 3:00 PM Arizona Time

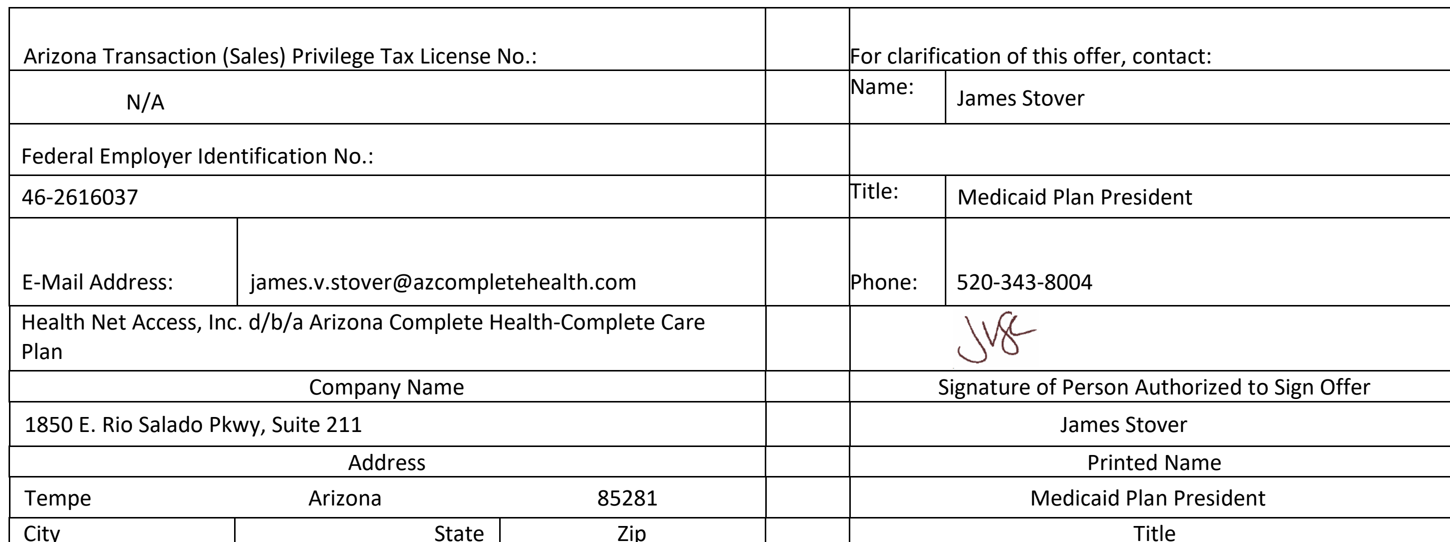
Late proposals shall not be considered.
OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting the person named above. Requests should be made as early as possible to allow time to arrange the accommodation.

OFFER AND ACCEPTANCE

OFFER

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also certifies Small Business Status.



Arizona Transaction (Sales) Privilege Tax License No.:				For clarification of this offer, contact:	
N/A				Name:	James Stover
Federal Employer Identification No.:					
46-2616037				Title:	Medicaid Plan President
E-Mail Address:	james.v.stover@azcompletehealth.com			Phone:	520-343-8004
Health Net Access, Inc. d/b/a Arizona Complete Health-Complete Care Plan				[signature]	
Company Name				Signature of Person Authorized to Sign Offer	
1850 E. Rio Salado Pkwy, Suite 211				James Stover	
Address				Printed Name	
Tempe	Arizona	85281		Medicaid Plan President	
City	State	Zip		Title	

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-09 or A.R.S. §§ 41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The Offeror ______is / __X___ is **not** a small business with less than 100 employees or has gross revenues of $4 million or less.
5. The Offeror is in compliance with A.R.S. § 18-132 when offering electronics or information technology products, services, or maintenance; and
6. The Offeror certifies that it is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments, and final proposal revisions (if any), contained herein, is accepted. The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed.

This contract shall henceforth be referred to as

Contract No. ______________________________________

Contract Service Start Date: __________________________

Award Date: ______________________________________

____

MEGGAN LAPORTE, AHCCCS CHIEF PROCUREMENT OFFICER

A4

Completed and Signed Offeror's Bid Choice Form

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EXHIBIT B: OFFEROR'S BID CHOICE FORM

ALTCS EPD RFP YH24-0001 OFEROR'S BID CHOICE FORM

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan
OFFEROR NAME

The Offeror named above is bidding on the ALTCS EPD Program for RFP #YH24-0001 in all three Geographic Service Areas (GSAs) [Central, North, and South] as listed in the chart below.

The Offeror shall indicate GSA order of preference for award by indicating (1st choice, 2nd choice, 3rd choice) in the *Order of Preference* column below.

GSA	ORDER OF PREFERENCE
Central: Maricopa, Gila, and Pinal Counties	1
North: Mohave, Coconino, Apache, Navajo, and Yavapai Counties	3
South: Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties (including zip codes: 85542 85192 8550)	2

[signature]
Authorized Signature

September 29, 2023
Date

James Stover
Print Name

Medicaid Plan President
Title

A5
Completed and Signed Solicitation Amendment(s)

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SOLICITATION AMENDMENT #1		
SOLICITATION #: **YH24-0001** **ALTCS E/PD RFP**	**SOLICITATION DUE DATE:** **OCTOBER 2, 2023** **3:00 PM ARIZONA TIME**	**PROCUREMENT OFFICER:** **MEGGAN LAPORTE** **RFPYH24-0001@AZAHCCCS.GOV**

A signed copy of this Amendment shall be submitted with the Offeror's Proposal.

This Amendment will be posted to the Bidders Library: https://azahcccs.gov/PlansProviders/HealthPlans/YH24-0001.html.

This Solicitation is amended as follows:

A. The attached Answers to Questions are incorporated as part of this Amendment.

B. This Solicitation is also amended as follows:

SECTION	YH24-0001 AMENDMENT
SECTION G - DISCLOSURE OF INFORMATION INSTRUCTIONS AND ATTESTATION	**Revised to correct hyperlink:** 3. Once APEP access is obtained, the Offeror shall upload all appropriate information into APEP. Refer also to the AHCCCS website for MCO instructions regarding the APEP application and its use: ~~https://azahcccs.gov/PlansProviders/APEP/APEPTraining.html~~ https://azahcccs.gov/PlansProviders/APEP/Resources.html

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	**SIGNATURE:** **SIGNATURE ON FILE**
TYPED NAME: James Stover	**TYPED NAME:** **MEGGAN LAPORTE, CPPO, MSW**
TITLE: Medicaid Plan President	**TITLE:** **CHIEF PROCUREMENT OFFICER**
DATE: September 29, 2023	**DATE:**

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	**OFFEROR'S NAME**	**DATE OF SUBMISSION**	**RFP SECTION**	**PARAGRAPH NO.**	**PAGE NO.**	**OFFEROR'S QUESTION**	**AHCCCS RESPONSE**
1.	UnitedHealthcare Community Plan	August 8, 2023	Section H, Subsection 19	5	14	May graphics, tables and charts contain font sizes smaller than 11-point?	**Graphics, tables, and charts may be in a smaller font.**
2.	Arizona Complete Health	August 8th, 2023	Section H: Instructions to Offerors	1	14	This paragraph lists what PDFS need to be submitted i.e., RFP Part B1, RFP Part B2, RFP Part B4-B10. RFP Part B11 is not included in this listing. Should RFP Part B11 be included in the same PDF as RFP Part B4 – B10 or should RFP Part B11 be in a separate PDF file.	**RFP Part B11 should be included in the same PDF as RFP Part B4. The RFP is revised as follows:** The Offeror shall submit the following electronically via the ASFS in its corresponding health plan folder by the date listed on RFP Section A, Solicitation and Offer Page: a. Capitation Agreement/Administrative Cost Bid Submission: (1) Agreement Accepting Capitation Rates [pdf] (2) Non-Benefit (Administrative and Case Management) Costs Bid Workbook [Excel] (3) Actuarial Certification [pdf], and b. One searchable PDF version of the Offeror's Executive Summary (RFP Part B1), c. One searchable PDF version of the Offeror's Contract citations (RFP Part B2), d. One searchable PDF version of the Offeror's Narrative Submission Requirements and corresponding responses (RFP Part B4-~~B10~~ B11), e. Oral Presentation participant names, titles, and resumes (RFP Part B12), and f. One searchable PDF version of the Offeror's entire Proposal.
3.	Arizona Complete Health	August 8th, 2023	Section D: Program Requirements	4	68	Community Health Worker/Community Health Representative Services: This section refers to AMPM Policy 310-W. However, AMPM Policy 310-W is not listed on the AHCCCS website. Can AHCCCS provide this referenced policy?	**AMPM Policy 310-W is under development. The RFP is revised as follows:** Certified Community Health Worker/Community Health Representative Services: A certified Community Health Worker/Community Health Representative (CHW/CHR), who obtains certification through the Arizona Department of Health Services (ADHS) as specified in A.A.C. R9-16-802, may provide AHCCCS covered member education and preventive services to eligible members. ~~Refer to AMPM Policy 310-W.~~

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	OFFEROR'S NAME	DATE OF SUBMISSION	RFP SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
4.	Arizona Complete Health	August 8th, 2023	Section D: Program Requirements	3	83	Habilitation: This paragraph states that "This includes habilitation services such as Day Treatment and Training (also known as day program) for persons with disabilities and Supported Employment." Will the following forms of habilitation be considered a covered service for the ALTCS E/PD population 10/1/2024? Habilitation – Supported Employment (T2019), Prevocational Habilitation (T2047 or T2015), Educational Habilitation (T2013), Habilitation Support/IDLA (T2017), Specialized Habilitation/Supported Community Connections	**The RFP is revised as follows:** ***Habilitation***: A service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor development, orientation, and mobility, and behavior intervention. Physical, occupational, or speech therapies may be provided as a part of or in conjunction with other habilitation services. This includes habilitation services such as ~~Day Treatment and Training (also known as day program) for persons with disabilities and~~ Supported Employment.
5.	Arizona Complete Health	August 8th, 2023	Section D: Program Requirements	3	83	Habilitation: Habilitation is listed as a covered LTSS service. However, AHCCCS AMPM 1240-E states that "Habilitation provider agencies shall be certified by DDD". Is it AHCCCS' intention that a habilitation provider serving only the E/PD population would still need to be certified by DDD?	**AMPM Policy 1240-E revisions are currently in development. Habilitation providers serving the EPD population will not require DDD certification.**

AHCCCS
Arizona Health Care Cost Containment System

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	OFFEROR'S NAME	DATE OF SUBMISSION	RFP SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
6.	Arizona Complete Health	August 8th, 2023	Section D: Program Requirements	21	123	Regarding NCQA Accreditation, for a health plan newly entering the ALTCS program to achieve NCQA LTSS Distinction, even at the Interim level, the plan must be actively serving the population for at least six-months. The Program Requirements state, "*… Must also obtain the NCQA LTSS Distinction by October 1, 2024…"* This would not be possible for new entrants to achieve. Will the state change the requirement to achievement of NCQA LTSS Distinction by October 1, 2025?	**The RFP is revised as follows:** ***National Committee for Quality Assurance Accreditation***: The Contractor shall achieve NCQA First Health Plan Accreditation, inclusive of the NCQA Medicaid Module by October 1, 2023. For successful incumbent E/PD Contractors, the Contractor shall also obtain the NCQA LTSS Distinction by October 1, 2024. For successful incumbent non-E/PD Contractors and non-incumbent Offerors, the Contractor shall also obtain the NCQA LTSS Distinction by October 1, 2025. The Contractor shall also achieve NCQA Health Equity Accreditation by October 1, 2025.
7.	Arizona Complete Health	August 8th, 2023	Section D: Program Requirements	48	196	Administrative Costs Percentage: There is a typo here, we believe the phrase should be "Total administrative expenses divided by total payments received from AHCCCS **less** Reinsurance less premium tax". Can you please confirm this?	**The RFP is revised as follows:** Total administrative expenses divided by total payments received from AHCCCS less ~~Reinsurance~~ premium tax. All components of the calculation should include annual audit adjustments.
8.	Arizona Complete Health	August 8th, 2023	Exhibit H: Narrative Submission Requirements, B7	N/A	3 of 5	For the term "community-based care" please clarify the service array that may be included in any Nursing Facility expansion activities.	**No additional information will be provided.**
9.	Arizona Complete Health	August 8th, 2023	Non-Benefit Costs Bid Requirements/ Submission	N/A	N/A	Submission Template has several tabs for the Admin Bid for varying membership assumptions. There is no distinction between GSAs on these tabs. Given there are underlying cost differences between the various GSAs, will AHCCCS adjust bid amounts for different GSA combinations that are awarded?	**AHCCCS will distribute the administrative PMPM associated with the membership tier that matches the expected enrollment for each plan across all awarded GSAs. AHCCCS may incorporate underlying cost differences in the populations between GSAs when determining the overall distribution, if such an adjustment is appropriate.**

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	**OFFEROR'S NAME**	**DATE OF SUBMISSION**	**RFP SECTION**	**PARAGRAPH NO.**	**PAGE NO.**	**OFFEROR'S QUESTION**	**AHCCCS RESPONSE**
10.	Arizona Complete Health	August 8th, 2023	Non-Benefit Costs Bid Requirements/ Submission	N/A	N/A	The Non-Benefit Costs Bid Submission Template has one tab for the Case Management Bid with different inputs for each GSA. It does not specify which Contract Year this is for. Should this bid be for CYE 25 only, or the average for the length of the contract?	**This should be for CYE 25 only. The Offeror can provide additional information in its actuarial certification if it expects significant changes over time. For CYE 25, the only anticipated change from the bid is for adjusting member enrollment and mix percentages after awards have been set and final distribution of membership is known, unless there are changes made to AMPM Policy 1630 regarding the maximum caseloads allowed by setting. For contract years beyond CYE 25, the case management component will be modeled based on the underlying assumptions and updated for actual member mix, wage inflation, and any policy changes regarding maximum caseloads allowed for each setting.**
11.	Arizona Complete Health	August 8th, 2023	Section A: Solicitation Page and Offer – Acceptance	N/A	1	*Pre-Proposal Conference: A Pre-Proposal Conference has NOT been scheduled.* Does this mean there will not be a conference, or just that it has NOT been scheduled yet? Does AHCCCS intend to hold a bidder's conference?	**AHCCCS does not intend to hold a pre-proposal bidder's conference for this solicitation.**
12.	Arizona Complete Health	August 8th, 2023	Non-Benefit Costs Bid Requirements/Submission	N/A	N/A	What should each Offeror assume for the Dual/non-Dual mix for each GSA? There is a significant cost difference between these two populations and if each Offeror has a different assumption, it will significantly skew the scoring results.	**AHCCCS suggests using the historical information provided and stating your data, assumptions, and methodologies of the development of your bid in the actuarial certification.**
13.	Arizona Complete Health	August 8th, 2023	Exhibit H: Instructions to Offerors	20	16	Regarding B12 Oral Presentation Information: When does AHCCCS anticipate notifying offerors of oral presentations?	**AHCCCS anticipates notifying Offerors by Thursday, October 5, 2023.**
14.	BCBSAZ Health Choice	8/8/2023	B2			Could AHCCCS please confirm that the contracts listed in B2 include both is active and inactive contracts?	**Yes, the contracts listed for B2 can be active or inactive contracts.**

AHCCCS
Arizona Health Care Cost Containment System

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	OFFEROR'S NAME	DATE OF SUBMISSION	RFP SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
15.	BCBSAZ Health Choice	8/8/2023	Section G & B2			Based on Section G of the RFP which requires Offerors to submit contract numbers can Offerors utilize experience, or a program associated with that contract number or previous contracts for the same program? (E.g., Health Choice has held an acute contract since the early 1990s. Would we be permitted to discuss experience from both the acute and ACC contracts throughout the narrative responses if we list the contract number for the current ACC in B2?)	**The RFP Submission Requirement B2 is revised as follows:** The Offeror shall identify no more than three contracts, ~~including~~ in addition to Arizona Medicaid contracts, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program.
16.	BCBSAZ Health Choice	8/8/2023	B2			Could AHCCCS please confirm that the one-page limit is cumulative across all three contracts? (Or is AHCCCS requesting a discrete one-page description for each of the three contracts?	**The one-page limit is cumulative across all three listed contracts. AHCCCS is not requesting a discrete one-page description for each of the three contracts.**
17.	BCBSAZ Health Choice	8/8/2023	B2			Could AHCCCS please confirm that an offeror may discuss best practices and programs (as opposed to contract "experience") from other affiliated organizations and programs even if those contracts were not listed in B2. (E.g., If Health Choice has adopted a best practice from our BCBSAZ Medicare plan.)	**Regarding the example provided ("E.g., If Health Choice has adopted a best practice from our BCBSAZ Medicare plan"), best practices and programs that have been adopted and implemented will be considered as experience and must be from the contracts cited in B2.**
18.	BCBSAZ Health Choice	8/8/2023	B4			Could AHCCCS please confirm that "ALTCS case managers" are the offeror's case managers? (As opposed to provider case managers or AHCCCS' own internal team.)	**In RFP Narrative B4, AHCCCS is not referring to AHCCCS' own internal team.**
19.	BCBSAZ Health Choice	8/8/2023	B7			Would AHCCCS be willing to provide member PCP information and Behavioral Health Home on Member Placement Detail file?	**This information will not be provided at this time. The information may be provided to Successful Offerors during readiness and transition post-award.**

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	**OFFEROR'S NAME**	**DATE OF SUBMISSION**	**RFP SECTION**	**PARAGRAPH NO.**	**PAGE NO.**	**OFFEROR'S QUESTION**	**AHCCCS RESPONSE**
20.	BCBSAZ Health Choice	8/8/2023	Member Placement Detail file			Would AHCCCS be willing to provide race, language preference, and ethnicity data?	**This information will not be provided.**
21.	BCBSAZ Health Choice	8/8/2023	Member Placement Detail file			Would AHCCCS be willing to provide a PRFO utilization data file?	**Assuming PRFO in this question refers to Peer or Family Run Organizations, this information will not be provided at this time. The information may be provided to Successful Offerors during readiness and transition post-award.**
22.	BCBSAZ Health Choice	8/8/2023	B10			Please confirm that an MCO currently serving in the ACC program is considered a "(b) Incumbent non-E/PD Contractor."	**An "incumbent non-E/PD Contractor" includes ACC Contractors and ACC-RBHA Contractors.**
23.	BCBSAZ Health Choice	8/8/2023	B10			Has AHCCCS published the Operational Review Contract Report for the most recently completed OR results that will be used in the bid scoring? If not, would AHCCCS be willing to provide this information?	**AHCCCS will not be providing scoring or weighting details.**
24.	BCBSAZ Health Choice	8/8/2023	B11			Will there be a difference in weight for Arizona DSNP Star Ratings versus non-Arizona DSNP Star Ratings or AZ MA Plans? If so, would AHCCCS be willing to provide the different weights?	**AHCCCS will not be providing scoring or weighting details.**

<table>
<tr><th colspan="8">RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE</th></tr>
<tr><th>#</th><th>OFFEROR'S NAME</th><th>DATE OF SUBMISSION</th><th>RFP SECTION</th><th>PARAGRAPH NO.</th><th>PAGE NO.</th><th>OFFEROR'S QUESTION</th><th>AHCCCS RESPONSE</th></tr>
<tr><td>25.</td><td>BCBSAZ Health Choice</td><td>8/8/2023</td><td>Solicitation. (Page 8, Section H: Instruction to Offerors</td><td></td><td>8</td><td>We recognize that AHCCCS is requiring that offerors who are owned by the same parent organization must submit a single proposal in response to the Solicitation. (Page 8, Section H: Instruction to Offerors.) Does this mean that the single offeror will be limited to using the experience and performance of the actual legal entity submitting the bid (e.g., Operating Review score under Narrative Submission B10 and contract experience under Narrative Submission B2) or will the offeror be given credit for the higher experience and/or performance of the two organizations?</td><td>AHCCCS will not be providing scoring or weighting details.</td></tr>
<tr><td>26.</td><td>BCBSAZ Health Choice</td><td>8/8/2023</td><td>ASFS Data Files</td><td></td><td></td><td>We noted that the Member Months in the Detail File do not appear to match the Member Count in the Member Placement Detail File. Would AHCCCS be willing to please identify the difference between the two data sets. Which one would AHCCCS prefer bidders to use for PMPM calculations?
<table><tr><th></th><th>CYE 20</th><th>CYE 21</th><th>CYE 22</th><th>CYE 23</th></tr><tr><td>Member Months</td><td>349,239</td><td>321,368</td><td>315,085</td><td>78,977</td></tr><tr><td>Placement Total</td><td>349,113</td><td>320,560</td><td>312,745</td><td>78,393</td></tr><tr><td>Difference</td><td>126</td><td>808</td><td>2,340</td><td>584</td></tr></table></td><td>AHCCCS suggests bidders use member months for PMPM calculations. The difference between the member months file and the member placement file is the member months will count partial enrollment, while the member placement file provides information on member counts as of a specific point in time.</td></tr>
</table>

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27.	BCBSAZ Health Choice	8/8/2023	ASFS Data Files			There are a total of 32,201 members labeled as "Not Placed" in the Member Placement Detail File. How would AHCCCS prefer that we treat these during the rate development process? Should they be classified as HCBS or institutional? Eighty percent HCBS and twenty percent institutional? | | CYE 20 | CYE 21 | CYE 22 | CYE 23 | | Not Placed | 10,485 | 9,586 | 9,644 | 2,486 |	**The "Not Placed" members in the Placement Detail File are excluded when calculating the HCBS mix percentage, as described in the rate development documentation. The "Not Placed" members would be included in Member Months which are used to calculate the PMPMs and can be allocated based on the calculated HCBS mix percentage as a proxy for placement.**
28.	BCBSAZ Health Choice	8/8/2023	ASFS Data Files			Health Choice has reviewed prior year rate setting documents and have identified the Nursing Facility total dollars provided in the ASFS data look to be substantially lower than the base data in previous rate setting cycles. Would AHCCCS be willing to identify what components are not included in the data book that would account for this difference?	**The question is unclear regarding what exactly is being compared from previous rate setting documents to the ASFS data. All components are included in the data book.**
29.	BCBSAZ Health Choice	8/8/2023	ASFS Data Files			Would AHCCCS be willing to provide member data on the use of self-directed care versus non-self-directed care, including county, race, ethnicity, and language data?	**Offerors may refer to the AHCCCS CYE2022 HCBS Annual Report on the AHCCCS website for additional information:** https://www.azahcccs.gov/Resources/Reports/federal.html
30.	Mercy Care	08/08/2023	Section H, 19. Contents of Offeror's Proposal	6	13	Please advise if there is a file size limit for uploads to AHCCCS Secure File Share (ASFS)?	**There is no official document size limit for the ASFS, but excessively large documents may time out when loading. Additionally, the file name has a limit of 32 characters.**
31.	Mercy Care	08/08/2023	Section H, 19. Contents of Offeror's Proposal	5	14	Please advise if Bidders can exclude signed forms, attachments, cover, tables of content, etc. from the sequential numbering requirement?	**Yes, Offerors may exclude these items from the sequential page numbering requirements but please refer to the instructions to determine if these items count toward maximum page limits. Also, see answer to Question #39.**

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32.	Mercy Care	08/08/2023	Section I, Exhibit H, B9	1.c.	4	Considering that a member will be enrolled with Tribal ALTCS if he/she lives on or lived on a reservation prior to admission into an off-reservation facility, please provide clarification regarding "Members residing in tribal communities." Please confirm if these tribal communities are on a reservation and/or off-reservation?	**The RFP Submission Requirement B9 is revised as follows:** Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80% of health outcomes in the U.S. Given the Offerors' role in serving people with complex clinical, behavioral health, and social needs, it is critical to address social risk factors. For each of the following populations, describe how the Offeror will provide timely access to services and supports as well as monitor outcomes. The Offeror shall also identify its strategy(ies) for addressing potential barriers to care, as well as best practices to be implemented. a. Members residing in rural communities, b. ~~Members residing in Tribal communities~~ Tribal members, c. Members in need of community resources, and d. Members in need of Peer and/or Family Support services.
33.	Mercy Care	08/08/2023	Section I, Exhibit H, B2	2	1	Is it expected if a Bidder wants to reference current ALTCS E/PD work, an ALTCS E/PD contract must be cited?	**In response to the Narrative Submission Requirements that ask for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts submitted for B2. Additionally, the RFP Submission Requirement B2 is revised as follows:** The Offeror shall identify no more than three contracts, ~~including~~ in addition to Arizona Medicaid contracts, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program.
34.	Mercy Care	08/08/2023	Section I, Exhibit H, B2	2	1	Please confirm that AHCCCS Complete Care contractors whose contract was expanded to include integrated services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI) are permitted to respond to the full scope of this contract as a single cited contract.	**The RFP Submission Requirement B2 is revised as follows:** The Offeror shall identify no more than three contracts, ~~including~~ in addition to Arizona Medicaid contracts, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program.

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35.	Mercy Care	08/08/2023	Section I, Exhibit H, B2 and B11	1	1 and 5	Non-incumbent bidders will be allowed to select contracts from markets with disparate characteristics from Arizona. How will AHCCCS evaluate "similar healthcare delivery systems to the ALTCS E/PD Program" and ensure equity in the evaluation process of experience and DSNP STAR Rating?	**AHCCCS will not be providing scoring or weighting details.**
36.	Mercy Care	08/08/2023	Section I, Exhibit C, B6	1	3	Considering there are multiple types of data included but not limited to performance metrics and data collected in partnership with members, in lieu of utilization reports are other one-page samples allowable to demonstrate the Offeror's monitoring and analysis process?	**Yes, Offerors may submit other one-page samples, in addition to or in lieu of utilization reports, to demonstrate their monitoring and analysis processes. The RFP Submission Requirement B6 is revised as follows:** The Offeror shall limit its response to the submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports or other sample data to demonstrate the Offeror's monitoring and analysis processes.
37.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Part D, D4	RFP Section D, Moral or Religious Objections	59	The Offeror's Checklist, Part D, Section D4, requires bidders to identify Moral or Religious Objections. If bidders have no religious or moral objections, is a document required? If "yes," should bidders create their own?	**If bidders do not have religious or moral objections to submit for AHCCCS notification, the Offeror is not required to submit a document. The RFP is revised as follows:** **Moral or Religious Objections**: The ~~Contractor~~ Offeror shall notify AHCCCS if, on the basis of moral or religious grounds, it elects to not provide or reimburse for a covered service. The ~~Contractor~~ Offeror may submit a Proposal addressing members' access to the services. AHCCCS does not intend to offer the services on a Fee-For-Service basis to the ~~Contractor~~ Offeror's members. The Proposal shall be submitted to AHCCCS in writing as part of this submission. This submission will not be scored. If the Offeror does not have a Moral or Religious Objection, the Offeror is not required to submit a document for this submission requirement.

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38.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Section H: Instructions to Offerors	Section 19. Contents of Offeror's Proposal	14	The instructions indicate that all proposals shall be in Calibri 11-point font or larger with borders no less than ½". Will AHCCCS allow a smaller, readable font size for graphics, callouts, and tables?	**Graphics, tables, and charts may be in a smaller font.**
39.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Section H: Instructions to Offerors	Section 19. Contents of Offeror's Proposal	14	The instructions indicate that all pages of the Offeror's Proposal shall be numbered sequentially, and that numbering of pages shall continue in sequence through each separate section. If we use Section Cover Sheets, are those excluded from the page limit and numbering?	**Yes, Offerors may exclude these items from the sequential page numbering requirements. Section Cover sheets do not count toward page limits. Also, see answer to Question #31.**

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40.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Exhibit H: Narrative Submission Requirement	B7	3	With the depth and accuracy required to thoroughly answer question B7, and page limits, would AHCCCS consider adding one page to the page limit?	**The page limit for submission requirement B7 will remain unchanged.**

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41.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Exhibit H: Narrative Submission Requirement	B6	3	Given the number of questions and subparts to each question in B6, would AHCCCS consider increasing the page limit for the response to 4 pages of narrative?	**The page limit for submission requirement B6 will remain unchanged.**
42.	Banner-University Care Advantage dba Banner-University Family Care	August 8, 2023	Exhibit H: Narrative Submission Requirement	B4	2	Question B4 identifies seven objectives. Are Offeror's asked to identify both best practices and Case Management (CM) initiatives related to the seven objectives? Or should these be treated as two separate questions to respond to? Give the number of objectives and subparts to the question, would AHCCCS consider adding an additional one or two pages?	**Offerors shall respond as needed to provide a comprehensive response to the question and meet the requirements of the RFP. The page limit for submission requirement B4 will remain unchanged.**
43.	EMAIL	N/A	N/A	N/A	N/A	Can you share any details about plans for CAHPs surveys in the future? Is there a timeframe when the 2023 ACC CAHPS will be completed?	**AHCCCS is currently in the process of conducting statewide CAHPS surveys for the adult population, child population, and the KidsCare program for 2023. The statewide CAHPS surveys do not include the ALTCS-EPD population; it is AHCCCS' expectation that results will be reported at the statewide level as well as at the ACC and DCS CHP population/line of business level. AHCCCS anticipates the 2023 statewide CAHPS surveys to be completed in March/April 2024.**

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44.	EMAIL	N/A	N/A	N/A	N/A	Can you confirm that AHCCCS did not conduct an Adult CAHPs survey for 2022?	**AHCCCS is confirming that a CAHPS survey was not conducted for the adult population in 2022; however, AHCCCS conducted a 2022 CAHPS survey for the KidsCare program.**

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SOLICITATION AMENDMENT #2		
SOLICITATION #: YH24-0001 ALTCS E/PD RFP	SOLICITATION DUE DATE: OCTOBER 2, 2023 3:00 PM ARIZONA TIME	PROCUREMENT OFFICER: MEGGAN LAPORTE RFPYH24-0001@AZAHCCCS.GOV

A signed copy of this Amendment shall be submitted with the Offeror's Proposal.

This Amendment will be posted to the Bidders Library: https://azahcccs.gov/PlansProviders/HealthPlans/YH24-0001.html.

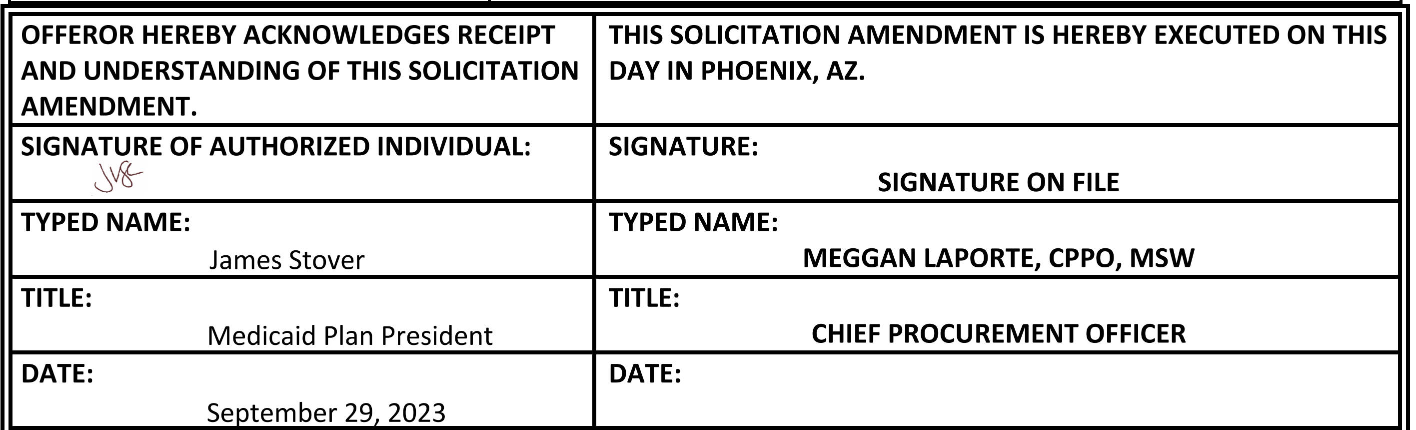
This Solicitation is amended as follows:

A. The attached Answers to Questions are incorporated as part of this Amendment.

B. This Solicitation is also amended as follows:

SECTION	YH24-0001 AMENDMENT
Exhibit A: Offeror's Checklist	(see table below)

PART B	SUBMISSION REQUIREMENTS	
B1	Executive Summary 2-page limit	
B2	Cite Contracts 1-page limit - Utilize Template	
B3	Health Equity Requirement No submission required	
B4	5-page limit	
B5	4~~5~~-page limit	
B6	6-page limit 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data	
B7	4-page limit	
B8	4-page limit	
B9	4-page limit	
B10	Compliance Reviews No submission required unless a Non-Incumbent Offeror Non-Incumbent Offerors - Utilize Template	
B11	D-SNP STAR Rating Utilize Template	
B12	Oral Presentation Information Participant Names, Titles, and Resumes	



OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME: James Stover	TYPED NAME: MEGGAN LAPORTE, CPPO, MSW
TITLE: Medicaid Plan President	TITLE: CHIEF PROCUREMENT OFFICER
DATE: September 29, 2023	DATE:

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1.	N/A	August 22, 2023	Exhibit H, B11	N/A	-	What year D-SNP STAR rating should be reported by the Offeror?	**RFP B11 is revised as shown below:** The Offeror shall submit its ~~most recent~~ 2023 AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona, the Offeror shall cite its ~~most recent~~ 2023 STAR rating with the corresponding Medicare Contract Number, from one of the states for the Medicaid contracts cited in Submission Requirement B2, using the preference order detailed below. Preference order for STAR Rating from another State: a. FIDE SNP/DSNP Plan, b. Another type of SNP, or c. Medicare Advantage Plan.
2.	N/A	August 23, 2023	Section H, Part C, Cost Bid	N/A	-	The Capitation Agreement (C1) does not appear to include the accurate Underwriting gain for CYE24. Additionally, the Capitation Agreement (C1) requirements do not stipulate if/how an Offeror should account for moral or religious obligations.	**Section H Instructions to Offerors C1 is revised as follows:** C1 - Agreement to Accept Capitation Rates: The Offeror shall submit an agreement that the Offeror will accept the actuarially sound capitation rates computed prior to October 1, 2024. The agreement shall be signed by the Offeror's Chief Executive Officer. This is a required submission. For the CYE 24 rating period, AHCCCS set the ALTCS-EPD underwriting gain percentage equal to 1.45% of the

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							capitation rates, excluding premium tax. AHCCCS may revise the applicable underwriting gain percentage as part of capitation rate development each year. ~~AHCCCS intends to set the underwriting gain equal to one percent of the capitation rate for each risk group excluding premium tax.~~ Administrative and case management cost components will be bid by the Offerors. AHCCCS may use these bids in developing capitation rates; however, AHCCCS reserves the right to adjust the capitation rates, including the administrative and case management cost components, to maintain compliance with the Medicaid and CHIP Managed Care Final Rule and additional guidance from CMS published annually in the Medicaid Managed Care Rate Development Guides. If any moral or religious objections were submitted as part of the RFP, the Offeror shall include in its Capitation Agreement a statement attesting that the Offeror did not exclude from the administrative and case management bid submission(s) any related administrative and case management costs.

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3.	UnitedHealthcare Community Plan	August 22, 2023	Section I, Exhibit H	B2	1	Given the current requirement for all incumbent ALTCS Contractors to offer a FIDE-SNP under a SMAC with AHCCCS, please confirm that offerors may write to the companion FIDE-SNP experience and best practices in their response under their current AHCCCS Medicaid contract number and need not separately list their companion FIDE-SNP agreement in response to B2.	**The Offeror must list the FIDE-SNP in B2 if the Offeror writes to experience related to the FIDE-SNP contract.**
4.	UnitedHealthcare Community Plan	August 22, 2023	Section H	B12	19	If an oral presentation participant identified in our response becomes unavailable to attend, may we substitute another individual after our proposal is submitted?	**Yes, if an oral presentation participant becomes unavailable another individual may be substituted; however, the information for the newly added individual must be submitted to AHCCCS (i.e., name, title, and resume) as required by the RFP.**
5.	UnitedHealthcare Community Plan	August 22, 2023	Section H	N/A	N/A	The RFP does not specify whether AHCCCS will accept electronic or digital signatures. Please confirm that AHCCCS will accept a digital or electronically placed signature in place	**Yes, AHCCCS will accept a digital/electronically placed signature in place of a written signature for RFP documents requiring signature.**

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						of a written signature for all documents requiring signature.	
6.	Arizona Complete Health	8/22/23	Section I: Exhibits Exhibit H	B7	3	Please advise if the action steps and timeline for the first three years of the contract begin on execution of the contract or contract go-live, I.e., Day One of member coverage.	**In reference to B7 submission requirement where it states: "Provide action steps and a timeline for the first three years of the Contract, along with measurable outcomes to be achieved," the action steps should focus on the contract start (execution) date.**
7.	Arizona Complete Health	8/22/23	Section D: Program Requirements	3	83	As a response to the first round of questions, in Amendment 1, AHCCCS made the following revisions: **Habilitation:** A service encompassing the provision of training in independent living skills or special developmental skills, sensory motor development, orientation, and mobility, and behavior intervention. Physical, occupational, or speech therapies may be provided as a part of or in conjunction with other habilitation services. This includes habilitation	**AHCCCS suggests the Offeror refer to AHCCCS policies and other materials as needed.**

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						services such as ~~Day Treatment and Training (also known as day program) for persons with disabilities and~~ Supported Employment. The phrase "such as" implies that Supported Employment is just one example. What other types of habilitation will be included beyond Supported Employment?	
8.	Arizona Complete Health	8/22/23	Section D: Program Requirements	11	60	Does your policy allow for an ALTCS Tribal Member that lives on a reservation to be served by a non-Tribal ALTCS Contractor?	**No, per A.A.C. R9-28-415 Tribal members living on-reservation shall be enrolled with the tribe participating as an ALTCS Tribal program in the member's service area.**
9.	Arizona Complete Health	8/22/23	Non-Benefit Costs Bid Requirements/Submission	N/A	N/A	In response to Amendment 1 Questions and Responses Number 9, AHCCCS stated they "may incorporate underlying cost differences in the populations between GSAs when determining the overall distribution, if such an adjustment is appropriate." What about adjusting the overall total	**AHCCCS does not intend to adjust the overall total administrative cost bid itself as described in this question. If an Offeror believes that their admin costs would be impacted by being awarded a different GSA combo, they are welcome to include additional detail in their actuarial certification of the administrative rates. Offerors should bid based on their projected administrative need, whatever the Offeror determines that to be.**

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						administrative cost bid itself? For example, the PMPM for 100,000 member months is likely to be different for the Central + South GSAs vs the Central + North GSAs. An Offeror would likely bid differently under those two scenarios. How does AHCCCS intend to adjust for this situation?	
10.	Arizona Complete Health	8/22/23	Section I: Exhibits Exhibit H	B2	1	The RFP submission requirement was revised as follows: The Offeror shall identify no more than three contracts in addition to Arizona Medicaid contracts, which represents its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. Given the one-page length and design of the form submission is it the intent of AHCCCS for bidders to not include AZ information, and only include that of three contracts which represent	**The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP response; the Offeror does not need to include Arizona Medicaid Contracts in its list.**

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						its experience in managing similar healthcare delivery systems, or will AHCCCS provide a new form?	
11.	Mercy Care	08/22/2023	Section I, Exhibit H, B2	B2	1	The current B2 template allows for only three contracts to be cited. Amendment 1 infers that more than three contracts may be cited – Arizona contracts and other state contracts. Please provide clarification if Offerors can list all Arizona contracts and up to three additional non-Arizona contracts. If so, will a new B2 template be provided? If not, please clarify which contracts and how many are to be cited in the B2 template.	**The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP response; the Offeror does not need to include Arizona Medicaid Contracts in its list.**
12.	Mercy Care	08/22/2023	Section I, Exhibit H, B2	B2	1	Please confirm that, in response to B2, Offerors may cite data and experience of other plans also administered by Offeror's administrator.	**Any experience cited must be related to one of the three contracts listed, or Arizona Medicaid Contracts.**
13.	Mercy Care	08/22/2023	Section I, Exhibit A, Offeror's Checklist and		1 and 3	Please clarify the page limit requirement for narrative submission question B7. Section I,	**The page limit for B7 is 4 pages. The RFP Offeror's Checklist is revised to indicate a 4-page limit for item B7. The Offeror's Checklist will also be reposted to the**

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			Section I, Exhibit H, B7			Exhibit A, Offeror's Checklist indicates 5 pages and Section I, Exhibit H, B7 indicates 4 pages.	**Bidders' Library with the post of this RFP Amendment with this correction included.**
14.	BCBSAZ Health Choice	8/22/2023	B2			Thank you for the response to our questions regarding B2. Based on the revised language of the Narrative Submission Requirement, is an Offeror required to identify and describe their Arizona Medicaid contracts (both active and inactive) *plus* allowed to identify and describe up to three additional non-Arizona Medicaid contracts within the prescribed one-page limit? Or, instead, is the Offeror expected to identify and describe *only* the three additional non-Arizona Medicaid contracts (but the Offeror is allowed to cite and receive credit for their Arizona Medicaid experience in other narratives without	**The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP response; the Offeror does not need to include Arizona Medicaid Contracts in its list.**

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						identifying and describing them in B2)?	
15.	BCBSAZ Health Choice	8/22/2023	B2			If the answer to the previous question is that Arizona Medicaid contracts must be identified and described, please clarify whether each Medicaid contract number is considered a separate contract, i.e., each individual contract number represents one of the three contract limit (e.g., ACC Contract YH19-0001 and Acute Care Contract YH14-0001 = 2 contracts) or whether continuing contracts are considered as one contract (e.g., ACC Contract YH19-0001 and Acute Care Contract YH14-0001 = 1 contract).	**The Offeror shall list only the three contracts that are not Arizona Medicaid Contracts that it wishes to cite throughout its RFP response; the Offeror does not need to include Arizona Medicaid Contracts in its list.**
16.	BCBSAZ Health Choice	8/22/2023	B2			Is an incumbent AHCCCS contractor's affiliated DSNP contract considered an "Arizona Medicaid contract" or should the DSNP be identified and described as one of the	**The Offeror must list the affiliated DSNP contract in B2 if the Offeror writes to experience related to the DSNP contract.**

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#	**OFFEROR'S NAME**	**DATE OF SUBMISSION**	**RFP SECTION**	**PARAGRAPH NO.**	**PAGE NO.**	**OFFEROR'S QUESTION**	**AHCCCS RESPONSE**
						three additional non-Arizona Medicaid contracts?	
17.	Banner-University Care Advantage dba Banner-University Family Care	August 22, 2023	Part B, B11	Exhibit H, Narrative Submission Requirements, B11	Exhibit H, Page 5, and Page 18 in the Instructions to Offerors	Given that projected STAR ratings for measurement year 2022 have been released, and the final ratings will be released in early October, would AHCCCS consider accepting the 2022 projected STAR ratings for B11, and validate the STAR rating using publicly available information? This would ensure the most current data is utilized.	**RFP B11 is revised as shown below:** The Offeror shall submit its ~~most recent~~ 2023 AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona, the Offeror shall cite its ~~most recent~~ 2023 STAR rating with the corresponding Medicare Contract Number, from one of the states for the Medicaid contracts cited in Submission Requirement B2, using the preference order detailed below. Preference order for STAR Rating from another State: a. FIDE SNP/DSNP Plan, b. Another type of SNP, or c. Medicare Advantage Plan.
18.	Banner-University Care Advantage dba Banner-University Family Care	August 22, 2023	Exhibit H: Narrative Submission Requirement	Exhibit H, Narrative Submission Requirements, B6	3	Given the number of questions and size of utilization reports necessary to answer B6, would AHCCCS consider allowing Offerors to submit utilization reports as 3 attachments rather than 3 one-page screen shots of reports, which may be more difficult to read?	**The requirements for submitting sample reports for B6 will remain unchanged.**

RFP #YH24-0001 QUESTIONS AND RESPONSES TEMPLATE							
#	OFFEROR'S NAME	DATE OF SUBMISSION	RFP SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
19.	Banner-University Care Advantage dba Banner-University Family Care	August 22, 2023	Section H: Instructions to Offerors	Instructions Section 19. Contents of Offeror's Proposal, related to Exhibit H: B7	14	The instructions indicate that the submission be provided in 8 ½" x 11" page size. Would AHCCCS allow an 8 ½" x 11" page in landscape orientation to be used for the action steps and timeline portion of B7?	**Yes.**

EXHIBIT A: OFFEROR'S CHECKLIST

The Offeror shall complete and submit the Offeror's Checklist as the initial pages of the Proposal. It is the Offeror's responsibility to ensure it has submitted all requirements in the RFP notwithstanding the items included in the Offeror's Checklist.

OFFEROR'S CHECKLIST ALTCS EPD RFP #YH24-0001		
	SUBMISSION REQUIREMENT	OFFEROR'S PROPOSAL PAGE NO.
PART A		
A1	Offeror's Checklist	
A2	Completed and Signed Offeror's Intent to Bid	
A3	Completed and Signed Solicitation Offer and Acceptance Offer Page	
A4	Completed and Signed Offeror's Bid Choice Form	
A5	Completed and Signed Solicitation Amendment(s)	
PART B	SUBMISSION REQUIREMENTS	
B1	Executive Summary 2-page limit	
B2	Cite Contracts 1-page limit - Utilize Template	
B3	Health Equity Requirement No submission required	
B4	5-page limit	
B5	4-page limit	
B6	6-page limit 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data	
B7	4-page limit	
B8	4-page limit	
B9	4-page limit	
B10	Compliance Reviews No submission required unless a Non-Incumbent Offeror Non-Incumbent Offerors - Utilize Template	
B11	D-SNP STAR Rating Utilize Template	
B12	Oral Presentation Information Participant Names, Titles, and Resumes	
PART C	CAPITATION AGREEMENT/ADMINISTRATIVE AND CASE MANAGEMENT COST COMPONENTS BID	
C1	Agreement Accepting Capitation Rates	
C2	Administrative Cost Component Bid	
C3	Case Management Cost Component Bid	
C4	Actuarial Certification	
PART D		
D1	Intent to Provide Insurance	
D2	Representations and Certifications of Offeror and Disclosure of Information Instructions and Attestation	
D3	Boycott of Israel Disclosure	
D4	Moral or Religious Objections	
D5	State Only Pregnancy Terminations Agreement	

AHCCCS
Arizona Health Care Cost Containment System

SOLICITATION AMENDMENT #3 ISSUED 9/8/2023		
SOLICITATION #: YH24-0001 ALTCS E/PD RFP	**SOLICITATION DUE DATE:** OCTOBER 2, 2023 3:00 PM ARIZONA TIME	**PROCUREMENT OFFICER:** MEGGAN LAPORTE RFPYH24-0001@AZAHCCCS.GOV

A signed copy of this Amendment shall be submitted with the Offeror's Proposal.

This Amendment will be posted to the Bidders Library:
https://azahcccs.gov/PlansProviders/HealthPlans/YH24-0001.html.

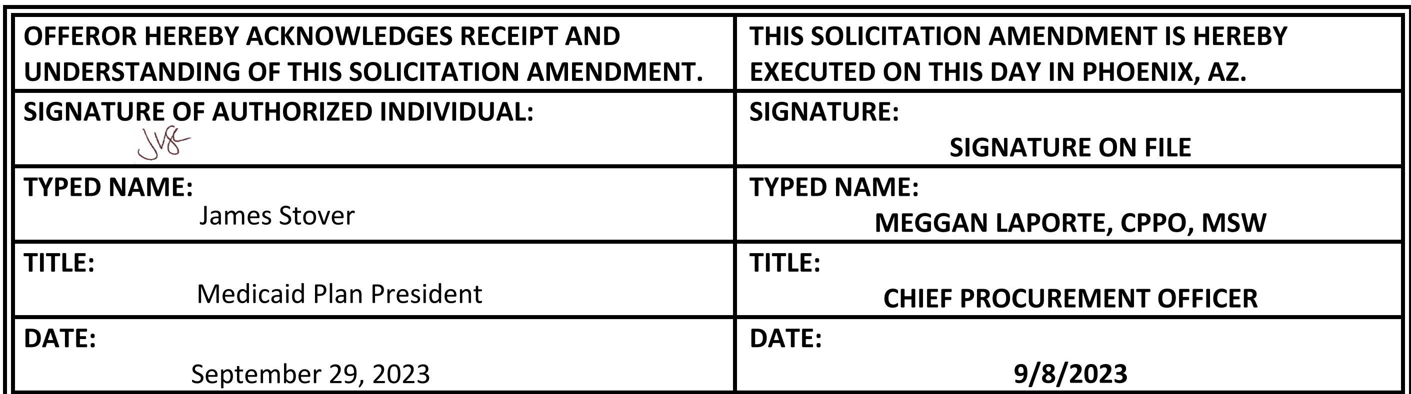
This Solicitation is amended as follows:

SECTION	YH24-0001 AMENDMENT
SECTION H: INSTRUCTIONS TO OFFERORS – DEFINITIONS	• Adding: ***Unsuccessful Offeror***: An Offeror that is not awarded a Contract under this RFP. • Revising: ***Unsuccessful Incumbent Offeror***: An Incumbent Contractor that is not awarded a Contract for a specific GSA under this RFP where the Incumbent Contractor holds a Contract through September 30, 2023, in one or more of the same counties comprising the specific GSA(s) established for October 1, 2024.
SECTION H: INSTRUCTIONS TO OFFERORS	Correcting all references to Section G "Representations and Certifications of Offeror Instructions and Attestation" to the following: Section G "Disclosure of Information Instructions and Attestation"
SECTION H: INSTRUCTIONS TO OFFERORS – 20. Submission Requirements	**PART D** D1 Intent to Provide Insurance (Refer to information below) D2 ~~Representations and Certifications of Offeror and Disclosure of Information Instructions and Attestation~~ Disclosure of Ownership and Control and Disclosure of Information (RFP Section G and RFP Section I, Exhibit I) D3 Boycott of Israel Disclosure (RFP Section I, Exhibit E) D4 Moral or Religious Objections (Refer to information below) D5 State Only Pregnancy Terminations Agreement (RFP Section I, Exhibit F) ~~D6 Disclosure of Information (RFP Section I, Exhibit I)~~

SECTION H: INSTRUCTIONS TO OFFERORS – 20. Submission Requirements (page 20)	***D2 - ~~Representations and Certifications of Offeror and~~ Disclosure of Ownership and Control, and Disclosure of Information Instructions and Attestation:*** The Offeror shall complete requirements outlined in ~~and submit~~ RFP Section G "Disclosure of Information Instructions and Attestation." Please note all submitted documentation shall align with the Offeror's submitted Exhibit D: Offeror's Intent to Bid "Company Name". AHCCCS reserves the right to reject an APEP application should an Offeror's Company Name not match to the information (e.g., Tax ID) used for the APEP application.
EXHIBIT A: OFFEROR'S CHECKLIST	PART D D2 ~~Representations and Certifications of Offeror and~~ Disclosure of Information Instructions and Attestation A revised Exhibit A will be uploaded to the Bidders' Library for use by the Offeror with this Amendment. This revised Exhibit A shall be the version utilized by the Offeror when submitting its RFP Proposal.
SECTION G: DISCLOSURE OF INFORMATION INSTRUCTIONS AND ATTESTATION	1. Removed reference to *Representations and Certifications of Offeror and Disclosure Information* and replaced with *Disclosure of Ownership and Control*. 2. Added submission requirements for Exhibit I, Disclosure of Information. A revised Section G will be uploaded to the Bidders' Library for use by the Offeror with this Amendment. This revised Section G shall be the version utilized by the Offeror when submitting its RFP Proposal.

INCORPORATED in this Solicitation Amendment:

REVISED SECTION I EXHIBIT A: Offeror's Checklist
REVISED SECTION G: Disclosure of Information Instructions and Attestation



OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	**THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY IN PHOENIX, AZ.**
SIGNATURE OF AUTHORIZED INDIVIDUAL:	**SIGNATURE:** **SIGNATURE ON FILE**
TYPED NAME: James Stover	**TYPED NAME:** **MEGGAN LAPORTE, CPPO, MSW**
TITLE: Medicaid Plan President	**TITLE:** **CHIEF PROCUREMENT OFFICER**
DATE: September 29, 2023	**DATE:** **9/8/2023**

Part B

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B1
Executive Summary

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NARRATIVE SUBMISSION REQUIREMENTS – EXECUTIVE SUMMARY

B1. *The Offeror shall provide an Executive Summary that includes an organizational overview, experience and approach…*

ORGANIZATIONAL OVERVIEW

Health Net Access Inc., dba Arizona Complete Health-Complete Care Plan (AzCH) is honored to have the opportunity to respond to the Request for Proposal for the ALTCS program. We build upon a tradition of serving Arizonans statewide as an ACC, RBHA, DSNP, and Marketplace plan in addition to our prior experience as an ALTCS contractor from 2006-2017. Our experience has resulted in trusted partnerships, enabling us to deliver accessible, high-quality care to ALTCS members who are aged, blind and disabled. Our mission is to improve the health of the community, one individual at a time through affordable and reliable health care plans. We do this through:

- **Focus on individuals.** We treat people with kindness, respect, and dignity and empower healthy decisions, resulting in healthier individuals, and more vibrant families and communities.
- **Whole health.** We coordinate services to address members' physical, behavioral, LTSS and Social Risk Factors (SRF).
- **Active local involvement.** We create local partnerships that enable meaningful, accessible healthcare for all members.

RELEVANT EXPERIENCE

AzCH brings over 18 years' experience providing integrated physical and behavioral health services to over 450,000 members in urban, rural, and frontier areas across Arizona, including all three Geographic Service Areas (GSAs). We deliver culturally responsive services to 19,500 American Indian members, over 20,000 DSNP members, 17,800 members with a Serious Mental Illness, and 20,000 children with special healthcare needs. We serve highly complex members every day by leveraging data to drive quality improvement and working with stakeholders to develop innovative member-centered solutions. Our approach leads to better outcomes for members with complex needs. For example, members who have been continuously enrolled with us since we began delivering services as an integrated RBHA experienced the following positive outcomes:

- **25% decrease in inpatient admissions**
- **31% and 39% decreases in BH and PH inpatient admissions for members served through an Integrated Heath Home (IHH)**
- **31% reduction in ED visits**

> "We admire AzCH's commitment to prevention, and treatment. We value the opportunity for collaboration with AzCH. Together, we can make a meaningful impact on the healthcare landscape in our region."
> - Joint Statement from State Reps Aguilar, Crews, Austin, and Ortiz; Senator Hernandez

We will leverage our effective systems to achieve similar positive outcomes for ALTCS members. AzCH is supported by our parent company, Centene Corporation (Centene), the largest managed LTSS MCO in the country and is recognized as a national leader, serving over 415,000 members eligible for LTSS across 16 states. In 2018, Centene developed the national Center of Excellence for Person-Centered Practices, which is staffed by Mentors and Trainers who work with organizations to develop a culture which embeds person centered practices into everyday function. AzCH will leverage these resources to advance person-centered practices across the system of care, upholding the *ALTCS Values and Guiding Principles*.

Expansive Provider Network. AzCH's statewide provider network includes more than 20,000 locations and includes HCBS, Assisted Living Facility (ALF), and Skilled Nursing Facility (SNF) providers. **99% of our DSNP network overlaps with Medicaid.** Our comprehensive network enables us to provide equitable access to care for ALTCS members without disruption in care at Go-Live, facilitating a seamless transition.

Collaborative and Trusted Partner. AzCH has proven to be a collaborative and trusted partner with AHCCCS, stakeholders, and other MCOs. We were recognized by AHCCCS for our member-centered, community-responsive approach to transitioning the RBHA in Northern Arizona. We will apply this same approach when we transition members to our ALTCS plan. Further, when implementing EVV, AzCH worked closely with AHCCCS to provide accurate, timely information to providers. Using member input, we provided technical assistance to providers to facilitate readiness for implementation. We applied lessons learned from our Texas affiliate, which showed positive outcomes with **90% of attendant authorizations having an EVV claim within seven days of the authorization start date**.

APPROACH TO MEETING CONTRACT REQUIREMENTS

AzCH has the structure, processes, technology, staff, and resources to meet all ALTCS contract requirements. Detailed throughout our response, we leverage data to drive quality and work with stakeholders to address system barriers to care – such as the current workforce crisis. Our staff, embedded in local communities, actively seek input from

members, families, and caregivers, which we have incorporated into our solutions. For example, based on this input, AzCH will establish collaborative protocols with SNFs, ALFs, and Peer Support providers that outline processes to offer peer support within these settings to address social risk factors and support member independence. As shown in our response, *we offer clear solutions that drive quality, improve accountability, respect each member's dignity, and support members to live in the community setting of their choice.*

Commitment to Health Equity. AzCH is proud to have secured our Health Equity Accreditation from NCQA, showing that we have processes in place to ensure all members have access to the services they need. We apply a health equity lens when we design our workflows and initiatives. For example, through our Barrier Removal Fund we award grants to providers to increase accessibility for members with disabilities. Since 2018, our affiliates have provided grants to 240 providers to renovate parking lots, build ramps, widen doorways, purchase accessible exam tables, and more - **increasing equitable access to care for over 200,000 members.** Throughout our response, we note specific CLAS standards that apply to our proposed solutions, highlighting our organization-wide focus on health equity.

Integrated DSNP. ALTCS members who are dual eligible will benefit from having their Medicare and Medicaid benefits integrated into a single person-centered care plan. As the single point of contact for AzCH, our ALTCS Case Managers (CMs) will closely coordinate all services and supports for dual eligible members. Members in our DSNP can access supplemental benefits that promote independence such as a $50 healthy food card that can be used to purchase nutritious food, improving their health, and reducing food insecurity.

Increasing Access to Care. AzCH supports members in the community with in-home and mobile health services. We will pilot a *SNF-in-home program* that provides wrap-around care and extended care services while improving member experience. The program will include home modification, safety support, SRF assessment, telemonitoring, meals, therapies, daily skilled nursing, social services, and personal care services. MEET, a fully integrated Mobile Health Home Model connects Primary Care Providers with members virtually, while a MEET Specialist provides in-person assistance. Inclusion of peer and family support promotes independent living while addressing SRFs such as loneliness.

Person-Centered Approach. AzCH's organizational culture is rooted in person-centered practices, which means we make decisions that are aligned with values of respect, trust, and partnership. *We commit to achieving certification as a Person-Centered Organization* through the Center of Excellence for Person Centered Practices by October 2025.

Accountable Case Management. AzCH CMs play a pivotal role in engaging members in their care, supporting members to live healthy and connected lives in the setting of their choice. During listening sessions, we repeatedly heard about challenges with Case Management related to inconsistencies in quality and reliability. To improve accountability and exceed member expectations, we are making significant investments in hiring, training, and retaining high-quality CMs. *Our person-centered Case Management program will enhance the member experience, exceed AHCCCS expectations and improve quality.* We offer high-touch, culturally sensitive, face-to-face support for ALTCS members and their families.

Caregiver Support. Understanding that caregivers are at high risk for burnout and social isolation, we proactively assess their needs, provide condition-specific education, and connect them to resources to assist them in maintaining their essential role. During Contract Year 1, we will extend our partnership with Ability360 to launch an *LTSS-focused Peer/Family Advocacy Project*. We will expand member and family support through a comprehensive training program for ALTCS Peer/Family Advocates that includes Community Health Worker certification.

Customized Provider Support. AzCH heard from ALTCS providers about the need for responsive provider-facing health plan staff who are knowledgeable about ALTCS members' needs. In response, we are building a team of specialized staff that can assist HCBS providers with claims, using EVV systems, and retaining their direct care workforce. This team will work closely with nontraditional providers, such as those who provide home modifications, to ensure they know how to obtain authorizations and submit claims.

Workforce Development. AzCH is filling workforce gaps through initiatives such as our *Direct Care Worker (DCW) Back-up program*. We will partner with the AZ Statewide Independent Living Council and one or more CILs to staff the back-up DCWs. Members on a self-directed plan can call a hotline to request a back-up DCW when their caregiver is unavailable. Additionally, we will educate members on self-directed care and the opportunity to hire family caregivers; developing the workforce will promote member-directed options. We are funding a 3-year grant for a statewide *Caregiver Technical Assistance Support Center* to provide continuing education and professional development for caregivers and networking opportunities to reduce isolation and burnout. These initiatives poise AzCH to be successful in the ALTCS program.

B2
Cite Contracts

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SUBMISSION REQUIREMENTS – CONTRACT CITATIONS

***B2.** The Offeror shall identify no more than three contracts, in addition to Arizona Medicaid contracts, which represent its experience in managing…*

	MCO NAME AND NUMBER OF CONTRACT	NAME OF PROGRAM	STATE
1.	AHCCCS Medicare Advantage Organization (MAO) Agreement - AHCCCS and Bridgeway Health Solutions, an Arizona affiliate of Health Net Access, Inc. dba Arizona Complete Health Complete Care Plan/YH23-0010-01	MIPPA	Arizona

Description:
- This contract operates statewide and serves 20,806 Dual Eligible Special Needs Plan (DSNP) members.
- Behavioral health and physical health service delivery is integrated.
- Current contractual status is active; we have served Dual Eligible members for nearly 16 years.

	MCO NAME AND NUMBER OF CONTRACT	NAME OF PROGRAM	STATE
2.	Superior HealthPlan/529-12-0002-00007	STAR+PLUS	Texas

Description:
- Superior Health Plan, AzCH's Centene affiliate in Texas, operates STAR+PLUS in Bexar, Lubbock and Nueces counties and serves 50,197 adults with disabilities or are age 65 or older. *
- Behavioral health and physical health service delivery is integrated.
- Current contractual status is active; we have served STAR+PLUS members for 16 years.

*Superior Health Plan STAR+PLUS also operates in Dallas and Hidalgo counties as well as the Central and West Medicaid Rural Service Areas under separate contract numbers serving a total of 156,646 members.

	MCO NAME AND NUMBER OF CONTRACT	NAME OF PROGRAM	STATE
3.	Sunflower Health Plan/#45080	KanCare 2.0 Medicaid Managed Care	Kansas

Description:
- Sunflower Health Plan, AzCH's Centene affiliate in Kansas, operates statewide and serves 159,173 TANF, CHIP, Foster Care, Intellectual/ Developmental Disability (IDD), Social Security Income/Aged, Blind, Disabled (SSI/ABD) (dual and non-dual), **Long Term Care (LTC) (dual and non-dual)**, and waiver members.
- Behavioral health and physical health service delivery is integrated.
- Current contractual status is active; we have served Sunflower members for 11 years.

B3
Health Equity Requirement

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SUBMISSION REQUIREMENTS – HEALTH INEQUITIES REQUIREMENTS

B3. *In each response for the Narrative Submission Requirements (B4 – B9) the Offeror shall include in its response how the Offeror will address…*

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan has addressed health inequities, health disparities, and/or structural and health-related social needs and how we will promote equitable member care throughout the response. We also note specific CLAS standards that apply to our proposed solutions, highlighting our organization-wide focus on health equity.

B4-B11

Submission Requirements

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NARRATIVE SUBMISSION REQUIREMENTS – CASE MANAGEMENT

B4. *The ALTCS E/PD member population is complex, and their care often involves a combination of services and providers to effectively meet their…*

AzCH brings more than 18 years of experience providing equitable, person-centered care to 450,000+ Arizonans. We will build on our deep local understanding and leverage best practices from our 16 affiliates providing LTSS across the country. We have the knowledge and tools to immediately deliver Case Management that aligns with *ALTCS Values and exceeds AHCCCS standards*. In listening sessions with ALTCS stakeholders, we repeatedly heard challenges with Case Management related to inconsistencies in quality and reliability, an inability to meet established AHCCCS standards, and the need for face-to-face contact to return to pre-pandemic levels. We will improve accountability and outcomes through best practices that offer high-touch, culturally sensitive, face-to-face support for ALTCS members and their families. AzCH's person-centered Case Management model supports the *ALTCS Guiding Principles* and features:

- **Local Case Management teams** with expertise to meet members' condition-specific and geographic needs.
- **Integrated, multidisciplinary team support** for each Case Manager (CM), including Medical Directors, Member Support Coordinators, Home Modification Specialists, Caregiver/Family Support Liaisons, Transition Coordinators, and staff with expertise in behavioral health (BH), dementia, traumatic brain injury (TBI), veterans, Tribal, housing, Medicare, employment, crisis, justice, and health equity.
- **Extensive and continuous training** including simulations to enhance CMs' understanding of members' experiences. *(Aligns to CLAS 4, 9)*
- **Integrated CM Platform** with offline and remote access capabilities enabling secure access to assessments and members' Person-Centered Service Plans (PCSPs) for CMs working in the field.
- **Floating coverage provided by a CM pool to prevent gaps in services** when a CM is on leave or turnover occurs.
- **Dedicated corporate LTSS team support** that provides enterprise-level reporting, best practice identification, innovative program development, and support to obtain NCQA LTSS Distinction. *(Aligns to CLAS 15)*
- **Mentorship Program** where experienced CMs with reduced caseloads mentor new CMs to assist with complex needs.

With our breadth of RBHA expertise, backed by 39 years of national experience managing LTSS and HCBS, AzCH's Case Management model will support members to *live as independently as possible in the community setting, they choose*.

A. DECREASE DUPLICATION OF EFFORT AND ENHANCE COORDINATION OF CARE

CMs serve as the members' single point of contact and educate members/Health Care Decision Makers (HCDM) on services and supports that empower them to make informed choices. As member advocates, CMs coordinate care and share information across payors and providers to reduce duplication, facilitate integration, and promote cost efficiency in alignment with AHCCCS program requirements and *ALTCS Guiding Principle of Collaboration with Stakeholders*.

Integrating PCSPs. Using our integrated CM Platform, our CMs will work with the member and their care team to develop and implement a PCSP that includes all services, resources, and supports the member needs, reducing duplication and enhancing coordination. CMs will follow-up with the member, monitor EVV data, and communicate with providers and the care team to confirm that services are delivered per the PCSP.

- CMs will coordinate with Medicare plans and providers through joint PCSP meetings and provider visits.
- For aligned members, our CMs will be our members' single point of contact for Medicare and Medicaid benefits.
- We will share assessments and PCSPs with providers, caregivers, and members via our Member and Provider Portals.
- CMs will meet with members to review appointment outcomes such as changes in prescriptions and treatment plans. Our software alerts pharmacy staff for medication review to avoid negative medication interactions. Our WELLTH program offers members financial incentives for medication self-management.
- CMs coordinate with the member, caregiver, and provider to ensure member safety and continuity of care in immediate jeopardy situations.

To coordinate responses to urgent and complex member issues, we created an Escalation Team. Convening within two hours of the identified need, the team determines members' risk levels, identifies actions, and coordinates with all systems and providers to ensure members are safe and receive needed services.

Monitoring to Ensure Service Delivery. Our clinical leadership monitors daily, monthly, and ad-hoc reports that identify events such as inpatient admissions and ED visits, falls, wounds, etc. We use EVV reports to confirm initiation of services and quickly identify service gaps. Using our Centelligence reporting and analytics platform, we predict and stratify member risks and push information to CMs who identify strategies to help members remain in the least restrictive setting. For example, we integrate SRF data such as Z codes into our risk models. When we identify a need, our CMs

coordinate with the right people, such as housing, durable medical equipment (DME), dementia, or BH specialists.

B. ASSIST MEMBERS PRIOR TO AND THROUGHOUT TRANSITIONS

Our Transition of Care (TOC) program promotes safe and seamless member transitions, focusing on continuity and quality of care before, during, and after the transition. Our CMs work with our Transition Coordinator and TOC team including the family or caregiver(s); PH, BH, and LTSS experts; UM staff; a pharmacist; and a housing specialist to plan transitions, identify and address barriers to success, update the member's PCSP, develop contingency/backup plans, and prevent gaps in services or adverse events. Powered by Centelligence, our *Community Transition Success Predictor* will predict members in SNFs who may be ready for community transition. As shown in Table 1, we understand the types of transitions ALTCS members experience and have systems to support them. Using these effective processes, **our Texas affiliate transitioned 852 members from an institutional setting to the community from 2019 to 2021.**

Table 1. Examples of Best Practices our CMs and TOC team will deploy to support effective member transitions.

Transition	Tailored Transition Support Provided by AzCH ALTCS Case Management Team
Between 1) AHCCCS Contractors 2) FFS Programs 3) New to ALTCS	• Collect information and outreach within 3 business days. • Schedule initial in-person PCSP meeting within 12 days of enrollment or sooner for immediate needs. • Conduct personalized outreach through multiple channels (telephonic, text, email, social media, and mail) to welcome, educate, and build relationships with new members. • Transition Coordinator partners with the CM by compiling required documents, completing ETI process, ensuring continuum of services, overcoming barriers, and engaging with other plans. • Build trust, identify member communication, cultural preferences, and accommodations prior to visit; assess member/caregivers, facilitate PCSP, communicate with circle of support; coordinate services, ensure continuity of authorizations, screen for SRF, connect to resources.
From Acute Care	• CM and TOC Team receive daily alerts via Admission, Discharge, and Transfer reports. • Immediately engage in person with TOC Team to plan discharge, assist in scheduling PCP/specialist visits, arrange HCBS and family supports, other follow-ups, and authorizations. • Participate in Inpatient Treatment and Discharge Planning. • Coordinate post-discharge follow-up/monitoring, medication reconciliation, and coordinate with Medicare. • Educate member and caregiver(s) on their condition and care regimen. • **Refer members and families to our peer delivered ALTCS HELPP program.** *(Aligns with CLAS 13)*
To a Facility	• Refer for Adult Care Homes, Assisted Living Facilities, or BH Facilities; offer option to tour facilities. • Verify Pre-Admission Screening and Resident Review and complete the ALTCS Change Report (AMPM 1620). • Connect caregiver to resources such as dementia support groups. *(Aligns with CLAS 13)* • **Include SNF PCP in PCSP meetings** if member chooses to do so. • **Coordinate Peer Support Specialist visits to the facility** as appropriate and based on *member choice*.
From a Facility (NF, BH, Intermediate Care), ALTCS Transition Program, Community Transitions	• Identify members for community transition through face-to-face assessments, facility visits, predictive modeling, and referrals or requests for transition from members, providers, and facilities. • Develop Transition Plan and Contingency/Backup Plan. • Coordinate with providers and Medicare to arrange and authorize in-home services and supports. • Ensure members have a health home that meets their geographic, clinical, and cultural needs – including connection with a mobile health home or virtual care tools based on member and family choice. • Ensure ongoing care, including preventive and wellness care. • Coordinate with the Housing Support Specialist and **Home Modification Team**. • Address community integration activities such as work, religious, civic, and social interactions.
End of Life (EOL)	• **All CMs will receive EOL training through our partnership with the United Way**. • Educate members and caregivers on EOL planning and resources and offers Family Support. • Coordinate hospice resources at home or in appropriate facility. • **Support members in loading EOL documents to the AZ Healthcare Directives Registry**.

C. IMPROVING MEMBER ENGAGEMENT (ALIGNS TO CLAS 1 -12)

CMs build trust with members and their circle of support (e.g., HCDM, caregiver(s), and family) through ongoing communication and timely response to member needs. We engage with members based on their preferences using digital communication tools, our secure Member Portal, the Member Advisory Council, and the following:

- Providing a *Service Tracker and/or Caregiver Journal* (English/Spanish) to organize information and track services. The CM reviews at every member visit and encourages them to take it to appointments and share with new caregivers.
- Equipping members with tablets for telehealth, an app to communicate with CM, and remote monitoring tools.

- Increasing health literacy with culturally sensitive materials, condition-specific training, and CM support to explain information. We provide information in multiple formats and languages and accommodate members with dual sensory impairment. For example, we translated our crisis cards into 13 languages that refugees speak.
- Educating members on contacting their CM or our *CareLine* (operated by AzCH leadership to assist if a CM is unavailable or the member has challenges with their CM).
- Connecting members to *Promotoras/Community Health Workers*, peer and family support specialists, and community-based opportunities to increase social connections and meaningful activities.
- Equipping CMs with remote access capabilities to our CM Platform, reducing duplicate work by allowing CMs to complete face-to-face visits in the member's home, when Internet connectivity is unavailable.
- Providing the Pyx Health app through which Pyxir, a chatbot personality, walks alongside members/caregivers in their health care journey, checking in daily to encourage self-management, identify SRF, and provide companionship. As a new feature, *AzCH will be piloting a Pyx expansion to include a caregiver platform*.

Making the Right Match. Individual CM assignments carefully consider members' existing relationships, clinical, cultural, language, and sensory needs. Our CM Platform suggests member assignments based on member information and CM profiles which include specialties, location, caseload, and languages spoken or sensory needs. Supervisors review and finalize assignments. Members may request a change in CM at any time. In alignment with the *ALTCS Value of Choice and Guiding Principle of Member-Centered Case Management*, we honor the member's request while seeking to understand why the request was made to inform training and performance improvement.

Ensuring Continuity of Case Management. We are investing in hiring, training, and retaining high-quality CMs. We will recruit culturally diverse individuals with ALTCS Case Management experience, living in the communities we serve. When hiring, we will emphasize expectations for face-to-face, person-centered care. With a highly supported and accountable Case Management team, AzCH will minimize turnover. CM retention strategies include:

- Offering competitive salaries and benefits.
- Creating opportunities for leadership and career advancement.
- Offering tuition reimbursement and continuing education units.
- Building a healthy culture that values work-life balance. This includes sending CM Supervisors to the ASU Mindful Leadership Certificate Program, celebrating successes, and launching an Employee Wellness Program.

Using these retention strategies, **our LTSS affiliate in Kansas maintained a CM turnover rate of 3.2% over the last 12 months,** compared to the national average of 22% (OSU, 2/22). Members receiving Case Management support from our Kansas affiliate **reported high levels of satisfaction with rates of 95% or higher for six consecutive years; 98+% of members expressing that their CM respects their personal beliefs and preferences.** When turnover occurs, the assigned CM or Supervisor will complete a warm handoff with the new CM.

Enhancing Skills and Care. AzCH ensures a knowledgeable and prepared CM team through continuous classroom and field-based education. We are partnering with Hospice of the Valley to educate CM staff on hospice and palliative care, caregiver support, end of life planning, and grief and loss. CMs will participate in a simulation learning experience on the sensory and cognitive challenges of living with dementia, giving them insight into our members' experiences. Training includes AHCCCS standards and policies for the ALTCS program and best practices such as Person-Centered Thinking, Motivational Interviewing, People-First Language; Trauma-Informed Care CLAS Standards, and Cultural Humility.

Improving Health Equity. We value and embed diversity, equity, and inclusion throughout AzCH and the communities we serve. Our Employee Inclusion Groups provide staff learning opportunities for addressing health disparities that impact people of color, veterans, members with disabilities, and those who identify as LGBTQIA+. With this foundation, CMs walk beside members on their health journey from a place of cultural humility and respect, in keeping with the *ALTCS Values of Dignity and Individuality*.

D. COORDINATING SOCIAL AND COMMUNITY SUPPORT SERVICES (ALIGNS TO CLAS 12,13)

CMs screen for SRFs at every contact and listen to members and caregivers describe their goals and barriers to achieving them. For example, we learned in listening sessions that lack of timely home modifications and DME are barriers to independence. AzCH's *dedicated Home Modification Specialist* will arrange services with a qualified contractor to facilitate timely modifications. Our *Mobile DME Repair Team* will meet members in their home or community, 7 days a week, to repair wheelchairs or scooters and provide loaner equipment when more extensive repairs are required.

Connecting Members and Caregivers to Resources. AzCH's comprehensive Community Resource Guide (*ACOM 404*)

contains information on resources for food, housing, transportation, employment, social supports, and other SRFs. CMs use CLRS to make and track referrals to community resources and offer in-person assistance with selecting resources. For example, CMs connect members/families with our *AzCH Legal Consultation Program* for support in building self-advocacy skills and navigating complex systems. We celebrate organizations that demonstrate excellence in addressing SRFs through quarterly *SRF Champion Awards*. For example, we recognized Community Bridges Inc. for increasing access to SSI/SSDI Outreach, Access, and Recovery services and the Center for Hope for creating housing options. In alignment with AHCCCS' Whole Person Care Initiative, we have strong relationships with ALTCS partners such as Oakwood Creative Care. **AzCH has committed $2M to support Oakwood's expansion of HCBS adult day health and dementia care**, and caregiver support services into rural areas.

Supporting Caregivers. Our 9-week *Caregiver Stressbuster Program* includes family support, education on chronic conditions, stress management, and relaxation techniques. To reduce social isolation, we partner with community-based organizations (CBOs) such as Area Agencies on Aging, Centers for Independent Living (CILs), and the AZ Caregiver Coalition to expand social support for members and caregivers. CMs offer family support, provide education about warmlines, and refer to Peer and Family Mentorship programs. With member consent to preserve the member's privacy, we support shared access to member health information for caregivers through the secure Member Portal.

Addressing Vocational Needs. Knowing the importance of meaningful connections, CMs ask members about vocational, volunteer, and social goals. When a vocational goal is present, CMs make a warm referral to Vocational Rehabilitation while simultaneously connecting the member with an in-network supported employment provider or SSA Work Incentives, Ticket to Work program. The CM helps members register as job seekers on the Pipeline AZ platform and uses the DB101 web-based tool to promote informed decision-making related to returning to work and benefits counseling.

E. IDENTIFYING, TRACKING, AND MANAGING OUTCOMES FOR MEMBERS WITH COMPLEX NEEDS

In 2022 AzCH developed a process to proactively identify and track complex members in our ACC plan with functional needs who may be candidates for the ALTCS program. We educated members and caregivers on the application process, coordinated with ALTCS assessors, and tracked applications to completion, **assisting 1,320 members in transitioning to the ALTCS program and providing access to the services they need.**

Identifying Complex Needs

Sarah is a 48-year-old member who was in Arizona State Hospital (AzSH) when she was enrolled with AzCH. She experienced BH and substance use concerns for many years. Sarah attempted suicide by jumping in front of a train, resulting in the amputation of 3 extremities, cognitive impairments and difficulty completing ADL's. AzCH identified Sarah as part of our ALTCS identification and conversion initiative. We assisted her, and her care team in completing the ALTCS application and transitioning to an ALTCS MCO. Sarah was successfully discharged from AzSH to a SNF where her PH and BH needs could be met in a less restrictive setting.

Tracking and Managing Outcomes. CMs monitor clinical information, EVV data, conduct assessments at every contact, and document progress, new issues, or barriers in the PCSP. For example, we conduct post-discharge follow-up and monitoring within 48 to 72 hours to ensure that all services are in place (such as attendant care, medications, DME) and meeting the Member's needs. Our CM Platform's *Service Tracking Module* allows CMs to add and review services/items a member requests or receives, including the name, provider, method of delivery, schedule, and frequency for AHCCCS and Medicare-covered services. Supplementing this hands-on approach, CMs use predictive modeling as a tool for ongoing assessment, improving our ability to tailor clinical and social interventions.

F. IDENTIFYING AND PROVIDING HIGH NEEDS CASE MANAGEMENT SERVICES TO REDUCE BURDEN ON FAMILIES

AzCH has extensive experience serving members with complex needs, such as those with SMI/SED, frequent crisis utilization, high-cost BH needs, children with high CALOCUS scores, and others who would benefit from High Needs Case Management (HNCM). Using a high-touch approach, we support members and caregivers through our HNCM program. We maintain all information in our CM system and HIE file transmissions to support providers and prevent duplication.

Identifying Members for HNCM. AzCH closely monitors each member's progress and uses predictive modeling to identify members who may benefit from HNCM. This information is readily available on the member's dashboard in our CM system, which enables our CMs to address identified issues during any member contact. The member's planning team, internal staff (UM, Case Management), and the member may refer for HNCM. Our CMs monitor for gaps in care, ED visits, inpatient admissions, readmissions, and changes in status to determine if a member needs more support.

Providing HNCM Services. When a member is identified for HNCM, the CM works with the member and our Case

Management team to develop member-driven and culturally sensitive supports to keep the member as integrated in their community as possible. Upholding the *ALTCS Values of Individuality and Choice*, we tailor interventions.

Table 1. AzCH's HNCM program offers personalized interventions.

Intervention	Description
High Touch Case Management	• Experienced, licensed (RN or SW) CMs. • At least monthly CM contacts, more frequently as needed. • Focus on self-management skills, removing barriers to care, increasing adherence to PCSPs, addressing SRFs, and encouraging proper use of PH and BH services. • CMs communicate with the planning team frequently to ensure member's needs are met.
Specialized Support Programs	• **Integrated disease management programs** for specific conditions such Asthma, COPD, diabetes, chronic pain, anxiety, schizophrenia spectrum disorders. • Remote patient monitoring.
In-home and Community Services	• In-home PCP and BH services. • **HELPP**, which connects members to a community/peer support pre- and post-discharge from the hospital. • **SNF in home model**, which brings intensive services to members in community settings. • Include SNF PCP in PCSP meetings if member chooses to do so. • Tablets encourage **digital engagement** with CMs when members and caregivers need it most.
Case Rounds	• AzCH Medical Directors, CM, UM, and other clinical experts review the member's current PCSP, clinical status, and progress toward goals. • CMs convene the member's planning team, including the HCDM/DR, to modify the PCSP, as needed.

Reducing Caregiver Burden. Using validated tools, CMs assess caregiver strain, provide condition-specific education, and connect them to resources such as our *Caregiver Family Support Liaison*. As part of the member's PCSP, CMs coordinate services that reduce caregiver burden, such as medically tailored meals, in-home supports, and adult day health. Since gaps in in-home services are disruptive for members and caregivers, AzCH will contract with rural CILs to staff DCWs for backup coverage for members participating in self-directed attendant care, reducing caregiver burden. For added support, CMs connect caregivers to grassroots support, such as the AZ Caregiver Alliance and Alzheimer's Association for respite, education, and other resources. *We are offering family support in all settings – SNFs, ALFs, and HCBS*.

G. MONITORING CM PERFORMANCE AND RESPONDING TO ISSUES AT THE INDIVIDUAL AND SYSTEM LEVELS

We provide consistent and collaborative supervision for CMs to support their growth and professional development, foster accountability, and improve member and caregiver outcomes. CMs receive individual and group supervision, complex case consultations, mentorship, and immediate access to leadership for urgent situations while in the field. Supervisors ride along with CMs to provide in-field supervision during the CM's first 90 days and at least annually. Gaps noted during audits and ride-alongs inform refresher training sessions. We use data such as member satisfaction to improve Case Management practices at the member level and aggregate results to drive system-wide improvements, and tools to measure CM performance against comprehensive AHCCCS CM standards (AMPM 1600).

Member Level Monitoring. *Supervisors provide strengths-based feedback, sharing reports that support CM learning*: 1) Productivity: face-to-face visits, initial PCSP completion, and updates based on requirements and member needs, timeliness of assessments, visits, documentation, care gap closure, and authorizations, 2) Metrics: cost-effectiveness study completion, caseload ratios, HCBS and SNF reports, high need/high-cost member reviews, 3) Consistency: quarterly file audits and Inter-Rater Reliability reviews, 4) Quality of Care Concerns and Quality Management Performance Improvement Initiatives. The Supervisor will periodically call a random sample of members, family, and caregivers to ask about their experience with CM, satisfaction with services, and whether their needs are being met.

Systems Level Monitoring (Aligns to CLAS 9-12). AzCH leadership and Quality staff will use the LTSS Key Performance Indicator Dashboard to monitor all aspects of operations – from individual CM to systems-level performance. The Dashboard provides actionable reports, performance trends and drilldowns on enrollment, finance, quality, quality of life, Case Management, member satisfaction, operations, and health equity. We will analyze data at the CM, member, provider, and plan levels (comparing against affiliate plans) to identify and resolve emerging issues and root causes. We monitor grievances and appeals and collect feedback from our Member Advocacy Council. In addition, corporate audit teams will support AzCH by completing quarterly audits of CM files to ensure compliance with the NCQA distinction file review components, and appropriate application of person-centered practices. Results are shared and action plans are developed at the individual CM or the systems level (such as retraining, policy revision, etc.).

NARRATIVE SUBMISSION REQUIREMENTS – PERSON-CENTERED SERVICE

***B5.** How will the Offeror ensure that person-centered service planning includes a.) active engagement with ALTCS members b.) includes all ….*

AzCH embraces Person-Centered Practices as the foundation for all support and services. In 2018 Centene developed the national Center of Excellence for Person-Centered Practices (CEPCP) to support this foundation. Staffed by Mentors and Trainers certified in Person Centered Thinking (PCT), Planning, and Practices, the CEPCP provides subject matter expertise, training, and technical assistance to our Case Managers (CMs). With a person-centered organizational culture, we make decisions that are aligned with the values of respect, trust, and partnership. Demonstrating our commitment to person-centered values and principles, *AzCH will achieve certification as a Person-Centered Organization by October 2025*. Supporting ALTCS members to live as independently as possible in the most cost-effective, *integrated setting* of their *choice* is our priority. Under the leadership of our dedicated ALTCS Administrator, we will recruit, hire, and train CMs, peers, and family with ALTCS lived experience, who reflect the diverse communities we serve and share our commitment to person-centered practices. AzCH's model aligns with *ALTCS Guiding Principles* and exceeds AMPM requirements and standards related to person-centered service planning.

A. ACTIVELY ENGAGING WITH ALTCS MEMBERS

AzCH trains our CMs to actively engage with members, and their circle of support (e.g., Health Care Decision Maker, Designated Representative, caregiver, and family) throughout the person-centered planning process.

Initial Engagement. Our ALTCS Member Support Coordinator uses our integrated CM Platform to match members to a CM using parameters such as GSA, zip code, cultural and linguistic preferences, and place of residence while considering ALTCS caseload ratios and weighting. The CM is notified in one business day of new member assignment and serves as the single point of contact within AzCH for the member. Initial CM outreach will occur within 3 business days (ahead of the 7-day AHCCCS requirement), and the in-person visit will occur within 12 business days or sooner based on identification of immediate needs. The CM initiates contact with the member, introduces themselves, and asks permission questions such as "Would it be okay to talk to you about the AzCH ALTCS program?" Urgent needs, communication and dual sensory sensitivities, cultural and linguistic preferences, location, time, and date preference for the in-person visit, and circle of support participants, including natural supports and provider staff are discussed. For members with dual sensory loss, we will activate community intervener services to promote member engagement. During the initial visit, CMs use our person-centered assessment tools and person-first language to identify members' strengths, interests, desired outcomes, goals, and risks (*ALTCS Guiding Principle Member Centered Case Management*). In alignment with AHCCCS's *Whole Health Initiative*, our CMs work with members to identify their whole person needs – including physical health (PH) and behavioral health (BH), functional, social, and cultural. In some instances, such as a member with dementia, the CM may speak with other participants in the member's circle of support to gather information to more fully understand how to help the member feel at ease or share other unique member information. This promotes a successful in-person visit, building a foundation of trust from the first interaction.

Establishing Rapport and Trust. CMs create a welcoming environment by validating members' strengths and supporting them to make choices based on their priorities. They use Motivational Interviewing to learn about the member, encouraging them to share their experiences and desires. Service planning is not something that is done "to" or "for" the member, but *with* the member and all decisions are predicated on the member's preferences, goals, and strengths. Our CMs work with members to create strengths-based Person-Centered Service Plans (PCSPs) that include cultural considerations; member-identified goals, preferences, and needs; steps for achieving goals; and input from family, caregivers, and other natural supports. Rather than offering a "one size fits all" approach, we customize solutions. For example, when a member in the early stages of dementia shares that they want to be able to have coffee with friends, we connect them with services that support independence such as a Peer Support Specialist, to help build a PCSP to meet the member's goal. For example, reaching out to friends, identifying a nearby accessible coffee shop, and arranging transportation. Through our partnership with Ability360, members/families have access to Member and Family Mentors if they so choose, *offering support through the lens of someone with lived experience*.

Engagement and Education. CMs take every opportunity to empower and support informed decision-making. Using the *AzCH ALTCS New Member Packet* (including the Member Handbook and Provider Directory), our CMs will educate members on covered benefits, member-directed care (AMPM 1300), rights and responsibilities, end-of-life (EOL) care, the person-centered planning process, and the grievance and appeals process among other topics. We provide magnets that include key CM contact information (including on-call), the CM escalation process, and our *CareLine* number.

Digital Engagement. To enable active engagement, members must have the tools to interface with their CM and providers. For example, we offer digital health solutions to address rural access barriers. Through *Member Connect tablets*, we will offer a cellular-enabled device at no cost, allowing members to access web and mobile apps, their secure Member Portal, and educational resources. The tablets allow members to stay connected to their CM and circle of support and enables access to telehealth and remote monitoring. The tablets include technical support and monitoring to ensure devices remain secure. We educate members on the Federal Broadband Connectivity and Safelink programs to enable calls to our Member Services Helpline, and *CareLine*.

Supporting Community-based Case Management. AzCH CMs prioritize spending time face-to-face with members and their circle of support to promote active member and family engagement. They listen to the member to better understand their needs, prevent abuse and neglect, and ensure high quality services are being provided. Home visits allow CMs to conduct an environmental assessment of members' homes and identify any barriers that might be addressed with home modifications, upholding the *ALTCS Guiding Principle of Most Integrated Setting*.

B. PRIORITIZING QUALITY OF LIFE (QOL)

AzCH's CMs consider all aspects of QOL when conducting in-person individualized needs assessments. They focus on understanding the impact PH, BH, relationships, employment interests, natural supports, and Social Risk Factors (SRF) have on a member's QOL. CMs assist members to self-define QOL goals for preferred daily activities, independence and mobility, income, housing, food and personal safety, culture and spiritual, relationships, and community involvement. *CMs and members have the support of our Community Engagement Team* who identify resources at individual and community levels. The team educates and builds relationships creating "good neighbors" and an inclusive community to address the person-centered needs of members/families. The teams consist of staff such as a Veteran's Advocate, Housing and Employment Specialists, and Peer and Family Support Specialists. We recognize that navigating resources can be overwhelming. To minimize this, CMs offer support in navigating our *Community Resource Guide* (*ACOM 404*) to identify resources that match members' goals, needs and preferences. For example, if a member prioritizes food insecurity, they may choose the Farmers Market program option which provides a $20 food coupon, allowing the member to make their own food choices and experience a sense of community, upholding the *ALTCS Value of Self-Determination*. Members in our DSNP can access supplemental benefits that promote independence such as a $50 healthy food card that can be used to purchase nutritious food, improving their health, and reducing food insecurity.

LTSS QOL Surveys. Member Experience and Point of Service Surveys assess CM engagement and QOL after every CM visit via a simple 3-question tool to promote self-reported outcome measures. We use the results to improve our CM practices at the member level, and aggregate findings at the population level to gauge QOL across our membership and drive system-wide improvements.

Addressing EOL Care. Knowing 20% of the ALTCS E/PD population dies annually, CMs educate members and families about advance directives and EOL resources as part of the person-centered planning process. Through our strategic partnership with Arkos Health's palliative care program and Arizona End of Life Care Partnership, we promote Advance Care Planning and education to enhance member-engagement and QOL through the entire lifespan. We track the use of advance directives and load EOL care documents to the Arizona Healthcare Directives Registry when chosen by the member/Health Care Decision Maker.

C. PCSP CONSISTENT WITH MEMBER'S NEEDS AND WISHES

During the person-centered planning process, CMs engage with members and their circle of support to coordinate and develop the PCSP. Applying PCT principles, *we treat members with dignity and honor their choices*. Members' individual needs and wishes are the foundation of their PCSP, and CMs honor their preferences. With a health equity lens, we ask the members about their choice of residence, services, and providers, using their choices to develop the PCSP.

Identifying Needs and Setting Personalized Goals. We conduct comprehensive, in-person individualized assessments to determine members' needs and goals, explore members' strengths, SRFs, and barriers to community living. Using member identified needs and desired outcomes, the CM works with the member to set meaningful and measurable goals and actions, working together to remove barriers to progress. CMs ensure the PCSP reflects what is most important to the member, addresses their needs (HCBS Final Rule § 441.725), meets cost effectiveness standards, and embodies the "nothing about us without us" philosophy, embodying the *ALTCS Guiding Principle of Member-Centered Case Management*. Following all timeframes outlined in AMPM 1620, CMs will complete an initial PCSP during the in-home visit within 12 business days of enrollment and services will be initiated within at least 30 business days. PCSP

updates will occur every 90 days for HCBS members and every 180 days for NF members, more frequently as needed, any time there is a change in condition or upon request from a member or their representative. The PCSP is shared with the member and their chosen circle of support ensuring their understanding and agreement. All notes, assessments, updates/changes, and contingency plans are documented in our CM Platform, creating an integrated PCSP.

Informed Decision-Making, Independence, and Self-Determination. CMs provide information to members and their families to support informed decision-making – such as understanding how one's benefits are impacted by change in employment status or choice of alternative care options. During every interaction, CMs ask members about their goals, progress, and QOL, supporting their independence to make meaningful choices about their life. The CM promotes member self-determination and arranges HCBS to keep members safe in their preferred community setting. Contingency plans are included in the members' PCSP to ensure critical services are provided without service gaps.

D. SUPPORTING MEMBERS IN THE LEAST RESTRICTIVE HOME AND COMMUNITY-BASED SETTING OF THEIR CHOICE

CMs support members to age in place by connecting them to community-based services and supports that promote the *ALTCS Guiding Principle of Most Integrated Setting*. Cost-effective services that allow members to participate in social activities are built into the PCSP such as DME or medical supplies (if medically necessary). We provide education on *Member-Directed Options* and help them make informed decisions. We explain the option of choosing their spouse/parent as their paid attendant (if applicable). Members who wish to transition from institutions to the community are supported by our multi-disciplinary TOC Team which includes the CM; family or Caregiver(s); PH, BH, and LTSS experts; UM staff; a pharmacist; and a housing coordinator. Placement choices and preferences, potential risks, and Community Transition benefits are discussed. (AMPM 1240-C). For aligned members, we maximize our DSNP supplemental benefits such as our $125 per month debit card to address SRFs such as food, housing, or utilities. Our Key Performance Indicator (KPI) Dashboard as further explained below monitors for institutional risk factors such as wounds, falls, incidences of urinary tract infection, and flu vaccinations and alerts CMs so they can intervene. When developing the PCSP, CMs anticipate potential challenges to avoid unnecessary ED visits or inpatient admissions and proactively work with the member to meet their needs. For example, CMs plan and follow up on provider visits, monitor medication changes, confirm services are delivered as authorized, and refer members to Care Management, as appropriate.

E. PROMOTING HIGH QUALITY, COST-EFFECTIVE, AND EQUITABLE CARE

Building on our 18 years of experience serving Arizonans, AzCH established systems and processes to deliver person-centered support promoting high quality, cost-effective, and equitable care supporting members to live in the least restrictive setting. We connect all members to high quality healthcare regardless of race, ethnicity, gender, sexual orientation, language, culture, or zip code *(ALTCS Guiding Principle of Accessibility of Network)*. Lisa Stutz, MHR, CPHQ, CLSSGB, our ALTCS Administrator will oversee our Case Management program to ensure all members have access to high quality, cost-effective, and equitable care. Stutz will have the support of AzCH's *Health Equity Administrator* who provides expertise to ensure Federal requirements are upheld pertaining to non-discrimination, language assistance, health equity training, and inclusivity of member materials *(Aligns to CLAS 5-8).*

Driving Quality through Systematic Tracking, Monitoring, and Oversight. AzCH applies a continuous quality improvement approach through our Quality Management (QM) department. We will build on our existing QM processes to incorporate quality measures that align with state and national standards across multiple PH, BH, and SRF dimensions, such as service initiation, closed loop referral follow-up, TOC, critical incidents, and QOL. Our Centene Accreditation Team will assist AzCH in obtaining NCQA LTSS Distinction, joining our KS and TX affiliates who have obtained and maintained accreditation. They will provide enterprise-level reporting, best practice identification, and innovative program development *(Aligns to CLAS 15).* For example, in the 2021 QOL Survey led by our **TX affiliate, 98% of LTSS members reported they are living where they want to live.**

We will track and monitor ALTCS quality metrics, HEDIS data, Medicare Star data, CAHPS, Member Experience and Point of Service Surveys, and KPIs. Quarterly enterprise-level PCSP audits will be conducted to ensure person-centered practices are applied. Our CM leadership will use daily, weekly, monthly, and ad hoc reports to monitor timelines, EVV data to ensure no gaps in care, authorizations, and utilization to ensure the PCSP is being followed. This includes monitoring caseloads, assessing the need to deploy resources, and developing strategies to address member trends. We monitor caseloads proactively through CM team meetings to address factors that may impact assignments, such as planned leaves, to minimize CM changes. We offer consultation on complex cases to ensure CMs feel supported.

Promoting Cost-Effective Care. CM Supervisors review standard and customized reports to monitor timeliness of PCSPs,

assessments and reassessments, caseload ratios, productivity, and CM metrics. ALTCS-specific KPIs include identifying members who experience falls, monitoring member placements for cost-effectiveness and appropriateness, tracking acute events (inpatient admissions and ED events), reviewing utilization trends to identify over and under-utilization, and monitoring services to ensure they are delivered according to the PCSP. CMs assist members to apply for benefits they may be entitled such as federally funded programs, Indian Health Services, or Third-Party Liability services.

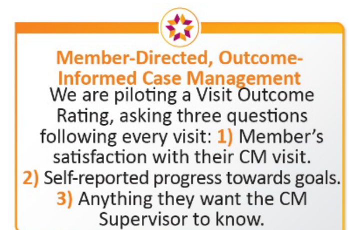
Medicare and Medicaid Integration. Our CMs educate members on Medicare benefits and services and co-pays/deductibles. Our person-centered process captures Medicare services in the PCSP, ensuring integrated or fully coordinated whole-person care for all dually eligible members. A single PCSP helps avoid duplication of services, whether Medicare services are fee-for-service or provided through Medicare plans. We implement best practices to continually improve integration and coordination. For example, our CM Platform integrates and presents Medicaid and Medicare information to our CMs via one comprehensive member view.

Equitable Care. Our HEDIS Dashboard stratifies member-level data by race, ethnicity, preferred language, age, sex, and geographic location. This enables us to view disparities based on member demographics and hot spot areas and explore root causes of inequities. Using these insights, we create culturally relevant and equity-focused action plans to address inequities and eliminate barriers to care. For example, when we identified disparities in HbA1c rates for our Hispanic DSNP members, we focused on increasing access to care through our partnership with Adobe and HbA1c point of care testing kits. We use our predictive model NEST (Neighborhood, Economic, and Social Traits) to summarize chronic disease (a proxy for health risk) burden associated with the neighborhood conditions in which members live. NEST scores incorporate community and member demographics and SRF data to identify potential barriers, allowing CMs to proactively address health equity issues.

CLOSE MONITORING AND EVALUATION TO SUPPORT PERSON-CENTERED PRINCIPLES AND VALUES

CMs embed Person Centered Practices into our everyday work. To address input from listening sessions that PCSPs are not always individualized, AzCH will continuously evaluate the effectiveness and person-centeredness of our case management program. CM Supervisors provide ongoing oversight and discuss ALTCS-specific reports on initial PCSP assessment, completion, and reassessment timeframes; care gap closures; member satisfaction; and levels of care. QOL measures on our *ALTCS KPI Dashboard* include 1) Has the member recently seen family or friends; 2) Do they have community connections; and 3) Does the member feel safe? AzCH conducts interrater reliability reviews, quarterly CM file audits, monitors requests for CM changes, and conducts member feedback calls.

Member Voice in System Design. AzCH's existing Member Council seeks feedback from members and families to enhance our integrated service delivery system. We will develop an ALTCS Member Council to solicit feedback from members/families about their lived experience receiving ALTCS services, and hold ongoing listening sessions with members, families, providers, advocacy organizations, and other stakeholders. For example, we incorporate member and caregiver input shared during *Statewide Caregiver Collaborative meetings* and are working in consultation with the AZ Statewide Independent Living Council to inform our person-centered practices.



Member-Directed, Outcome-Informed Case Management
We are piloting a Visit Outcome Rating, asking three questions following every visit: 1) Member's satisfaction with their CM visit. 2) Self-reported progress towards goals. 3) Anything they want the CM Supervisor to know.

Evaluating Member Experience and Satisfaction. Comprehensive Assessments, Member Surveys, and Point of Service Surveys such as our *Visit Outcome Rating* assess member experiences and satisfaction. Using audit tools developed with the CEPCP, we will conduct quarterly PCSPs reviews to ensure they meet the values and principles of person-centered practices including member strengths, goals, natural supports, self-directed actions, and community integration. Robust reporting enables us to isolate opportunities and develop improvement strategies. We use results to improve CM practices at the member level and aggregate findings to drive system-wide improvements.

Supporting the *ALTCS Guiding Principle of Person-Centered Planning*, we incorporate person-centered planning metrics (e.g., perceived control over one's life, ability to engage friends and family) into our *LTSS KPI Dashboard.* For example, our TX affiliate showed that **88% of members stated they can make decisions about their paid support staff, and 86.7% of members said they "take part in deciding what they do with their time each day".**

Feedback and Awareness. CM Supervisors will make random calls to members asking about their ALTCS experience and satisfaction, using this information to provide individual coaching to CMs. Using Centene's *Person-Centered Organization* change document, executive leadership, Sr. Directors, and above to do a yearly "Day in the Life of a CM" to stay informed of real situations members and our CMs face. AzCH will implement this best practice in our AZ ALTCS program.

NARRATIVE SUBMISSION REQUIREMENTS – REPORTING TOOLS

***B6.** Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members …*

AzCH is a data driven organization using cross-functional metrics to inform, strategize, innovate, and improve health outcomes. Our leadership monitors over 150 key metrics across all LOBs, enabling us to proactively identify and address access issues, health disparities, quality concerns, and root causes. We evolve our data-collecting process by leveraging technologies and input from members, caregivers, providers, and other stakeholders. AzCH's approach is underscored by our unwavering commitment to health equity, evidenced by our NCQA Health Equity Accreditation. Our Quality team's mantra, *"behind every data point is a heartbeat"*, exemplifies our passion for using data to improve lives.

Table 2. In partnership with members and stakeholders, AzCH uses data to drive quality and accountability.

Feedback	Member, provider, stakeholder feedback, complaints and grievances, Quality of Life surveys
Performance Metrics	HEDIS Measures, call statistics, case load ratios and performance, CMS core measures, Medicare STAR measures, SNF CMS quality measures
Utilization and Key Events	Utilization (urgent care, crisis, inpatient, IHS, 638), readmissions, placement (HCBS, SNF), service authorizations, crisis services, justice data (e.g., bookings, releases), ADT alerts, care gaps
Network	Access to care, network availability, EVV, Quality of Care
Health Equity	Race, ethnicity, and language, Social Risk Factor data, Z codes, Neighborhood, Economic, and Social Traits, AZ CLRS data
Other	Pharmacy data, Medicare data for aligned members, quality metrics (falls, pressure ulcers, wounds)

COLLECTING DATA IN PARTNERSHIP WITH MEMBERS AND STAKEHOLDERS

AzCH fosters ongoing collaboration with members, health care decision makers, designated representatives, family members, community advocates, providers, and other MCOs. We partner to collect data that drives improvements in member health and system outcomes. We gather member feedback using satisfaction surveys, member, and community forums, and focus groups. AzCH will convene quarterly *GSA-specific ALTCS Member Councils* composed of members, families, caregivers, advocates, and providers to gather input on policies and programs, identify health inequity root causes, and inform program improvements *(aligns to CLAS 3, 10).* Feedback from ongoing ALTCS Listening Sessions with key stakeholders (started in 2022) will inform and guide Council discussions. Our ALTCS Member Council will be patterned after AzCH's current Member Councils, the feedback from which has led to program improvements.

We are adopting Centene's *LTSS Quality of Life (QOL) Surveys*, a best practice used by our Texas and Kansas affiliates. The LTSS QOL Surveys include Member Experience and Point of Service Surveys to assess the level of Case Manager (CM) engagement with members and QOL measures. We will administer annual surveys to measure ALTCS members' perceived QOL in areas such as control over activities, safety, and employment. We will aggregate survey results to gauge satisfaction with quality of life across the entire membership. Our Member Council will review results and recommend actions to improve the member experience. Our Texas affiliates' LTSS QOL Survey results showed **98% of members surveyed reported they are living where they want to live.**

We will measure member experience with HCBS by asking the member or caregiver to complete a short survey after every CM visit. Answers to a post-visit survey will give us a snapshot of each member's general sense of well-being in addition to communicating individual concerns requiring immediate action. We will distribute a comprehensive *HCBS CAHPS survey* annually to further measure HCBS experience. Through our quality structure, we will translate survey results into actionable interventions to improve member satisfaction. In adopting the survey, AzCH anticipates replicating our success leveraging CAHPS survey results used in AZ for RBHA and ACC members. To improve results on How Well Doctors Communicate, we gathered insight from internal staff, including our Medical Director. We developed action plans with providers to improve the member experience, including having *Provider Quality Liaisons (PQLs)* encourage training focused on doctor/member relationships and using resources such as a Neighborhood of Care and Provider Focus Strategies to enhance the member experience. Our efforts contributed to **survey score increases among ACC members for How Well Doctors Communicate (+6%), Doctor Listened Carefully (+5%), Doctor Showed Respect (+7%), and Doctor Spent Enough Time (+10%) (2022 to 2023)**. Our *Community Consensus Collaborative (C3)* brings together perspectives from across the community. Aligned with *ALTCS Guiding Principle of Collaboration with Stakeholders*, C3 is our strategy for 1) tracking member, family, and stakeholder feedback from over 90 input sources through our C3 KPI

Dashboard, 2) translating feedback to action, and 3) closing the feedback loop through ongoing stakeholder communication. C3 includes an annual community Action Event that gathers stakeholders to review data and develop cross-sector solutions. The 2023 Action Event included goals for improving use of data to evaluate community health.

PROCESSES TO INFORM AND INITIATE IMPROVEMENT ACTIVITIES

AzCH systematically collects and analyzes data to inform improvement activities. For ALTCS, we are enhancing our processes with specific tools successfully used by our Centene affiliates serving LTSS members in other states.

Reporting Tools. AzCH will use the *LTSS Key Performance Indicator (KPI) Dashboard*, Centene's innovative tool currently used by affiliates serving LTSS members. The KPI Dashboard features a robust set of measures designed for LTSS programs and will be aligned with AHCCCS and AzCH priorities for home and community-based care. The KPI Dashboard includes case management metrics (AMPM 1600), authorizations, service initiation timeliness, prevalence of falls, reassessment after inpatient discharge, CM case load monitoring, assessment timeliness, service plan timeliness, setting summary, and more. This information, in combination with LTSS, BH, and Social Risk Factor (SRF) data, provides a robust picture of members with complex needs. AzCH's LTSS leadership and Quality staff will use the KPI Dashboard to monitor important outcomes and track non-clinical LTSS outcomes that include member quality of life and satisfaction. The KPI Dashboard enables us to proactively identify unexplained variances in service and provider utilization and opportunities to strengthen Case Management. We can analyze data at the member, CM, and provider levels, positioning staff to quickly identify emerging issues and resolve them while identifying root causes of systemic issues. Our KPI Dashboard allows us to analyze measures by demographics such as age, ethnicity, and geographic location.

We analyze HEDIS measures by race, ethnicity, and language, and data by AZ zip code, county, and region *(aligns to CLAS 11)* and use *hot spot analysis and mapping technology to gain insights into health disparities.* Based on this data, AzCH identified that members with SMI had 2.3% lower rates of HbA1c testing than others despite a 79% higher prevalence rate. We deployed Community Health Workers to educate members and address barriers to care. As a result, **92% engaged in preventive care services, and 69% completed an HbA1c test.** To address disparities experienced by Tribal members, *we collaborate with each Tribal Nation to prioritize initiatives through Tribal Collaboration Meetings*.

Monitoring Technologies. Used in tandem with our KPI Dashboard, our integrated CM Platform provides CMs and care teams with a single member view of risks, care gaps, and stratification results. It notifies CMs when a new member is assigned and sends alerts when services have not been completed according to the member's Person-Centered Service Plan (PCSP), allowing CMs to address the issue. AzCH uses EVV data to track service delivery for RBHA and ACC members and will do so for ALTCS to ensure timely access to HCBS. Our CM Platform's *Service Tracking Module* will allow CMs to add and review services/items a member requests or receives, including the service/item name, provider, schedule, and frequency for Medicaid and Medicare covered services. The module will house documentation for follow-up, enabling CMs to review completed and next steps.

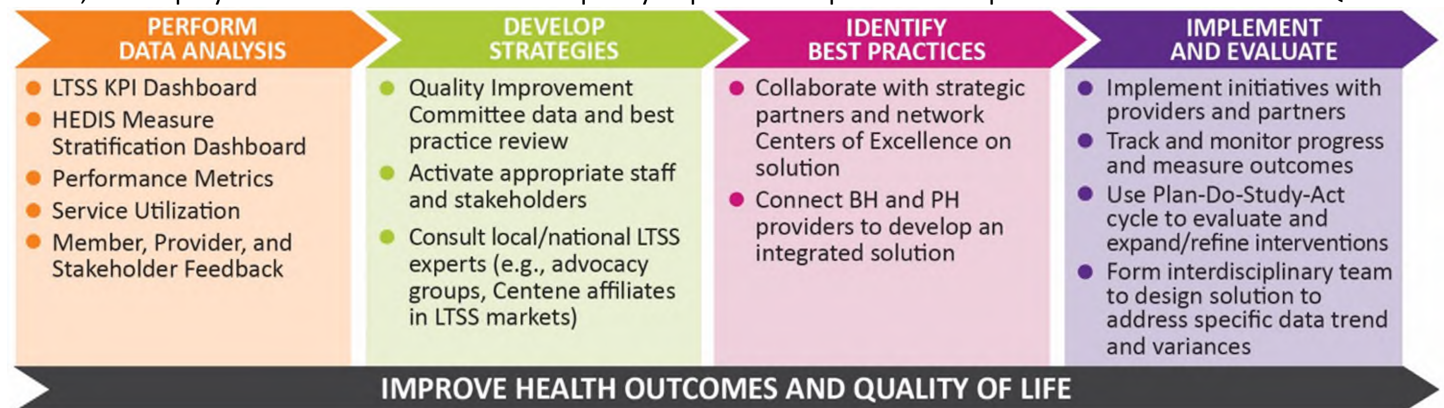
We monitor over- and under-utilization of physical health, BH, and LTSS services and cost by service category. Reports allow us to identify members who may need HCBS, Care Management, or High Needs Case Management. Through the *Monitoring Visit Initiative*, we analyze quality of care (QOC) data quarterly to identify providers at highest risk for health and safety concerns and incidents. Our QOC staff provides in-person coaching to discuss concerns found in trended QOC data and identify solutions. This led to a **37% reduction in immediate health and safety concerns and a 28% reduction in health and safety incidents** among targeted providers between November 2022 to August 2023.

Leveraging Partnerships. AzCH distributes actionable data to providers to improve member health outcomes *(aligns to CLAS 13)*. Our secure Provider Portal supports critical and timely information sharing, such as 1) care gap notifications, 2) emergency department high utilizer, 3) member and practice-level clinical quality and cost reports, and 4) grievance and appeals submission. Providers can access their Provider Scorecard through the Provider Portal, enabling them to compare HEDIS and quality/cost metrics to peers and national and state standards. Our Value Based Payment (VBP) arrangements reward providers for delivering high-quality care and improving member outcomes. In 2021, we implemented an initiative for PQLs to routinely meet with VBP-eligible providers to discuss quality and cost data, and improvement plans. Since deploying PQLs, VBP-eligible providers have shown improvements from 2021 to July 2023: 1) Medicaid Health Homes and Strategic Partners **improved HEDIS rates overall by 4%**, 2) Federally Qualified Health Centers and Strategic Partners **improved HbA1c Poor Control (>9.0%) rates by 14% and 20%,** respectively, and 3) providers **increased rates for 7 Day Follow-up After Hospitalization for Mental Illness by 7%.** To address cardiovascular health disparities in AZ's Black, Hispanic, and Tribal communities, AzCH partners with the American Heart Association

(AHA) to offer self-monitoring blood pressure programs at select provider offices through AHA's Adopt-a-Clinic program *(aligns with CLAS 13)*. Using national hypertension data, AzCH prioritized provider groups based on health disparity data, membership size, and other factors. Since 2021, we have **distributed more than 340 blood pressure devices and educational materials to participating providers**. This program will be available to ALTCS providers.

PROCESS FOR MEMBER- AND POPULATION-SPECIFIC DATA ANALYSES AND DECISION-MAKING

AzCH systematically analyzes member- and population-specific data to inform decision-making and drive system improvement through our Quality Management/Performance Improvement (QM/PI) program, which adheres to AMPM Chapter 900. Our performance improvement process will bring AzCH functional areas and local and national experts together with ALTCS members, families, and caregivers to review data and information to identify opportunities for improvement and develop effective improvement plans. Through our Quality Improvement Committee (QIC), we integrate qualitative (member, stakeholder, and provider) feedback with quantitative data (clinical and non-clinical data, performance metrics) to inform improvement initiatives. Our QIC will receive input directly from members, families, caregivers, and other stakeholders who participate in our regional ALTCS Member Councils. Reporting to the QIC, our monthly *Health Equity Committee* fosters discussion among AzCH staff, providers, community service organizations, members, and family/caregivers to inform initiatives to address health disparities *(aligns to CLAS 2, 13)*. For example, the Committee will make recommendations to the QIC on strategies to improve access to care for all members. Shown below, we employ a data-informed continuous quality improvement process to improve health outcomes and QOL.



Demonstrating Success Using Data to Inform Initiatives. Our QM/PI process has proven successful for our affiliates serving members in LTSS programs. For example, trends in member falls data and QOL survey results related to member education on falls prevention led our Texas affiliate to implement *A Matter of Balance (AMOB)*, an evidence-based, nationally recognized falls prevention program. AMOB helps members stay safe by reducing fear of falling, setting realistic goals to increase exercise to promote strength and balance, and reducing fall risk factors. From 2019 to 2022, our Texas affiliate **decreased falls by 30.45%**. We will use AMOB at the onset of the ALTCS contract. As another example, AzCH's utilization data showed a high volume of members entering Behavioral Health Residential Facilities (BHRFs) and significant variances in member length of stay among BHRFs. Informed by stakeholder input, our QIC designed the *BHRF Oversight Project* to assess quality of care and clinical specialties provided by BHRFs. We developed a dashboard to track metrics such as average length of stay, readmission rates, member contact with crisis and EDs during their stays, and member acuity. We worked with BHRFs to improve quality, and when necessary, terminated contracts if the provider was unable or unwilling to make improvements. **AzCH reduced the average length of stay in BHRFs from 41 days to 23 days within an 8-month period.** We will extend this project to the ALTCS program.

SAMPLE UTILIZATION REPORTS AND DATA USED FOR MONITORING AND ANALYSIS

We provide the following utilization and quality reports, which our leadership use to drive accountability and quality.

Table 3. AzCH's reports provide actionable data to improve member care and outcomes.

Report	Description
Nursing Facility Scorecard	Comparison of key safety and quality metrics by SNF inform oversight and improvements.
Service Initiation Timeliness	Tracks timely initiation of HCBS, ensuring access to critical community-based care.
LTSS Readmissions	Readmission trends by type and race identifies disparities and improvement opportunities.

AzCH is providing sample long-term care reporting from our Texas affiliate.

Nursing Facility Scorecard

Reporting Month: Aug '23
Data Refreshed Date: 09/18/2023

Line of Business: LTSS | Plan: All Plans | Setting: All | Dual Ind.: All | County: All | Zip: Search

Provider Scorecard ▸
Quadrant Analysis ▸

Performance By Metric | Metrics by Provider | Finance | Medical Expense | CMS Star Rating

Select a Metric: Prevalence of Falls

- Prevalence of Falls
- Flu Vaccine
- Pneumococcal Vaccine
- Bowel Incontinence
- Prevalence of Wounds
- UTI
- Urinary Incontinence
- 30-day all cause readmissions
- Compliance to Medication Regimen
- Polypharmacy
- Members Reported Active Outside
- See Friends and Family
- Decide Daily Routine
- Members Reported Satisfied Where Living
- Members Reported Feel Safe

Prevalence of ... ct a State in map below.

Denver | New Mexico | Philadel | Virginia | th Carolina | Miami | Powered by Esri

Variance Legend: < Prev Month | > Prev Month | same as Prev

TX Providers by Prevalence of Falls

Select a Provider in grid below. Sort: Highest to Lowest | Lowest to Highest

Provider DESC	NPI	Count	Population
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	1
[illegible]	[illegible]	0	2

Metric Trend (... UVALDE COUNTY HOSPITAL AUTHORITY

2
1
0
Aug '22 | Sep '22 | Oct '22 | Nov '22 | Dec '22 | Jan '23 | Feb '23 | Mar '23 | Apr '23 | May '23 | Jun '23 | Jul '23 | Aug '23

Selected Provider Count | State Avg for Provider Class | Enterprise Avg for Provider Class

AzCH is providing sample long-term care reporting from our Kansas affiliate.

LTSS SERVICE TIMELINESS - KS

CENTENE Corporation LTSS Care Management Metrics: Service Initiation Timeliness Details PHCO

Service Category Reference

Timeliness by Health Plan

Service Category

All

Service Category

% Timely by Health Plan

115% 110% 105% 100% 95% 90% 85% 80%

KS

Top 5 Service Categories by Selected Plan

100% 50% 0%

DAY HABILITATI...	ADULT DAY CARE	HOME DELIVERED MEALS	MEDICATI... REMINDER	AUTOMAT... MED DISPENSER
99.30%	99.06%	98.94%	98.76%	97.96%

Bottom 5 Service Categories by Selected Plan

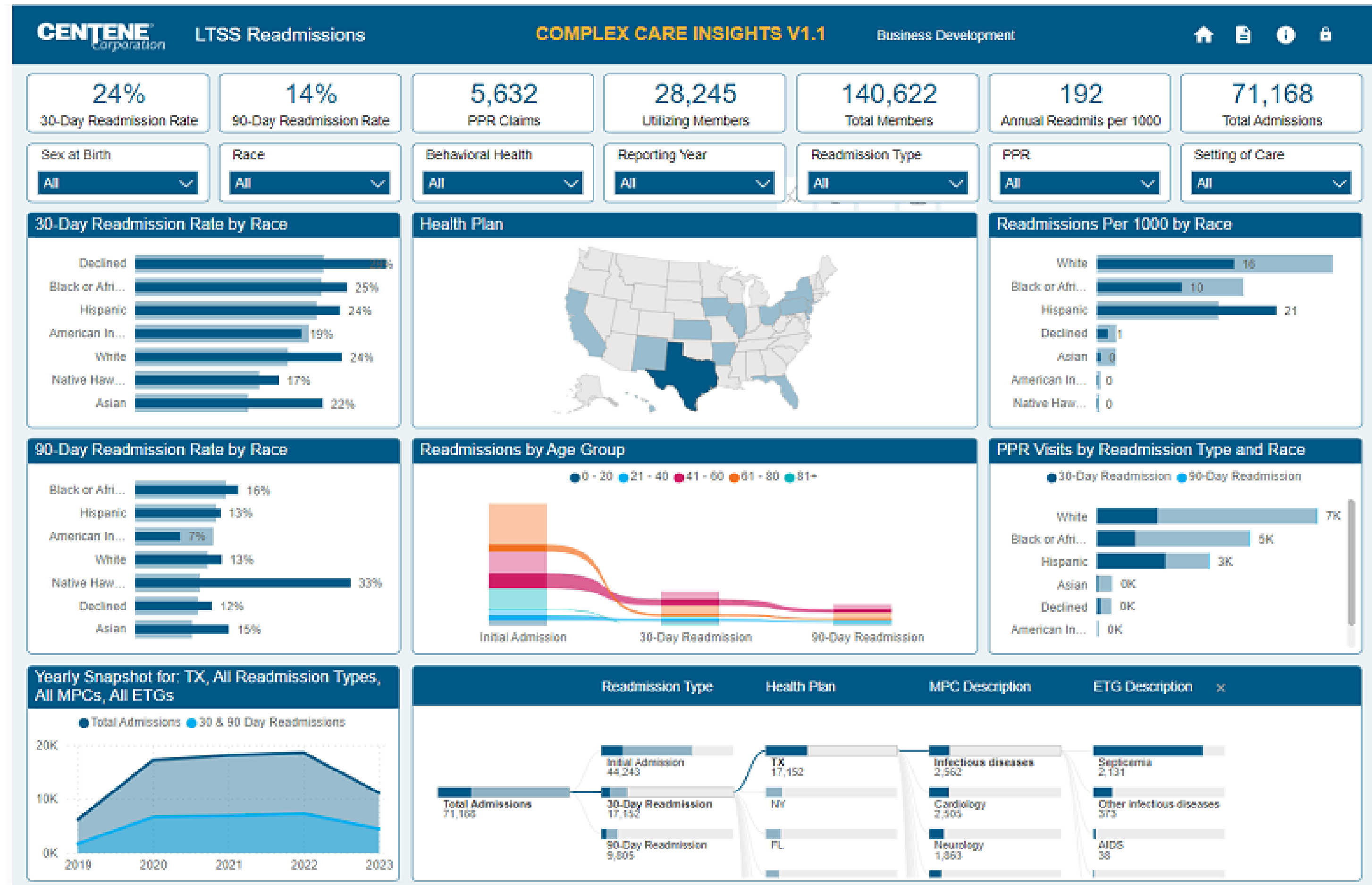
100% 50% 0%

HOME NURSIN...	EMERGE... RESPONSE	ENVIRON... MODS	LPN/LVN SERVICES	RESPITE
97.55%	96.04%	73.02%	68.97%	67.89%

Service Category	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 20
ADULT DAY CARE	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.67%	100.00
AUTOMATED MED DISPENSER	96.61%	94.92%	98.36%	100.00%	95.08%	98.41%	100.00%	98.39%	98.25%	96.77%	100.00
DAY HABILITATION	99.68%	99.76%	99.76%	99.47%	99.55%	99.53%	99.39%	98.36%	98.09%	99.12%	98.95
EMERGENCY RESPONSE	97.65%	82.91%	98.03%	97.39%	97.69%	97.43%	98.51%	98.64%	98.45%	98.06%	97.53
ENVIRONMENTAL/HOME MODS	83.33%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	66.67%	100.00%	0.00%	50.00
HHA/PCA	97.53%	97.86%	97.87%	97.77%	97.71%	97.29%	97.97%	97.66%	98.29%	97.84%	97.92
HOME DELIVERED MEALS	98.30%	99.37%	99.13%	98.91%	98.79%	99.77%	98.66%	99.56%	98.90%	98.78%	98.77
HOME NURSING-LPN	97.14%	97.18%	96.43%	98.54%	95.65%	99.26%	96.15%	96.95%	96.62%	97.76%	98.52
HOME NURSING-RN	97.14%	97.18%	96.43%	98.55%	96.38%	99.26%	96.15%	96.95%	96.62%	97.76%	98.52
LPN/LVN SERVICES	100.00%			100.00%	50.00%	100.00%	100.00%	0.00%	100.00%	100.00%	
MEDICATION REMINDER	100.00%	96.43%	100.00%	100.00%	96.67%	96.97%	100.00%	100.00%	96.88%	100.00%	100.00
RESPITE	57.14%	45.45%	27.27%	33.87%	58.33%	66.67%	46.15%	56.25%	47.06%	66.67%	64.29
Total	**98.24%**	**96.03%**	**98.48%**	**98.03%**	**98.26%**	**98.21%**	**98.41%**	**98.10%**	**98.19%**	**98.27%**	**98.20**

AzCH is providing sample long-term care reporting from our Texas affiliate.

LTSS Readmissions - TX



NARRATIVE SUBMISSION REQUIREMENTS – NETWORK DEVELOPMENT STRATEGY

***B7.** Describe the Offeror's network development strategy, including methods to build Home and Community Based (HCBS) providers and …*

AzCH built our comprehensive, integrated, and culturally responsive network over *18+ years serving Medicaid and Medicare members in AZ's urban, rural, and AZ border communities*. We are a part of AZ and know these members: we care for members with complex needs every day. AzCH also taps into Centene affiliate experience, such as in TX and KS, for effective LTSS solutions to apply in AZ. We foster collaboration with providers, members, and stakeholders to build partnered solutions to meet complex needs. Over the past nine months AzCH held more than 40 ALTCS feedback sessions with 134 unique stakeholders, which informed our *ALTCS network development (ND) strategy***:** to timely build on our solid member-centered care foundation; fairly compensate for special locations and services; and innovate with partners to maximize rural AZ resources via the following tactics:

TACTIC 1: EVALUATE CURRENT NETWORK, DETERMINE ND NEEDS, EXECUTE BY GO-LIVE

AzCH has a proven track record of developing culturally and linguistically responsive networks of community-based providers and innovative service delivery mechanisms, such as the timely implementation of our 2022 RBHA contract. Our network of over 20,000 locations serves members of all ages and demographics, including supporting the unique needs of Tribal members. Our contracts apply to the ACC, RBHA, DSNP and ALTCS lines of business (LOB), and **99% of our DSNP network overlaps with Medicaid**. Compliant with *ACOM 417* and *436*, **our RBHA and ACC meets/exceeds behavioral health (BH) and physical health (PH) adequacy requirements with an aggregate score of 99.18% in all GSAs and a 98.25% aggregate adequacy for our statewide DSNP**. Appointment availability averages 96.5% across PCP, specialist, dental, and BH providers. To build our action plan, we first reviewed ALTCS ND program requirements (*D28*) and will curate a network that is diverse, ensures access equal to community standard levels, promotes clinical collaboration and incorporates *ALTCS guiding principles*. We evaluated our network, which already includes all required SNFs statewide, and *290 ALTCS-unique providers retained from a prior contract*. We reviewed other MCO networks and used AHCCCS reference files to analyze gaps; we estimate 250 statewide facility-based contracts as well as ALTCS-unique HCBS provider contracts are needed. Our contracting team is staffed, systems are ready, and we will obtain all needed contracts by 07/01/2024. Credentialing, contract loading and onboarding will be completed by 09/10/2024. To ensure readiness, we will educate providers before go-live, and our ALTCS-dedicated Provider Relations Representatives (PRRs) will help providers navigate ALTCS requirements and AzCH processes, especially those who will newly interface with two payers. We will review and update our *Network Development and Management Plan* annually to ensure our ALTCS network provides members with full access to the benefits of community living as specified in *A.R.S. § 36-2931 and A.R.S. § 36-2939*; supports children, such as those in AzEIP or with co-occurring PH disability and BH needs; and includes GME residency programs, AZ Area Agencies on Aging, and Centers for Independent Living (CIL) partnerships. We stand ready to serve ALTCS members in the least restrictive setting. *(Aligns to CLAS 10-12)*

TACTIC 2: REIMBURSEMENT MODEL ALIGNED TO SHARED ALTCS GOALS

AzCH's ALTCS reimbursement model will address *rural/urban facility differentials* and specialized service compensation. We recognize the resources required; particularly those associated with behaviors due to dementia, persistent aggressive behavior, psychiatric conditions, TBI, and SUD, and the need for adequate reimbursement. AzCH will offer reasonable facility reimbursement for specialized services. AzCH will align *Value-Based Purchasing* (VBP) agreements with *ACOM 306* and *307* for DSNP aligned and Medicaid-only members to incentivize quality and build on goals providers are already accountable for such as: 1) Office/ALF-Based PCP measures to include inpatient (IP) and Emergency Department (ED) utilization; 2) NF measures to align with *CMS quality metrics* for readmissions, ED rates, and falls; and 3) HCBS/ALF measures to include fall prevention and advanced care planning (*JCAHO* aligned). Our LTSS dashboard enables providers to timely track VBP targets and proactively respond and adjust approaches when needed. To assist providers with complex claims payment issues, we will leverage our *Claims Resolution Unit*, composed of claims experts who engage directly with providers to resolve issues. Over the last 3 years, our **provider claims complaints were reduced by 98.6% to .009/1,000**, and we have maintained compliant claims operations since 01/2021.

TACTIC 3: BUILDING HCBS PROVIDERS AND INSTITUTIONAL CAPACITY IN RURAL AREAS TO MAXIMIZE RESOURCES

Building HCBS Capacity. Our rural network will maximize HCBS resources through our *emergency wheelchair repair* program, which we will pilot in Yuma County to bring rapid repair assistance directly to members; and through *nearly $2M in workforce development funding* to address direct care worker shortages. We provide technology-based options, such as *Member Connect tablets* which offer remote monitoring and connectivity for family and caregivers – enhancing

members' ability to choose self-directed attendant care. Additional rural HCBS programs include the following.
SNF-In-Home. AzCH contracts with Adobe Care & Wellness to expand access to care. Adobe coordinates with PCPs, focuses on preventive care and screening to close gaps. For rural DSNP members, Adobe **increased the "Controlling High Blood Pressure" measure by 33%** (2022). Adobe's in-home care focuses on *overcoming disparities* using Maslow software to identify and address social risk factors (SRFs). **In just 6 months, Adobe identified 835 Z codes and provided 1062 SRF resources** (2023). For Southern GSA ALTCS members discharging from facilities and at risk for readmission, we will pilot CareSync, a *SNF-in-home program* that provides wrap-around care and extended care services while improving member experience. The program will include home modification, safety support, SRF assessment, telemonitoring, meals, therapies, daily skilled nursing, social services, and personal care services. *(Aligns to CLAS 10-13)*
Supporting Caregivers. In response to stakeholder feedback that caregivers may neglect their own needs due to the absence of backup care for their loved one, we will launch a *Direct Care Worker (DCW) Back-up Program* in partnership with local CILs and offer a hotline where members and caregivers can request back-up coverage when needed. AzCH will invest in programs to empower family members as caregivers and address burnout such as *advanced certification for family support providers* focused on the ALTCS system in partnership with the Peer & Family Academy. We also invest in *caregiver skill building* through field-based coaching in partnership with Spectrum's mobile health home, and *caregiver professional development and self-care conferences* in partnership with Ability360.
Peer and Family Support. Rural members can receive peer and/or family support in HCBS, SNF and ALF settings. We will extend our Ability360 partnership to launch an *LTSS-focused Peer/Family Advocacy Project* and offer training that includes Community Health Worker (CHW) certification. People with lived ALTCS-experience will be encouraged to complete training and become employed in newly established roles as Peer/Family Advocates and Mentors. These roles will provide *cultural and linguistically appropriate system navigation support*, independent living immersion, mentoring and will create employment opportunities for people living with diverse abilities. *(Aligns to CLAS 4)*
Non-Emergent Transportation (NEMT) Flexibility. 48% of ALTCS stakeholders interviewed report NEMT reliability as an ongoing issue, particularly in rural areas. AzCH includes accountability requirements in our MTBA contract, such as grievance rates, timely transport, and wait times. To ensure capacity, AzCH and MTBA collaboratively address concerns, which has **significantly reduced member grievances (improved 50% for ACC and 77% for RBHA since 01/22).** To build NEMT capacity, AzCH's contract requires MTBA to allow rural SNF, BH and HCBS providers to directly contract with MTBA. For our RBHA contract, AzCH is *piloting direct contracting for NEMT services*. AzCH will leverage these flexible NEMT contracting approaches for our ALTCS contract to ensure timely NEMT services. *(Aligns to CLAS 14)*
Providing Specialized Care for Individuals with Dementia. ALTCS stakeholders advised us of a growing need for HCBS services to support members with dementia. The impending "silver tsunami" predicts AZ will have the quickest national dementia growth rate; to surge 33% by 2025, exacerbating the lack of dementia HCBS services, especially in rural areas. *To address a health inequity* for aging Hispanics' access to dementia services in Southeast Maricopa County, AzCH partnered with Oakwood Creative Care (OCC), a pioneer in dementia support, to establish *Arizona's first ADHS-licensed integrated Adult Day Club (Club) and Dementia Hub (Hub)* through $2 million in seed funding from AzCH. Research suggests that persons living with dementia can still communicate through the brain's creative center, even when no longer verbal, and the Club provides creative experiences such as artmaking, poetry, and gardening; while the Hub provides caregiver support, respite, and education. OCC also deploys an evidence-based *Care of Older Persons in their Environment (COPE)* model, which sends an interdisciplinary team to the member's home to evaluate and address health, care, and engagement, while increasing caregiver knowledge and reducing stress and burnout. To expand this dementia-support Club-and-Hub model and to provide HCBS adult day services in rural AZ for members experiencing dementia-related disorders, AzCH and OCC will provide two rural HCBS providers interested in *adult day club expansion* with 250 hours of technical expertise. *(Aligns to CLAS 11-13)*
Building Institutional and Rural SNF Capacity. Beyond developing an adequate network – we intentionally contract with and retain providers who deliver excellent care, such as leveraging our *SNF Tiering Model* which prioritizes high quality providers for placements and financial partnerships. This is possible through our extensive relationships with AZ SNF providers and speaks to our ability to build capacity. AzCH further collaborated with partners on the following solutions.
PH/BH Integrated Care-In-Place. In the Central GSA, AzCH will partner with Copa Health (Copa) and interested rural SNFs to pilot an *integrated care-in-place model*. While the SNF attends to daily personal health and ADL needs, CMs will assess SNF-based members for needs and refer to Copa's BH Medical Practitioners (BHMPs) for BH services. BHMPs will

actively participate in the SNF's routine clinical rounds to educate staff on needs and strategies to manage all behavior etiologies. By forming this alliance, AzCH fosters the evolution of integrated care.

SUD Care-In-Place. To curtail relapse and readmission risk, we developed the *SUD Continuum of Care* Initiative which identifies high-risk members during admissions with infections caused by using substances intravenously (IV). AzCH connects members to addiction medicine, MOUD, and/or harm reduction options to promote sustained treatment engagement and **reduced overall medical costs for these members by 48.1%.** As a RBHA, AzCH administers the *Non-Title XIX/XXI Grants* and uses braided funding to expand our ability to implement *opioid treatment programming* with providers such as COPE, CODAC, CMS and CBI, which have eliminated barriers for members using IV substances who may need services while in a hospital or SNF setting. We will continue these programs for ALTCS.

Maximizing Resources by Expanding TBI Expertise. Our experience working with the Veteran's Administration and serving members with TBI confirms a gap in TBI expertise. AzCH has partnered with Copa to develop a *curriculum for doctoral/post-doctoral psychology students to evaluate, diagnose and treat TBIs in LTSS institutional settings*. We will pilot the TBI curriculum in rural SNFs and ALFs. To build on statewide expertise, AzCH will invite all AZ APA-accredited psychology programs to utilize the curriculum, including those hosted by health homes, prisons, the VA, and Banner. ALTCS providers will also have access to *education on TBI* and other topics through our Project Echo platform.

TACTIC 4: ASSISTING RURAL SKILLED NURSING FACILITIES SEEKING TO EXPAND INTO COMMUNITY-BASED CARE

AzCH received feedback from SNFs and the AZ Healthcare Association (AHCA) that SNF census levels have not recovered from pandemic-associated reductions. SNFs are seeking innovative sustainability solutions. AzCH will hold regular *Joint Operating Committee meetings with AHCA* to identify and support community-based care (CBC) models statewide, and through *SNF and HCBS provider learning collaboratives*, to help SNFs expand into community-based care.

SNF LOB Diversification. AzCH will contract with Hospice of the Valley (HOV), which offers an array of HCBS services, to provide 100 hours of *consulting to build respite services* within two interested rural SNFs. This will benefit caregivers and members who need that layer of support or recovery. AzCH will act as a convener, partnering with Copa and a rural AZ SNF for the *SNF to lease space to Copa and/or provide nursing and support services to a COPA integrated BHRF* for members with complex conditions such as SMI, TBI, SUD, persistent aggressive behaviors, and other BH conditions.

ALTCS Centers of Excellence (COE). AzCH's promotion of health equity to meet members' needs is evidenced through our COEs. To obtain COE designation, providers must deliver high-quality, culturally appropriate, evidence-based, equitable whole person care in alignment with AHCCCS initiatives. *AzCH has 19 recognized COEs, 9 beyond AHCCCS' requirements*. To enhance our ALTCS network, we will develop a *rural AZ SNF COE* that has expanded into community-based care, such as outpatient TBI therapy via a hub-and-spoke model to expand rural expertise. *(Aligns to CLAS 1-4)*

TACTIC 5: AZCH OPERATIONS WORK IN AN INTEGRATED FASHION TO IDENTIFY AND ADDRESS NETWORK NEEDS

AzCH works cross-functionally to identify and address ND needs through a coordinated set of action steps that include:

Step 1: Feedback. AzCH integrates feedback from over 90 different input mechanisms including members, families, providers, AzCH departments, and community stakeholders to identify trends and solutions. *(Aligns to CLAS 12, 13)*

Step 2: Routine Assessment. AzCH collects cross-organizational data, including geo-mapping, time/distance analysis, utilization data, z codes, member trends, cultural/linguistic grievances, hot spots, health disparities, health equity issues, disease prevalence, appointment and wait time surveys, EVV data to confirm timeliness, workforce adequacy, braided funding, compliance with disability access, and provider panel size. *(Aligns to CLAS 11)*

Step 3: Oversight. AzCH routinely monitors network gaps through multiple cross-functional committees, such as our Out-of-Network (OON) Work Group which focuses on evaluating OON utilization and identifying providers to convert to in-network. This resulted in **adding 18 OON providers in-network and reduced OON utilization by 18%** (2023). AzCH leadership receives a Monthly Metrics Summary, which *monitors more than 150 key metrics across all LOBs*, including network access. AzCH will implement an *LTSS KPI Dashboard*, which is utilized by our TX affiliate, to track and trend robust measures. This will enable us to proactively identify network access anomalies, health disparities, emerging issues, and root causes, resolving them to continuously improve timely access. *(Aligns to CLAS 10, 11)*

TACTIC 6: ACTION PLANNING, ACTION STEPS, TIMELINE, INTEGRATED OPERATIONS, AND OUTCOMES

Our in-depth ALTCS network action planning approach is modeled on previous successful AzCH transitions and maximizes success through accountability, vigilant monitoring, and swift issue resolution. Our project-managed plan will delineate tasks and monitoring before, during and after go-live; be overseen by our Network Oversight Committee, which includes all operational areas; and *meet three-times a week at 60 days to go-live* and increase to *daily frequency*

during the final 30 days, with continued daily oversight for three months post-go-live. After this, we will continually monitor for network expansion needs. The table below summarizes action steps for the first three years of the contract.

Table 1 -- Action Steps for the First 3 Years of the Contract

Year 1 (Readiness/pre-go-live): 12/13/2023 – 09/30/24; Year 2: 10/01/24 – 09/30/25; and Year 3: 10/01/25 – 09/30/26.					
Integrated Ops Team: Appeals & Grievances (AG), Behavioral Health (BH), Customer Care (CC) Claims, (CL), ALTCS Case Management (CM), Credentialing (CR), Employment (EM), Finance/Encounters (FI), IT, Medicare DSNP (MD), Marketing (MK), Medical Management (MM), OIFA (OI), Provider Contracting (PC), Provider Data (PD), Provider Relations (PR), Quality (QM), and Workforce Development (WD), or all Departments (ALL).					
Action Steps Year:	**1**	**2**	**3**	**Integrated Ops**	**Outcomes**
Network Development					
• Initial ND recruitment complete by 7/1/24: utilize AHCCCS-supplied/other data sources, track activity, oversee progress to goals in accordance with ACOM. HCBS Assessment Tool Suite ensures HCBS rule compliance. • Update ALTCS contracts/reimbursement. • By 9/10/24, complete new provider credentialing, loading, and onboarding. Update MM systems. • Monitor/track processes via twice-weekly work group. • Validate load accuracy in payment and directory systems. • Update all AHCCCS-required documents and processes.	X	X		AG, BH, CC, CL, CM, CR, FI, IT, MD, MK, MM, PC, PD, PR, QM, WD	• Compliant with ACOM 436 adequacy standards, meets transitioning population needs. • Compliance with HCBS rules; AHCCCS-approved P&Ps. • 95% of providers onboarded within 3 months of execution. • 100% of providers timely credentialed per AMPM 950A. • 100% of provider data and contract loads validated.
• DME repair pilot implemented by 3/30/25		X			• 90% of responses in 2 hours.
• Specialized SNF/HCBS Provider Relations (PR) staff hired. • Update provider training materials and hold individual and group sessions/forums before go-live. • Offer extra support/job aids to small/new providers.	X	X	X	MK, OI, PD, PR, WD	• 100% PR staff hired by 7/01/24. • Provider proficiency in ALTCS. • Provider satisfaction scores that exceed benchmark.
• Initiate ALTCS-specific VBP strategy by 12/31/24, evaluate effectiveness and update over course of contract.	X	X	X	CL, FI, MD, MM, PC, QM	• Improvement: outcomes, CMS SNF, HCBS JCAHO metrics.
Innovative Solutions					
• SNF In-Home Pilot launched in Southern GSA by 6/30/25.		X		MD, MM, PC, QM	• Improvement in readmissions.
• Support DCW pipeline. Back-up DCW Program goes live through partner CILs by 9/30/26.			X	AG, CM, MD, PC, QM, WD	• Expanded DCW staffing in rural AZ, increased independence.
• Caregiver empowerment programs to include certification, skill-building, conferences to launch by 9/30/23.	X	X	X	OI, QM, WD	• Increase in caregivers, reduced turnover.
• Peer and Family Advocacy program: Both cohorts trained and deployed through Ability360 by 9/30/25.	X	X		EM, OI, QM, WD	• Increased peer/family service use, member satisfaction.
• Ongoing NEMT oversight and direct provider contracting, as needed based on identified network gaps.	X	X	X	AG, CC, MD, PC, PR	• NEMT compliance with ACOM 417 timeliness.
• Dementia services: 1) Open Hub & Club in SE Maricopa County by 12/31/25. • 2) Identify and provide technical assistance to two adult day clubs in rural/underserved areas by 7/1/26.	X	X	X	CM, MD, MM, PC, PR, QM	• Open 1 Hub & Club in SE Maricopa County. • Expansion of 2 adult day clubs in rural AZ.
• SNF/ALF Care-in-Place providers ready to provide BH and SUD/OUD services in SNF/ALF settings by 9/30/25.	X	X		BH, CM, MD, MM, PC, PR, QM	• Improvement in BH and SUD member outcomes.
• Select and launch SNF Center(s) of Excellence by 9/30/25 and hub-and-spoke expansion by 9/30/26.		X	X	BH, CM, MD, MM, PC, QM	• Maintain low SNF bed to HCBS utilization, SNF CBC expansion.
• Launch TBI curriculum and develop SNFs with specialty TBI expertise by 9/30/26.	X	X	X	BH, CM, MD, MM, PC, QM	• Increased access to rural TBI care and expertise.
• SNF expansion into respite care via partnership with HOV and SNF LOB expansion with Copa by 9/30/25.	X	X		CR, CM, MD, MM, PC, PD, PR, QM	• Increased access to rural respite care and expansion of SNF CBC.
Ongoing Network Management					
• Integrated operations network management through feedback collection, routine assessment, and oversight.	X	X	X	ALL	• Maintain adequate, high-quality network that offers choice.

NARRATIVE SUBMISSION REQUIREMENTS – WORKFORCE DEVELOPMENT STRATEGY

***B8.** Describe the Offeror's overall workforce development strategy including the Offeror's workforce development strategy including the Offeror's…*

ARIZONA COMPLETE HEALTH'S OVERALL WORKFORCE DEVELOPMENT STRATEGY

AzCH's workforce development (WFD) strategy ensures the provider workforce has the capacity, diversity, and capability to competently deliver services. We offer solutions that incent and inspire the next generation of workers to choose careers in LTSS. We work with AHCCCS and the other contracted Managed Care Organizations (MCOs) to develop workforce plans and to achieve statewide workforce goals that improve member experience and outcomes.

WFD Philosophy. AzCH's WFD philosophy is rooted in proactive and cross-sector community stakeholder collaboration. We invest in WFD strategies that fill the pipeline for the future and increase retention and competency of the current workforce. We track internal and external data to inform priorities, forecast needs, and build a resilient and diverse workforce to support a diverse membership.

Implementing our WFD Operation (WFDO). AzCH has an effective WFDO with our ACC-RBHA, which we will build upon for ALTCS to develop a workforce that provides high-quality, culturally responsive, and effective services. The AzCH WFD Administrator, Yvette Tucker, leads our WFDO and will represent AzCH on the AHCCCS WFD Coalition, ALTCS WFD Advisory Council, AZ Association of Health Plans WFD Alliance (WFDA), and other pertinent workgroups and committees. She oversees development of our annual Network WFD Plan and contributes to the WFD Coalition's annual workforce survey (*AZ Healthcare Workforce Goals and Metrics Assessment*), forecasting needs, and setting priorities.

Our WFD Administrator is embedded in our Network Management Department and supported by a team that includes our Senior Manager of Provider Network Management Operations, Clinical Trainer, and ALTCS WFD Coach. The WFD team will collaborate with Provider Relations Representatives who have LTSS expertise. The team provides technical assistance to providers on workforce planning, talent acquisition, competency-based learning, retention, and efforts to improve workplace culture. The team monitors all WFD activities, tracks progress, and revises solutions when outcomes are not met. Our WFD strategy is guided by research and recommendations from national groups specializing in direct care work including PHI (Quality Care Through Quality Jobs), the American Health Care Association, and the National Center for Assisted Living. Our WFDO solutions are responsive to the needs outlined in the *Direct Caregiver Survey*, *ALTCS WFDA Strategic Goals*, the *AZ State Plan on Aging*, and the *Report of the Abuse & Neglect Prevention Task Force*.

Use of Data to Inform Strategies, Monitoring Activities, and Achievement of Outcomes. Our WFD strategy is informed by data and research. We track, aggregate, trend, analyze, and respond to data from numerous sources.

Internal Data. We track internal data with potential WFD implications such as CMS Child and Adult Core measures, HEDIS and other AHCCCS required measures, utilization and gaps in care, member and workforce languages spoken, Electronic Visit Verification data, network access, grievances and appeals, quality of care, post-training surveys, and provider surveys. For ALTCS, we will add LTSS-specific data sources such as members receiving HCBS versus facility-based care, time from service authorization to service delivery, member/caregiver satisfaction, and SNF staffing data.

External Data. We track broadscale external data such as survey results from providers on the *AZ Healthcare Workforce Goals and Metrics Assessment* and from individual employees on the *Healthcare Network Employee Questionnaire*, as well as national data such as the *2022 Integrated Care Salary & Wellbeing Survey* to inform efforts around equitable compensation. As an ACC-RBHA, we work with the WFDA to analyze provider recruitment, hiring, and retention data.

Stakeholder Data. We track and trend member, family, provider, and stakeholder feedback through our Community Consensus Collaborative (C3) Dashboard. We use our C3 approach to de-silo stakeholder feedback and implement consensus-based action. Our 2023 C3 Action Plan focused on WFD, including goals related to curriculum development with higher education, increasing cultural diversity of provider staff, and promoting a livable wage. We develop and implement C3 goals collaboratively with members, families, providers, community stakeholders, and AzCH staff.

Data-informed Improvement. We work with AHCCCS and the other MCOs to proactively respond to workforce indicators. For example, based on the 2022 *AZ Healthcare Workforce Goals and Metrics Assessment*, we noticed a decrease in the average length of employment reported – from 3-4 years in 2021 to less than 2 years in 2022. This informed our job retention solutions, such as the *Caregiver Technical Assistance Center* described below.

Funding WFD Efforts. AzCH funds community initiatives to address workforce challenges. For example, we supported several colleges to promote a *Community Health Worker (CHW) Occupational Certification Program* and sponsored conferences that foster collaboration on initiatives addressing workforce shortages. Our investment in the AZ Western College *CHW Certificate Program* resulted in 117 students receiving their CHW certificate since Spring 2021, increasing

HCBS workforce capacity. Our investment in *Education Unidos* in rural Cochise County resulted in a 100% graduation rate of scholarship recipients, with 98% remaining in Cochise County and working in health and human services careers. We recently established an *AzCH Community Transformation Scholarship Fund* with a $400,000 endowment to support in-state students to complete health professional programs at local community colleges. Additionally, AzCH *has committed nearly $2M to fund new WFD initiatives as an ALTCS plan* which are described throughout this response.

Recruitment. Central to our WFD strategy, AzCH fills the pipeline through collaborative solutions. In partnership with the Statewide Caregiver Collaborative, we fund initiatives to increase opportunities for members to hire their family members through self-directed attendant care plans and supporting informal caregivers. We participate in AHCCCS' Career Education & Training (CET) Community College Project and support Pipeline AZ to provide career planning resources through promotion of the platform across our providers and stakeholders. We financially sponsor and collaborate with organizations such as AZ Health Care Association (AHCA) Works in efforts to recruit and train Certified Nursing Assistants in SNFs and caregivers in assisted living centers. We have also developed unique ALTCS strategies to address both workforce shortages and system gaps simultaneously based on stakeholder feedback, such as:

ALTCS Peer/Family Advocacy. AzCH will develop an ALTCS-focused Peer/Family Advocacy Project based on feedback from Centers for Independent Living (CILs) and advocates. We will contract with Ability360 to create a comprehensive training program for ALTCS Peer/Family Advocates that includes CHW certification requirements to enable Medicaid reimbursement. We will establish a Peer/Family Advocacy technical assistance fund to support other CILs in developing similar programs. **Timeline**: Initiate 1/2024. **Goals**: Fill workforce gap through CHWs; address system navigation and peer/family mentorship gap identified by stakeholders; create career paths for people living with disabilities; provide support to family caregivers.

Post-doctoral Neuropsych Track. According to the Brain Injury Alliance of AZ, traumatic brain injuries (TBIs) cost the state $1.4 billion annually for hospitalization, services, and lost wages – yet there continues to be a lack of understanding and underdiagnosis of TBI. AzCH will contract with Copa Health's American Psychological Association-accredited training program to build a neuropsych track for post-doctoral students focused on assessing individuals with TBI. **Timeline**: Initiate 12/2023. **Goals**: Recruitment and retention of neuropsychologists specializing in TBI.

Retention and Competency of Current Workforce. We use aligned incentives to support retention – including VBP contract requirements that agencies share a portion of VBP incentives with their frontline staff. AzCH has worked with stakeholders to design strategies to increase workforce competency, engagement, and retention such as:

Caregiver Technical Assistance Center (C-TAC). AzCH will fund a 3-year statewide C-TAC grant through community reinvestment. The C-TAC will 1) Provide continuing education for paid caregivers with a focus on using technology; 2) Provide networking opportunities to reduce isolation and increase connectivity; and 3) Advocate for the profession and offer an information clearinghouse about workforce needs. The C-TAC will enhance and continue the efforts of the Caregiver Collaborative, building from the knowledge gleaned by and in partnership with AZSILC. **Timeline**: 10/2024 – 9/2027. **Goals**: Improved job retention; improved quality of care; capacity building of community-based organizations already dedicated to this work; organize disparate caregiver support efforts across the state.

> "AZSILC embraces the opportunity to continue partnering with AzCH to mitigate barriers by enhancing caregiver resources and supports, and empowering individuals to manage and receive care in a safe and dignified manner."
> - Mellie Santora
> AZSILC State Administrator

Specialized Training. AzCH offers training to address *health equity and CLAS standards* for all providers and will include ALTCS case managers to promote *ALTCS Program Value Individuality*. Building upon our ACC-RBHA experience collaborating with Tribal nations, we will offer *customized training for LTC providers serving American Indians* to increase cultural competence. In partnership with Oakwood Creative Care, we will offer *dementia training programs* for DCWs and *dementia-focused clinical rotations*. To improve the quality of supervision, AzCH will award scholarships for provider leaders and AzCH Case Manager Supervisors to attend the *ASU Mindful Leadership Certificate Program*. **Timeline**: By 9/2025 – ongoing. **Goals**: Increased worker competency in specialty areas; improved workplace culture.

A. ASSIST/INCENTIVIZE PROVIDERS TO IMPROVE MONITORING, ASSESSING, PLANNING, AND FORECASTING TRENDS

We assist providers by helping to translate the data we track, offering quarterly workshops, and providing individual technical assistance. Beginning in 2024, AzCH will aggregate, track, and trend data received from providers along with our internal and external data sources to provide a more complete picture of the AZ workforce. We will share this data with providers and assist them in using it to identify and respond to workforce needs. We will use this structure to support the *HCBS ARPA Spending Plan goal #4 – development of an online database to track and monitor WFD*.

Working in collaboration with AHCCCS and the WFDA, our WFD team helps providers implement consistent and proactive workforce monitoring, assessing, planning, and forecasting. For example, in our ACC-RBHA, we identified that providers need guidance on succession planning. In response, we are supporting providers to create role-specific competencies that translate an organization's mission and vision into employee behaviors and skills – including leadership. In partnership with the other MCOs, we will offer providers succession planning tools and workshops from the Association for Talent Development. Our WFD team will be available to further assist providers 1:1.

We guide providers to implement WFD planning efforts that increase their focus on earning worker commitment, establishing workplace connectivity, and building workforce capacity. This includes recommendations and tools for provider data tracking and strategies for measuring employee engagement. Through participation in a WFDA sub-committee, Yvette co-facilitated workshops to help providers interpret workforce data to inform action. We continue to support our ACC-RBHA providers, many of whom serve ALTCS members, to build annual WFD Plans.

Our WFD team will offer quarterly workshops with topics ranging from employee engagement survey practices to forecasting trends. We will offer 1:1 technical assistance to develop systems that collect and analyze providers' internal workforce data such as hiring trends and retention rates**.** We will connect providers with partners mutually focused on workforce monitoring such as AHCA Works, AZ Statewide Caregiver Collaborative, and PipelineAZ.

To incentivize provider innovation, our WFD team will inform providers of opportunities to apply for AzCH and community-based funds to support efforts that address their workforce needs. We demonstrate how proactive monitoring can improve a provider's workforce and employee engagement while reducing the cost of attrition. We will incent through provider recognition – with an *Excellence in WFD* award announced annually at our C3 Action Event.

B. ASSIST PROVIDERS TO IMPROVE POST-TRAINING COACHING AND SUPERVISION

We assist providers in achieving targeted role-based competencies by funding key provider supervisor positions, offering training on supportive supervision, establishing provider coaching programs, and modeling a coaching approach. For example, we facilitate post-training *Learning Collaboratives* where SNF and HCBS providers can ask questions and share experiences while implementing the skills learned in training. Our Health Equity Administrator offers training on supporting marginalized individuals and follows up with individualized provider coaching while modeling how providers can use culturally competent supervision to enhance learning. Below is a sample of AzCH initiatives that emphasize coaching, supervision, and connectivity to increase employee engagement, job satisfaction, and career growth.

Coordinated Internship Program. AzCH has contracted with Cope Community Services, an integrated health home serving ALTCS members, to fund paid internships for up to 30 master's level students per year. The AzCH-funded Internship Coordinator and field supervisors will provide field-based, in-vivo modeling and coaching. Interns will learn to work with diverse populations and address health disparities through working in Cope's LGBTQIA+ program and receive training through the AFFIRM curriculum, which integrates identity affirmation with cognitive behavioral therapy. **Timeline**: 10/2023 – 9/2024. **Goals**: 90% of interns pursue a career in health care or LTC in AZ, increasing member access to care and sharing lessons learned across provider organizations.

Spectrum Training Academy. AzCH funded Spectrum's Training Academy to prepare entry-level workers with the skills needed to screen, assess, and triage behavioral health (BH), physical health, LTSS, and Social Risk Factors. The Academy offers paid training followed by field-based coaching and skill development. The curriculum prepares graduates to obtain CHW certification and builds competencies for working with ALTCS members. In partnership with the Havasupai Tribe and Tohono O'odham Nation, Spectrum will pilot the first Training Academy cohort with participants residing in or near the Havasupai and Tohono O'odham Reservations. The Academy focuses on increasing health equity and hiring workers who are a part of the communities served. **Timeline**: Launching Fall 2023. **Goals**: Increase in skilled workers, improve retention, demonstrate system-wide replicability, and support long-term goals of Tribal Nations being equipped to serve their communities – improving health equity and decreasing implicit bias.

Caregiver Supports. With guidance from ALTCS caregivers and members, we developed the following three initiatives to support family members as caregivers (paid and unpaid) and promote the development of learning communities for ongoing coaching, enhanced supervision, and skill development:

- Partnering with Ability360 to offer a caregiver conference series with a focus on professional development and self-care. Ability360 will facilitate a caregiver focus group to inform future support and coaching activities and bring caregivers together for knowledge exchange and mutual support. Caregivers receive a stipend for attendance. **Timeline**: 9/2023 – 9/2024. **Goals**: Increase competency, peer connections, and retention.

- Partnering with the Peer & Family Career Academy to develop an advanced certificate program to train Parent/Family Support Providers (P/FSPs) to work with ALTCS members. We will invite ALTCS family caregivers to participate in this course alongside P/FSPs to promote knowledge exchange and build learning communities for coaching and continued growth. **Timeline**: 9/2023 – 11/2024. **Goals**: Increase use of family support, decrease isolation amongst caregivers, and readiness for future implementation of AHCCCS' proposed State Plan Waiver Amendment to establish a home care training family support service for ALTCS.
- Partnering with Spectrum to offer a Caregiver Extension Program where highly skilled mobile health home team members offer modeling and coaching to paid caregivers. Mobile health home staff receive specialized training in a coaching and mentoring model. **Timeline**: 9/2023 – ongoing. **Goals**: Increase caregiver competency and retention while decreasing facility-based care and promoting *ALTCS Guiding Principle Most Integrated Setting*.

Project ECHO (Extension for Community Health Outcomes). Project ECHO links interdisciplinary specialist teams with multiple primary care providers. Experts mentor and share their experiences across a virtual network via case-based learning, enabling clinicians to treat members with complex conditions in their own communities. AzCH will expand our Project ECHO work to include case-based learning opportunities for ALTCS providers. We will offer quarterly *Integrated Grand Rounds*, hosted by our Director of BH and Network Development, who is a psychologist. Providers will submit member scenarios for guidance, and AzCH will convene expert panelists based on the scenario. **Timeline**: Contract Year 1 – 6. **Goals**: Address disparities among rural populations caused by more limited provider options.

CE Circles. AzCH offers BH Continuing Education (CE) Circles to create opportunities for healthcare professionals to collaborate, learn, and grow with colleagues. Participants receive free American Psychological Association CE credits. Over 130 AZ professionals have participated in a Circles event since 9/2022. Beginning 10/2024, we will expand Circles to focus on the BH needs of ALTCS members with HCBS providers. **Timeline**: Ongoing. **Goals**: Increased connectivity and workplace resilience, improved competency and supervisory capacity, and improved retention.

C. INTEGRATE WFD WITH NETWORK, MEDICAL MANAGEMENT, AND QUALITY MANAGEMENT DEPARTMENTS

The composition and performance of the provider workforce are central to member experience and outcomes. We fully integrate our WFDO across our entire organization – with representatives from Network, Medical Management, Quality Management, Case Management, Cultural Competency, and Provider Engagement participating in *Quarterly WFD Committee Meetings*. Committee members lead efforts related to WFD activities across the organization. For example, our Health Equity Administrator tracks member demographic data (including the use of Ethnic Technologies – an indirect data source included in our HEDIS Dashboard that predicts and supplements missing multicultural data with 99% accuracy) to inform workforce recruitment efforts that promote member and provider concordance *(aligns to CLAS 3 and 11)*. We will continue this WFDO integration as an ALTCS contractor.

Network. We elevate critical data and monitoring activities to the Medicaid Network Oversight Committee, which includes representatives from Quality, Care Management, BHUM, Executive Medicaid Leadership, Contracts, Network, Finance, and Medical Directors. This committee identifies potential WFD gaps, reports them to the WFD Committee for solutions, and incorporates them into Network development and management activities.

Medical Management. We systematically escalate member issues. HCBS availability and workforce issues will be part of regular case manager supervision. Case Manager Supervisors will report provider HCBS gaps to the Medicaid Network Oversight Committee and Quality Improvement Committee (QIC). We engage an immediate response to member needs while simultaneously elevating the issues to the WFD Committee to consider systemic WFD implications.

Quality Management. The QIC tracks and trends quality data, reports potential WFD issues to the AzCH WFD Committee, and incorporates WFD activities into the QM Work Plan as appropriate. For example, our System of Care Peer Reviews reflected a deficit in workforce capacity to assess trauma-related disorders. In response, we offered training on the Neurosequential Model of Therapeutics (NMT). In post-training surveys, provider staff indicated they felt more competent in assessing the needs of members with complex and developmental trauma.

Community Integration. We build partnerships to support existing community work, recognizing that impactful WFD cannot happen within the silo of a health plan. In addition to integrating our WFDO across AzCH departments, we will include a focus on WFD at our annual C3 Action Event to convene cross-sector stakeholders, members, families, and providers to review workforce trends, discuss barriers, share best practices, and take action - upholding ALTCS *Program Guiding Principle of Collaboration with Stakeholders. (Aligns to CLAS 13 and 15)*

NARRATIVE SUBMISSION REQUIREMENTS – SOCIAL RISK FACTORS

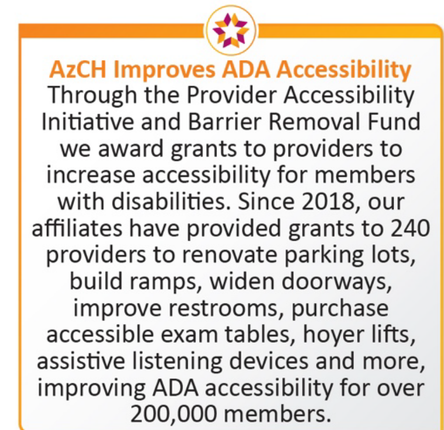
B9. *Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately...*

Since 2005, AzCH has served Arizonans with a single goal in mind: *to improve the health of communities, one member at a time.* We achieve this by developing long-standing relationships with community stakeholders, integrating behavioral health (BH) and physical health (PH), collaborating to drive solutions, and thoughtfully applying resources to address Social Risk Factors (SRFs). We convene leaders to tackle tough problems. For example, our 2023 *Community Consensus Collaborative (C3)* Action Event convened over 100 community and system leaders. C3 goals include offering peer and family support at every door, enhancing data-sharing among community organizations, and developing measures of community health. Knowing the power of shared vision, we commit to incorporating ALTCS SRFs in bi-annual C3 events.

STRATEGIES TO ADDRESS POTENTIAL BARRIERS TO CARE AND IMPLEMENT BEST PRACTICES

AzCH consistently applies a data-driven, continuous quality improvement processes to advance the system of care for the members we serve. Our strategies include:

- **Identify SRFs (Aligns to CLAS 10)** - Using our *Neighborhood, Economic and Social Traits (NEST)* tool and *HEDIS Dashboard*, AzCH identifies SRFs that impact timely access to services, such as food or housing insecurity or social isolation. Supplementing data, our staff gather input through feedback sessions, field knowledge and collaborative activities.
- **Implement Best Practices (Aligns to CLAS 9)** - We consult local and national LTSS experts and conduct literature reviews to identify best practices, such as *National CLAS standards*. With input from members, providers, and system partners, we implement identified practices to ensure a consistent approach.
- **Address Potential Barriers to Care (Aligns to CLAS 11-13)** – We engage internal and external stakeholders to work cross-functionally through our Health Equity Committee to tailor solutions to meet specific needs, such as health literacy, digital literacy, or accessibility barriers.
- **Deploy Initiatives, Monitor Outcomes and Communicate Progress (Aligns to CLAS 15)** – AzCH works with members, providers, and community organizations to implement initiatives that remove barriers to care. We monitor outcomes, such as through closed loop referral system (CLRS) usage, analyze effectiveness, modify and/or expand interventions, and communicate progress in sustaining health equity to AHCCCS, stakeholders, members, and the general public.



Identifying and Addressing Member-Specific Barriers. In their daily work, our ALTCS Case Managers (CMs) will engage with members and families to identify and resolve barriers to care so members and families can live with *dignity* in a community setting that promotes *independence*. Our CM stratification enables us to prioritize outreach for members with SRFs identified via data and predictive modeling, self-report, or provider report. SRF risk prioritization will be shared with providers via the Provider Portal. Through our person-centered planning process and during all member contacts, CMs screen for SRFs, address immediate needs, and link members to resources through the *AzCH Community Resource Guide (ACOM 404)*, such as region-specific Area Agencies on Aging. CMs incorporate resources to address SRFs into person-centered care plans and monitor member progress. They use our network of *over 6,300 community-based organizations (CBOs) in all GSAs* to help members access *over 20,000 social services*. When a member is referred, CMs follow up to ensure timely access to needed services. The solutions described for each subpopulation represent service gaps AzCH has identified through analysis, stakeholder feedback, and collaboration with system partners.

A. MEMBERS IN RURAL COMMUNITIES

AzCH has long-standing rural partnerships and monitors our rural network using appointment availability and electronic visit verification to assess timely access to services. We know members in rural AZ have access to fewer services and supports. We bolster timely access to care through *in-home care solutions*, such as mobile urgent care, routine in-home care, medication support, palliative care, and/or telehealth services. By studying NEST data and HEDIS Dashboard data, gathering feedback from our staff in rural areas and stakeholders, we identified SRFs that impact rural ALTCS members - food insecurity, social isolation, staffing issues, and transportation. For the most pressing SRFs, we partnered with stakeholders to build solutions, such as the following.

Access to Nutritious Food (Aligns to CLAS 11-13). AzCH heard from community stakeholders, such as senior centers, that home-delivered meal options are very limited in rural AZ. We are using community reinvestment funds to build rural capacity. We provided Mobile Meals of Southern Arizona with a capital grant to *build a commercial kitchen*, which provides fresh-made, prescribed meals delivered daily in urban and rural areas. We funded the Parker Senior Center to remodel its kitchen so they could *deliver meals in rural La Paz County*. AzCH commits additional community reinvestment funds to *expand home delivery in rural areas* and will *contract with home-delivery meal providers*, such as Mobile Meals in Contract Year 1. ***Monitoring***: AzCH will monitor utilization of home delivered meals by zip code (rural vs. urban) and member outcomes (e.g., increased food security, improved health).

Social Threads. The social isolation experienced by older adults and those with chronic conditions is exacerbated in rural communities due to limited access to transportation and community resources. Through Social Threads, we connect members to resources, such as 1) *Member Connect tablets* so members can connect virtually with their circle of support; and 2) *Pyx Health* - an app that offers daily check-ins to encourage self-management and connects members to the *Pyx Compassionate Call Center* for social support via a mobile platform. AzCH members who engaged with Pyx saw a **33% average reduction in loneliness scores and a 53% decrease in PHQ-Depression scores**. At go-live we will offer Social Threads for ALTCS members and caregivers who struggle with loneliness, depression, or social isolation. ***Monitoring***: AzCH will monitor improvement in loneliness scores, PHQ Depression scores, reduction in ED visits, and inpatient stays.

Direct Care Worker (DCW) Back-up Program. Our DCW Back-up Program addresses issues identified by the AZ Caregiver Collaborative: 1) DCW shortages; 2) caregivers struggle to find time to address their needs and lack back-up coverage; and 3) members are often responsible for coordinating back-up coverage and may pay out of pocket. In Contract Year 3, AzCH will contract with rural Centers for Independent Living (CILs) to *staff DCWs to offer back-up coverage* for members participating in self-directed attendant care. Using an emergency hotline, members can request a back-up DCW. ***Monitoring***: AzCH will monitor member satisfaction, reduced gaps in care, reduction in need for higher levels of care.

Access to Non-Emergent Medical Transportation (NEMT) (Aligns to CLAS 14). 48% of ALTCS stakeholders we surveyed reported NEMT reliability as an ongoing issue, particularly in rural communities. To increase reliability of NEMT, AzCH incorporated accountability requirements in our contract with MTBA, our NEMT vendor, related to grievance rates, timely transport, and wait times. AzCH and MTBA collaboratively implemented a *best practice monitoring* approach, holding bi-weekly clinical forums to resolve member issues, monthly Joint Operating Committee meetings, and a weekly billing workgroup. These efforts significantly reduced member grievances with a **50% improvement for ACC members and a 77% improvement for RBHA members**. We will apply these best practices to ensure timely NEMT services for ALTCS members. ***Monitoring***: AzCH will monitor wait times, completed trips, member satisfaction, and grievances.

Trusted Navigator (Aligns to CLAS 13). Members in rural areas experience challenges in accessing social services post-hospitalization due to disparate resources, increasing risk for readmission. During Contract Year 4, AzCH will partner with the United Way of Tucson and Southern AZ (UWTSA) to implement a *community collaboration approach* that connects, educates, and empowers an ecosystem of healthcare providers and community organizations to work together to remove barriers in underserved areas. *Trusted Navigators*, staffed by UWTSA, will work with CMs to offer an extra layer of support for up to two months post discharge. Working alongside our CMs, the Navigators will screen for SRFs and connect members and their families to the newly developed ecosystem. ***Monitoring:*** AzCH will monitor monthly contact reports, referral rates, screening scores at discharge vs two months post discharge, and readmissions.

B. TRIBAL MEMBERS

AzCH was the *first MCO to have a full Tribal Team*, hire a dedicated Tribal Services Coordinator, have on-reservation co-located CMTs, and offer a Tribal Warmline. Barriers to care include language, health literacy, poor broadband, and stigma, while strengths include advocacy and coalitions focused on improving access to care and community connection. Working with each Tribal community, AzCH will prioritize timely access to services through the following solutions.

Dedicated Tribal Team. We are the only MCO with a designated Tribal Care Management team. Building on this best practice and in alignment with ALTCS values of *dignity* and *choice*, AzCH will create a dedicated case management team

to provide culturally competent support for ALTCS AI members. ***Monitoring:*** *AI members supported by our Tribal Services Coordinator and AI Care Management Team experienced a* **30% decrease in inpatient admissions, 1% decrease in ED visits, and 9% increase in physical health visits** *(3/22-3/23)*. AzCH will continue to track these metrics for the ALTCS case management program. *(Aligns to CLAS 9-11)*

Tribal Warmline. Our Tribal Warmline is staffed by peers and offers compassionate support, immediate crisis triage, and follow-up support that *respects* Tribal culture. CMs will educate Tribal ALTCS members and caregivers on the availability of the Tribal Warmline for ongoing support. ***Monitoring:*** AzCH will track Tribal Warmline utilization, reason for call, and resolution to inform best practices for AI members and caregivers. *(Aligns to CLAS 5-7, 9)*

AI / Alaska Native (AN) Center of Excellence (COE). AI members in AZ have double the rates of chronic conditions, 20% higher suicide rates and three times higher mortality rates than non-AI members. In response, we partnered with Tribal providers and stakeholders to develop an *integrated AI/AN COE* to deliver culturally competent care and improve outcomes. Providers with AI/AN COE designation, such as Intermountain Centers for Human Development (IH), are required to offer culturally appropriate, evidence-based programs like White Bison, Fatherhood is Leadership, and Motherhood is Sacred; complete an AI cultural competency curriculum; integrated BH and crisis services; offer traditional healing services; and hire or designate a Tribal Liaison as the single point of contact for care coordination with Tribal providers. For example, IH hosts an annual Showcase for members to display arts and talents. AzCH provided community reinvestment funding for a *community garden* at our AI/AN COE, which is open to all. ***Monitoring***: AzCH will track utilization and care gap closures for Follow-up After ED and Hospitalization, and A1c. *(Aligns to CLAS 1-4)*

Culturally and Linguistically Responsive Communication. AI stakeholders in areas such as Tuba City advised of disparities when information is not given *verbally* in one's primary language; as AI elders may solely rely on spoken word. Some AI members are not aware of translation, interpretation, and language (T/I/L) services at no cost. AzCH will *customize health literacy outreach materials in predominant AI languages* with easy-to-understand information about care options, screenings, resources to address SRFs, and T/I/L availability. We will promote AI members' *dignity by pre-recording materials* in predominant AI languages and make these available on our website. We will train CMs on T/I/L services, equip them with AI-specific health literacy materials, and require CMs to offer to *play health literacy recordings* during member visits. AzCH's *Member Connect tablets* provide built-in, real-time telehealth support, which is translated to over 150 languages including Diné Bizaad for Navajo members and over-the-phone interpreting for Diné Bizaad and rare languages. To advance digital literacy, CMs will arrange for Peer Support Specialists (PSSs) to assist AI members in using digital tools and telehealth. ***Monitoring***: We will track CM training; use of recorded materials, interpretation, translation, and T/I/L services; and report results to AzCH's Health Equity Committee. *(Aligns to CLAS 5-12)*

C. MEMBERS IN NEED OF COMMUNITY RESOURCES

AzCH coordinates with stakeholders to identify barriers and deploy solutions. Recognizing that caregivers are often the ALTCS member's conduit to community connection, our CMs educate and connect them to community resources and coordinate benefits. We design our DSNP benefits to address Medicaid coverage gaps. In 2024 our DSNP dual eligible members can access *supplemental benefits including a $125 per month debit card* to address prevalent SRFs such as food, housing, or utility insecurities. Unique to our DSNP, the *balance accumulates and can be applied to a single bill*, such as rent, thus supporting *choice*. We will help members understand how to use all their benefits during person-centered care planning, offer connections to resources such as referrals to AHCCCS Housing Services, and the following AzCH programs.

Community Promotoras Close Care Gaps. AzCH has a long-standing *partnership with Yuma County Promotoras*, who outreach to vulnerable and underserved members to provide health education and address barriers to care. Promotoras have local insight into language and health literacy needs and trusted community status. They achieved exceptional outcomes for difficult-to-reach members with **100% of SMI members engaging in preventive care services** and **100% of SMI members with diabetes completing an A1c test** (2022). AzCH will use Promotoras to offer culturally relevant, community support for ALTCS members while integrating BH/PH and maximizing Medicare benefits. ***Monitoring***: AzCH will monitor outreach and care gap closure rate. *(Aligns to CLAS 12-13)*

Supported Employment (SE). Participating in meaningful activities, including work, is important for *independence, self-determination*, healthy aging, and to slow the progression of dementia. When members indicate a *desire to work*, the

CM will make a warm referral to Vocational Rehabilitation (VR) and connect the member to an in-network SE provider or Ticket to Work Employment Network. CMs will use the DB101 tool to educate members on how working will impact Medicaid and social security benefits. To remove barriers such as fear, stigma, physical limitations, and symptoms of dementia, AzCH will establish a SE pilot in Contract Year 1. We will identify an existing SE provider interested in *enhancing their program for ALTCS members living with a disability*. Key elements will include a team approach (Occupational Therapist, Employment Specialist, and Counselor), employer education, financial counseling, retirement planning, and a streamlined process for working with VR. ***Monitoring***: AzCH will track members receiving employment services, VR referrals, and those with competitive integrated employment. We will share findings with relevant parties and the SE AHCCCS Employment Administrator, to determine future steps. *(Aligns to CLAS 12, 13, 15)*

Legal Consultation Program. ALTCS Stakeholders advised of the need for legal consultation due to disparities related to financial and probate matters (e.g., special needs trusts, living wills, powers of attorney, guardianship.) We will launch the Legal Consultation Program in Contract Year 1. AzCH will partner with the Arizona Center for Disability Law to offer *quarterly system navigation, advocacy, and policy interpretation workshops* at rotating AZ locations. Workshops will be offered in a community's primary language - such as customized classes for AI communities in partnership with the Native American Disability Law Center. The Arizona State University (ASU) College of Law will provide *quarterly legal consultation sessions* on probate matters led by attorneys and law students. Attendees can bring paperwork and applications and gain immediate assistance. ***Monitoring:*** We will monitor participation rates, satisfaction, and increased confidence in self-advocacy and navigation via pre/post surveys. *(Aligns to CLAS 13)*

D. MEMBERS IN NEED OF PEER AND FAMILY SUPPORT

AzCH has prioritized Peer and/or Family Support Services since 2005. We will *incorporate peer/family support into our CM workflows*. For example, CMs will encourage members to use HOPE's ALTCS Warmline and the Family Involvement Center's Family Warmline. CMs will connect caregivers to grassroots support, such as the AZ Caregiver Alliance and Alzheimer's Association. AzCH supports infrastructure development and the sustainability of Peer- and Family-Run Organizations (PFROs) and CILs. Today, *PSSs and P/FSPs are integrated into all healthcare delivery settings*, with opportunity for members to access peer and family support at every system point of entry.

Peer Supports in Skilled Nursing Facility (SNF)/Assisted Living Facility (ALF) Settings. AzCH will establish collaborative protocols with SNFs, ALFs, and Peer Support providers that outline processes to integrated BH/PH and to offer peer support within these settings to address SRFs and support individuals in living as independently as possible. ***Monitoring:*** We will monitor referrals for peer support services quarterly and track adherence to collaborative protocols.

ALTCS Hospital Engagement and Linkage Peer Program (HELPP). AzCH launched HELPP to reduce readmissions and improve member engagement. **BH inpatient admissions improved 14% and readmissions improved 9%**, leading us to expand HELPP. In partnership with HOPE, we will develop an *ALTCS HELPP program* in Year One of the ALTCS Contract to engage members who can benefit from peer support. ALTCS members will receive an extra layer of peer support for 45-90 days post discharge. The ALTCS CM will activate HELPP when a member is hospitalized and HELPP PSSs will visit the member and family in the hospital. At discharge, PSSs will confirm the member has a safe place to return with food and utilities - working creatively with our CMs and community partners to address barriers to care and increasing member engagement and self-management through leveraging a peer-to-peer connection. ***Monitoring:*** AzCH will monitor HELPP referrals, readmissions, and member/family satisfaction.

Partnering with CILs to Launch a Comprehensive Peer and Family Advocacy Project. In addition to traditional BH peer/family support, we will empower people with lived ALTCS experience by offering a peer-to-peer connection to include peers and family members with an ALTCS qualifying condition or lived experience in long term care. AzCH will contract with Ability360 in Contract Year 1, a local CIL, to launch our *Peer and Family Advocacy Project*, which includes: 1) *Comprehensive Training* Program for individuals with lived ALTCS experience to prepare them as a Peer/Family Advocate and Mentor and become CHW-certified. 2) *Employing Peer/Family Advocates* and Mentors within CILs to assist with system navigation, applications, and connections to resources to address SRFs. Peer Mentors will focus on independent living immersion while Family Mentors will support families in learning self-care. 3) *Peer/Family Advocacy Technical Assistance and Evaluation Fund* to enable capacity building and support for other CILs to develop similar programs.

> "Our partnership with AzCH will allow us to expand our peer mentorship program and increase access to independent living immersion services delivered by individuals with diverse abilities. These efforts will support the expanded reach of CILs across the State."
> - Chris Rodriguez, CEO, Ability360

Monitoring: With Ability360, we will track training completion data, utilization data, and member/family satisfaction.

SUBMISSION REQUIREMENTS – COMPLIANCE REVIEWS

***B10.** Pursuant to 42 CFR 438.358 (b)(iii), Medicaid agencies must conduct compliance reviews of their contracted Managed Care Organization…*

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan is a current incumbent non-ALTCS E/PD Contractor, therefore no submission is required for B10 as outlined in Section I: Exhibit H (Narrative Submission Requirements), page 4. AHCCCS will use the most recent Operational Review.

SUBMISSION REQUIREMENTS – AZ MEDICAID PLAN D-SNP STAR RATING

B11. *The Offeror shall submit its 2023 AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona,..*

	MEDICARE PLAN NAME	MEDICARE CONTRACT NUMBER	CORRESPONDING CONTRACT FROM B2	TYPE OF PLAN (FIDE/DSNP; SNP; MEDICARE ADVANTAGE)	STAR RATING
1.	Bridgeway Health Solutions of Arizona Inc. DBA Arizona Complete Health Medicare Advantage (Product name: Wellcare by Allwell)	H5590	YH23-0010-01	D-SNP	3.5

B12

Oral Presentation Information

arizona complete health

SUBMISSION REQUIREMENTS – ORALS ATTENDEES

B12. *The Offeror shall submit with its Proposal a list of names and titles along with resumes of the participating individuals in accordance…*

Please find Arizona Complete Health's list of participating individuals and their titles for the ALTCS program below, and the resumes on the pages that follow.

Table B12 - AzCH Oral Presentation Participants

Name	Title
James Stover	Medicaid Plan President
Lisa Stutz, MHR, CPHQ, CLSSGB	Vice President, ALTCS Administrator
Chanchal Yadav, MD	Chief Medical Officer
Sarah Darragh	Executive Director, ACC and RBHA Programs
Michele Barnard	Executive Director, Special Programs
Jennifer Tonges	Vice President, Quality Improvement

MEDICAID PLAN PRESIDENT

James Stover

PROFESSIONAL SUMMARY

A qualified managed care professional with extensive experience in Medicaid, Medicare, leadership, managed care, operations, quality and change implementation. Through effective communication, leadership, collaboration, and execution I have had the ability to grow my Medicaid Managed Care from my start as a Provider Relations Representative to Plan President.

EXPERIENCE

Arizona Complete Health-Complete Care Plan – Central and South GSA **2017-Present**

Medicaid Plan President

- Responsible for the administration of integrated Medicaid benefits to over 400,000 AHCCCS Complete Care (ACC) and Regional Behavioral Health Authority (RBHA) members in the Central and Southern GSAs of Arizona.
- Responsible for Medicare D-SNP administration for dual eligible members.
- Responsibilities of over $2B in Title XIX and Non-Title XIX funding, including Medicaid and Grant funds.
- Responsible for Crisis Systems and Grant Funding administration through the RBHA in Southern and Northern GSA's
- Ensure an effective network of over 20,000 providers and locations throughout Arizona.
- Responsible for compliance with State and Federal rules and regulations, as well as contractual compliance with our AHCCCS contracts.
- Oversight of medical, quality, and operational policies and procedures ensuing fiscally responsible services driving improved member outcomes.
- Responsible for ensuring the development of health equity strategies for marginalized populations.
- Responsible for continual improved member and provider experience.
- Responsible for recruitment, training, and retention of employees to ensure effective operation of the health plan.
- Leadership effectiveness scores of greater than 90% for direct reports.
- Achieved NCQA accreditation in Medicaid and Health Equity.

Banner University Family Care **1999-2017**

Plan President/Chief Executive Officer 2010-2017

- Responsible for the administration of Medicaid benefits to over 130,000 AHCCCS Acute Care members in the Central and Southern GSAs of Arizona.
- Administered Maricopa Health Plan for Valley Wise (formerly Maricopa Integrated Health Systems).
- Minority owner and partner for Cenpatico Integrated Care.
- Responsible for D-SNP administration for dual eligible members for Banner University Family Care, Maricopa Health Plan and Cenpatico Integrated Care.
- Responsibilities for nearly $500M in Title XIX Medicaid funds.
- Ensure an effective network of providers and locations throughout Arizona.
- Responsible for compliance with State and Federal rules and regulations, as well as contractual compliance with our AHCCCS contracts.
- Oversight of medical, quality, and operational policies and procedures ensuing fiscally responsible services driving improved member outcomes.
- Responsible for continual improved member and provider experience.
- Responsible to implementation and operations of the Federal Marketplace Plan.

Chief Operations Officer 2009-2010

- Responsible for Operations of Claims, Information Technology, Network Development and Contracting, Appeals and Grievance, Member Services and Project Management.
- Responsible for contractual compliance with AHCCCS operational standards.
- Developed network strategies, including value-based purchasing strategies.
- Responsible for new technology implementation, including a claims system conversion and implementation of a customer relations module for Member Services and Appeals and Grievance.
- Responsibility for facilities management and space planning, including relocation of primary health plan facility.

Chief Administrative Officer 2007-2009

- Responsible for strategies and contract compliance for our AHCCCS and Medicare D-SNP contracts.
- Responsible for management of Information Technology and Project Management Departments.
- Responsible for new initiative implementation.
- Responsible for facilities management.

Director of Network and Member Services

- Responsible for the operations of Network Development and Contracting, Member Services and Appeals and Grievance.
- Developed contract strategies to ensure a comprehensive network for our members.
- Developed strategies to impact and improve member and provider experience.

Provider Relations and Contract Manager 2003-2007

- Responsible for the operations of Provider Relations.
- Responsible for ensuring network adequacy for members.
- Responsible for contract strategies.

Provider Relations Representative

- Liaison between the health plan and network provider to educate on health plan policy and procedure and resolve provider concerns.

Health Partners Health Plans - 1998-1999
Provider Relations Representative

Group Health Medical Associates 1992-1999
Practice Manager

ACADEMIC BACKGROUND

Master of Arts Organizational Management
University of Phoenix, Tucson, AZ

Bachelor of Science Business Management
University of Phoenix, Tucson, AZ

COMMUNITY INVOLVEMENT

- Arizona Association of Health Plans – Board Member and former President
- Sun Corridor Inc. – Board Member
- Special Olympics Arizona – Board Member
- Multiple community support events on behalf of organizations

VICE PRESIDENT, ALTCS ADMINISTRATOR
Lisa Stutz, MHR, CPHQ, CLSSGB

PROFESSIONAL SUMMARY

Dynamic and innovative healthcare leader with more than 20 years of experience in both provider and managed care settings. Diverse heath plan experience leading large, high-performing teams in Quality Management, Utilization Management, Care Management, and Operations. Driving innovation and initiatives aimed at improving healthcare access, reducing health disparities, and improving health outcomes and quality of life for Arizonans.

EXPERIENCE

Arizona Complete Health-Complete Care Plan **January 2017-Present**

Vice President, Complex Care Programs February 2022-Present

- Oversight of Complex Care Management Programs- utilizing a data driven approach to identify and connect members to evidence based health programming and resources that improve health outcomes.
- Monitoring and evaluation of service utilization to identify and understand trends that impact the delivery of quality, accessible, safe, and equitable healthcare services.
- Utilization of cross-functional data to identify opportunities for targeted member level and community level interventions aimed at improving the health of the community.
- Monitoring of over 100 Medical Management staff to ensure quality and comprehensiveness of assessments and care planning, timely member outreach and follow-up, appropriate and timely coordination of services, and appropriate partnering, communication and collaboration with all providers and community stakeholders.

Vice President, Operations February 2020-August 2022

- Oversight of Claims, Encounters, and Enrollment areas; providing strategic direction and leading cross-functional initiatives to ensure alignment between business unit and corporate strategic objectives.
- Leading cross-departmental efforts to ensure that provider claims are paid correctly, in line with contractual obligations and within state and federal guidelines.
- Responsible for monitoring of operational metrics to ensure that operations are on target to hit established goals and that areas of risk are quickly identified and remediated.
- Leading and overseeing new business implementation and procurement activities for all products including RFP responses
- Assessing all operational work processes to identify areas of risk and make recommendations for improvement, improving operational efficiencies.

Vice President, Quality Improvement August 2018-February 2020

- Responsible for strategy development and oversight of cross-functional quality initiatives for Arizona Medicaid, Medicare and Marketplace products serving over 300K members.
- Evaluating key processes and workflows within plan functional areas to include Medical Management, Pharmacy and Network Operations to make recommendations for improvement.
- Participating in medical loss ratio evaluation and identification of interventions to improve efficiencies and decrease cost while maintaining quality.
- Leading cross-departmental NCQA Accreditation and oversight activities.
- Oversight of quality-of-care investigations, immediate health and safety responses, and peer review process.
- Oversight of member experience indicators and leading work groups to determine key initiatives aimed at improving the member experience.
- Leading the annual HEDIS audit review and submission process aimed at achieving a 4 STAR rating.

Director, Medicaid Quality Management — January 2017-August 2018

- Responsible for oversight and strategic direction for two Arizona Medicaid health plans providing both physical and behavioral health services to vulnerable populations.
- Lead the quality team, ensuring compliance with all contractual requirements within performance improvement, quality of care, credentialing, provider monitoring and EPSDT focus areas.
- Evaluates health plan performance on key metrics and leading performance improvement initiatives aimed at improving both health plan results and member outcomes.
- Direct the development, implementation and reporting on established performance improvement projects including the identification of opportunities for improvement, and evaluation of the efficacy and outcomes of implemented interventions.
- Spearhead initiatives aimed at integrating quality management activities organization wide.
- Identifies areas of risk and areas for improvement through the tracking and trending of key quality metrics throughout the organization; establishing performance improvement initiatives based on data evaluation.

Banner Health Network /University of Arizona Health Plans — September 2013-January 2017

Director, Quality Management — January 2016-January 2017

- Provided oversight and strategic direction for the Quality Management Program, ensuring that quality is integrated throughout all areas of the health plan.
- Responsible for the development and implementation of the annual Quality Management Plan, Evaluation and Work Plan including establishment of measurable goals and interventions.
- Led the annual HEDIS audit for two Medicare plans and leading cross-departmental efforts to improve the overall STAR rating.
- Led cross functional performance improvement initiatives throughout the organization focused on improving member experience and patient outcomes.
- Coordinating and monitoring multiple member and provider focused initiatives aimed at improving key patient outcome metrics.

Senior Quality Manager — September 2013-January 2016

- Oversaw quality of care process including quality of care concerns, unexpected deaths, and immediate jeopardy issues.
- Implemented cross departmental efforts which led to an improvement of 5% in child annual dental rates, exceeding the established minimum performance standard.
- Created and led a performance improvement team with the goal of ensuring compliance with state contractual requirements for the Maternal Child Health Program, resulting in full compliance for all reviewed standards during the 2015 operational review.
- Served as the subject matter expert for Maternal Child Health and EPSDT programs ensuring health plan activities align with contractual expectations.
- Facilitated the health plan Quality Management/Performance Improvement Committee, which serves to address potential quality issues health plan wide and works to improve key performance measure rates through an inter-departmental, collaborative approach.
- Key participant in the development and implementation of pay for value contracts; establishing and monitoring quality metrics associated with these contracts.
- Quality Management oversight of NCQA interim accreditation process

Crisis Response Center of Southern Arizona — June 2012-September 2013

Director of Quality Management and Utilization Management

- Spearheaded facility wide quality improvement initiatives to improve patient outcomes.
- Experienced with healthcare systems analysis aimed at improved efficiency and efficacy in concert with fiscal responsibility.
- Monitored to ensure sustained compliance with Joint Commission Accreditation standards.
- Utilized the PDSA Model to plan, initiate, assess, and monitor process improvement activities.

- Reviewed utilization data to ensure that provided services, are appropriate, timely and of the appropriate intensity and duration.
- Served as the lead for data validation audits ensuring that provided services were appropriately billed and the documentation supports the billed services.
- Developed recommendations for process improvement based on data feeds and workflow analysis.
- Created and monitored work plans which address identified areas of improvement.
- Investigated critical incidents to include mortalities and sentinel events to identify critical areas of focused improvement.

United Healthcare **February 2012-June 2012**

Senior Clinical Program Manager/Accountable Care

- Analyzed, interpreted, and reported practice level population data regarding inpatient admissions, emergency room visits and access to care to assist physician practices with moving from a reactive to a proactive model of care.
- Assisted physician practices in creating workflows to optimize care delivery.
- Improved care of high-risk patients through predictive modeling analysis of the practice population.

Community Partnership of Southern Arizona (CPSA) **May 2007-February 2012**

Performance Improvement/Quality Management Coordinator

- Monitored and evaluated the overall quality of behavioral health services ensuring compliance with standards and regulations as set by the Arizona Healthcare Cost Containment System.
- Investigated critical incidents and sentinel events to include patient mortalities from both a quality management and risk management perspective.
- Presented investigative findings and proposed corrective actions on adverse outcomes to the Medical Director's Committee.
- Monitored access to care issues; referral to intake, intake to first services, and wait time indicators.
- Collected and analyzed provider data reports and recommending actions for improvement.
- Served as the lead for the Mental Health Statistical Improvement Program which gauges patient perception of treatment services, trends, and evaluates patient outcomes.
- Managed a statewide project that measures provider fidelity to the Arizona 12 Principals within the Child and Family Team Model for behavioral health services.
- Oversaw provider Quality Management/Utilization Management Plans

ACADEMIC BACKGROUND

Master of Human Relations
University of Oklahoma

Bachelor of Arts in Psychology
University of Arizona

CERTIFICATIONS AND LICENSURES

Certified Professional of Healthcare Quality (CPHQ), 2010
Six Sigma Yellow Belt, 2017
Six Sigma Green Belt, 2018

COMMUNITY INVOLVEMENT

- Executive Board Member, Ronald McDonald House of Southern Arizona. 2024 Board-Vice President Elect, Tucson, AZ
- American Heart Association, Go Red for Women 2024 Chair, Tucson, AZ

CHIEF MEDICAL OFFICER
Chanchal Yadav, M.D.

PROFESSIONAL SUMMARY

Mission driven physician executive with over 15 years of diverse clinical and managed care experience, traversing both provider and payor domains. Successfully executed strategic and operational roles of increasing complexity, spanning care-delivery design and implementation, population health and complex care management, clinical program design, provider engagement, sales, and business development. Expertise and interest in improving health and quality of care for members through care-delivery design, member and provider engagement, and social and digital health innovation. Strengths include learning agility, creative problem solving, and ability to collaborate with and lead cross-functional teams in a matrixed environment.

EXPERIENCE

Arizona Complete Health-Complete Care Plan **August 2019-Present**

Chief Medical Officer June 2022-Present

- Responsible for clinical strategy, policies, and programs to improve care delivery and health of the population served by Care1st's integrated Medicaid health plan and Regional Behavioral Health Authority (RBHA) in Northern Arizona. Provide strategic and operational leadership to UM, CM, Pharmacy, Population Health management, Network development and Quality Improvement functions.
- Provided clinical and operational leadership to ensure successful RBHA implementation for members with serious mental illness (SMI) and smooth plan transition.
- Project sponsor for Care1st's initial NCQA accreditation. Accreditation obtained in July 2023.
- Chair, Health Equity committee for Arizona Complete Health (AzCH) and Care1st Health Plan. Provide medical, strategic, and operational leadership to identify and reduce systemic inequities in health care access and improve clinical outcomes for members adversely affected by health care disparities and social determinants of health. AzCH applied and received NCQA's Health Equity Distinction in July 2023 with a 100% score on standards.
- Chair, Telehealth Strategic committee for both AzCH and Care1st Health Plans. Lead virtual care strategy aimed at improving access to care, engagement and experience for members and providers. Provide clinical leadership to digital health programs and network development strategy. Launched telehealth (TH) strategic committee in response to the rapid shift to TH at the peak of the pandemic, to evaluate quality and effectiveness of TH visits and guide TH strategy. Led successful implementation of several digital health initiatives for both plans in Arizona.
- Co-chair, Population Health Committee for AzCH and Care1st. Provide clinical leadership and led implementation of clinical programs to improve care delivery, engagement, and health outcomes for members with alcohol, opioid and substance abuse in Northern Arizona, medically complex, high cost- high need members, members with chronic diseases such as COPD, CHF, Heart Disease.
- Provide medical leadership to Behavioral Health System of Care/ population health management programs focused on members with Autism Spectrum Disorder, Transition Age Youth, Children on antipsychotics etc.
- Provided medical leadership and led development of program focused on identifying and transitioning eligible members to Arizona's LTC program (ALTCS) program to ensure they receive appropriate benefits and services to improve medical, behavioral, and financial outcomes for members.

Senior Medical Officer August 2019-May 2022

- Provided medical leadership to Centene's Integrated Medicaid, Medicare, and Marketplace health plans in Arizona. Provided strategic and operational leadership to UM, CM, Pharmacy, Population Health management, Network development and Quality Improvement functions. Reported to Chief Medical Officer.

- Led implementation of Centene's UM policy directed at reducing inappropriate in-patient admissions. Over $ 0.5 M in savings realized YTD (2021) for Marketplace membership in AZ.
- Achieved a 25% reduction in appeal overturn rate related to imaging requests processed by a strategic partner through successful PDSA cycles, provider engagement and cross-functional collaboration.
- Co-led complex care management rounds for members admitted to BHRFs (Behavioral Health Residential Facilities). 64% of cases reviewed resulted in discharge to an alternative/ lower level of care, with a 6% reduction in ALOS for members with SMI (Serious Mental Illness) over the course of nine months.
- Clinical lead for out of network steerage workgroup for Marketplace and Medicaid LOBs since December 2019. Achieved 20% reduction in out of network approvals for Marketplace and 10% reduction for Medicaid in 2021 compared to 2019.
- Key leader and contributor to AzCH/ Care1st's 2021 RBHA RFP bid. AzCH/Care 1st were awarded the RBHA contract for 2 of the 3 GSAs in Arizona.

CareMore Health **August 2014-October 2018**

Regional Medical Officer

- Co-chief executive for health plan and integrated healthcare delivery system for CareMore's Medicare Advantage & Medicaid plans across Arizona (2014 - 2016) and California (2016 - 2018). Partnered with General Manager to guide network strategy and design, clinical operations, physician and community engagement, and membership growth with shared P & L ownership.
- Launched 2 new markets, West LA in 2016 and SFV in 2018. Participated in program design and led implementation of CareMore's care-center based and mobile care-delivery models in both markets.
- Improved Chronic Disease Management Program enrollment of patients by 30% through provider engagement resulting in improved care for patients with DM, CHF, and Behavioral Health conditions.
- Improved STAR ratings for Arizona from 3.5 to 4 in 2015 through a Patient Experience, Quality and STARs improvement campaign, collaborating with clinicians and cross-functional leaders across the matrix. Led care delivery strategy and provided operational oversight to a 50-person cross functional team across 9 care centers in Maricopa and Pima County with 12 direct reports (physicians).
- Achieved 27% increase in Healthy Start completion (comprehensive HRA) rate over a 6-month period to drive patient engagement and revenue capture, by initiating an enterprise-wide, process improvement workgroup.
- Improved Hospital & SNF ALOS to 3.6 (3.9) & 11 (15.1) days respectively and reduced readmission rates to 11% (17%) by directing regional utilization, complex case management, and physician engagement.
- As Clinical Design Officer for CareMore@Work (December 2018- October 2018), led clinical design and business development of Anthem's worksite clinic solution as a new business line for CareMore/Anthem directed towards Employer based health plans/commercial population.
- Product owner of AMAZE App (September 2016- Oct 2018). Developed the vision and collaborated with IT and Digital Health teams to build AMAZE app (leveraging Agile project management methodology) which integrated data from several disparate systems (EMR, Care Management and Pharmacy platforms) at CareMore into one, providing easy access to relevant patient information to clinicians at point of care.
- Physician Advocate, Cedars Sinai Medical Center (November 2016- September 2017). Provided strategic and operational input as a CareMore expert to improve the effectiveness of Physician Advocate Program at Cedars-Sinai, designed to reinforce a value-based care approach through daily oversight of interdisciplinary care rounds of hospitalized patients and collaboration with attending physicians and specialists to improve quality of care, utilization, and ALOS. Improved hospital ALOS from 19th to 75th percentile on a national benchmark survey, partly attributed to the success of the PA Program.
- Interim VP, CareMore Academy, May 2016- Dec 2017. Provided strategic and operational leadership with P&L ownership ($1M) to CareMore's enculturation and training department at a critical time of growth and diversification, to support enculturation, standardization and compliance across multiple new markets and business lines. Reported to CEO/President. Team provided enculturation training with new, more engaging content and format to over 400 employees to support scale and standardization efforts across multiple markets.

AAROGYA, PLLC **March 2014-Present**

CEO/ Independent Contractor

- Maintain active clinical practice as an independent contractor with Teladoc. Previously worked with 4C Medical Group as a Primary Care Physician in Scottsdale, AZ. Maintained active clinical practice as a hospitalist at Cedars Sinai Hospital, Los Angeles, CA while pursuing Executive MBA at UCLA Anderson School of Management as an Independent contractor with Platinum Medical Group.

APOGEE PHYSICIANS **September 2007-July 2014**

Program Director/Hospitalist

- Responsible for clinical and financial success of hospitalist programs in Arizona.
- Improved HCAHPS scores to above 75th percentile at Payson Regional Medical Center (PRMC) by implementing best practices to enhance patient experience, leading to its recognition as one of the Top 100 Hospitals by Thompson Reuters in 2011 and 2013.
- As Director of Operations (June 2013- July 2014), Coached, trained, and provided consultative support to over 30 hospitalist physicians and program directors through Apogee University, helping them be effective in their roles as physician leaders and hospitalists.

ACADEMIC BACKGROUND

Executive Master of Business Administration
UCLA Anderson School of Management

Residency, Internal Medicine (MD)
Brookdale University Hospital

Internship in Medicine and Surgery
Lady Hardinge Medical College

Bachelor of Medicine, Bachelor of Surgery
Lady Hardinge Medical College

CERTIFICATIONS AND LICENSURES

- California Medical Board, 2016-Current
- Arizona Medical Board, 2007-Current
- American Board of Internal Medicine, 2007-Current
- Certifications in Entrepreneurship, Technology Management and Global Management, UCLA Anderson School of Management

EXECUTIVE DIRECTOR, ACC AND RBHA PROGRAMS
Sarah Darragh

PROFESSIONAL SUMMARY

Business and financial professional with a successful track record of developing, implementing, and managing projects with special focus on improving access to medical and behavioral healthcare, cost reductions, and risk reduction. Sound financial and statistical analytics developed through nearly twenty years of progressively more responsible leadership positions. Proven leader with a strong ability to build and maintain relationships.

EXPERIENCE

Arizona Complete Health-Complete Care Plan **April 2018-Present**

Medicaid Executive Director January 2022-Current

- Oversight of the Regional Behavioral Health Authority (RBHA) contracts and programs for AzCH-CCP and Care1st including the transition and implementation of the RBHA contract in the North GSA.
- Provide leadership and operational oversight of the following teams: Crisis and Justice Systems; Office of Individual and Family Affairs; System of Care; Employment Services; Tribal Services; Housing Services; Health Equity and Cultural Competency; Provider and Network Development; Workforce Development; Behavioral Health Special Programs; Grants Administration; Provider Communications and Analytics and Program Outcomes.
- Serve as a key point of contact with AHCCCS and stakeholders.
- Responsible for the short- and long-term outcomes and overall success of the Medicaid line of business with specific focus on the system of care, whole person care and special populations.
- Plan and direct all functional areas against established deliverables and requirements for the contract.
- Participate in shaping the system of care and resolving issues and challenges identified.
- Serve as lead for AzCH-CCP and Care1st in the development of processes and workgroups to eliminate fraudulent billing and identify “bad actors” in behavioral health; Oversee our prepayment review teams and weekly huddles; Represent AzCH-CCP and Care1st in multiple AHCCCS led workgroups focused on credible allegations of fraud.
- Establish and maintain on-going relationships with the community organizations and contract stakeholders and respond to needs and requests of AHCCCS.
- Ensure compliance with all related laws, regulations, and executive orders.
- Develop policies and procedures for operational processes to ensure optimization and compliance with established standards and regulations.
- Provide, interpret, and communicate information and data to the state and stakeholders.

Senior Director of Medicaid Program Management March 2020-January 2022

Director of Medicaid Program Management April 2018-March 2020

- Provide leadership and operational oversight of the Care Management and Behavioral Health Utilization Management teams, Crisis and Justice Systems, Office of Individual and Family Affairs, Member Communications, Member and Provider Portals, and AzCH Website.
- Developed policies and processes for BH UM to ensure compliance with contract requirements on clinical review and turnaround times.
- Lead and direct business and Medicaid program implementations and strategic initiatives to meet budget, timeline, and contractual requirements.
- Served in a key role during the 2018 AHCCCS Complete Care contract implementation in southern and central AZ; Oversight of member communications for more than 200k members including welcome packets, ID cards, member portal and AzCH website.
- Provide leadership and ongoing management oversight for assigned strategic programs and Medicaid initiatives.

- Develop detailed performance improvement plans related to Medicaid program initiatives, including gathering requirements, developing milestone plans, measuring performance against desired results, and recommend improvements to executive leadership. Evaluate, monitor, and report on internal trends related to assigned programs and Medicaid initiatives.
- Ensure cost effective programs are developed and maintained throughout the Medicaid line of business.
- Prepare program progress and performance metrics reports for use by executive leadership.
- Identify operational efficiency related to assigned programs and develop best practice policies and procedures.

Cenpatico Integrated Care **June 2015-April 2018**
Director of Justice Systems March 2017-April 2018
Senior Manager of Justice Systems June 2015-March 2017

- Developed, implemented and oversight of Justice System programs, identify gaps in justice services and support the development of provider justice programs and services within the provider network.
- Developed and implemented the Criminal Justice Reach-In Care Coordination Program to exceed AHCCCS contract requirements. Program includes collaboration across multiple internal departments and external system partners.
- Developed and implemented an AHCCCS Pre-Release application process in four County Detention Centers, historically not permitted for individuals while incarcerated. Collaborated with AHCCCS to expand the program.
- Expanded the Community Re-entry Program for individuals releasing from a correctional facility.
- Partnered with Pretrial Services Division of Superior Court to develop and implement an Enhanced Supervision Diversion Program for members arrested and charged with a Felony who otherwise would have been incarcerated.
- Oversight of program goals, including establishing baseline data, collecting, analyzing, and reporting outcomes.
- Established baseline data to track percentage of members booked into a correctional facility, behavioral health category, recidivism, and length of stay. The Justice programs implemented such as the co-location of Jail Liaisons have reduced recidivism and the length of time a member is incarcerated.
- Monitored the Jail Data Link System to verify critical information is being shared electronically between Cenpatico-IC and the local jails to effectively coordinate care and assist members in obtaining eligibility for services.
- Enhanced the data sharing with Health Homes by developing a process in which daily booking/release files from County Detention Centers are shared with Health Homes to begin care coordination and discharge planning.
- Established collaborative working relationships with Justice System and First Responder partners aimed at improving processes and cross-system development and collaboration to overcome systems barriers and challenges.
- Oversight of provider Jail Liaison program and provide technical assistance to improve community re-entry process.
- Directed Justice System team including Manager, Program Specialists and Specialty Court, Jail and Justice Liaisons.
- Developed, implemented, and monitored project plans to meet goals, timelines and AHCCCS deliverables.
- Directed efforts to educate courts regarding policies and procedures related to referrals, website education and problem-solving processes.

Banner University Medicine **October 2013 – June 2015**
Corporate Contracting Financial Manager

- Managed, monitored, and performed analysis related to payor contracts for Banner Tucson hospitals and physician practice services to achieve financial and strategic goals.
- Directed and performed payor contract data analysis to model historical utilization, forecast financial performance and developed rate proposals aligned with system-wide strategic and financial goals.
- Financial contract analysis included payors such as Aetna, BCBS, Health Net and United.
- Conducted pre and post contract implementation audits to ensure provisions meet the intent of the contract.
- Maintained the Payor Contract Decision Support Systems to ensure data accuracy, relevance, and completeness.
- Managed the Payor Contracts Analysts and provided technical support to Banner leadership.
- Built and maintained government and commercial payor contracts in Banner Tucson's electronic billing system (EPIC).
- Partnered with Banner Financial Leadership Team and external consultants to verify expected revenues post EPIC implementation.

PIMA COUNTY **July 2005-October 2013**

Program Manager, Office of the Assistant County Administrator for Health (OACAH) March 2010-October 2013

- Directed organizational and management studies to identify process and operational issues and determine solutions focused on increasing County revenues, reducing costs, managing risk, and improving access to care.
- Conducted complex financial, statistical, and operational analyses. Mentored and directed activities of professional staff and evaluated performance.
- Supported County Administration in the management and final closeout of the Acute and Arizona Long Term Care System (ALTCS) health plans, a $200 million line of business and the sale of the County owned nursing home.
- Monitored compliance with the IGA between the County and the University of Arizona Health Network, a $200+ million investment in the University of Arizona Medical Center – South Campus.
- Identified and executed revenue maximization initiatives in which County funds are leveraged as State match to generate new federal funds for Pima County hospitals, approximately $178 million in new federal funding.
- Led staff in the preparation of procurements for correctional health vendors for the provision of medical and behavioral healthcare services. Three-year contract with annual expenditure of $13 million.
- Served as lead in the implementation of the Health Information Exchange (HIE) at the Pima County Adult Detention Center and as the County's User Compliance Officer for the Sheriff's Department.
- Acted in a lead role in the creation of a County RFP to administer Title 36 funding to area hospitals providing inpatient care to individuals in the Title 36 process. Analyzed admission data, created contract, and reporting requirements, negotiated funding, and oversight of contract compliance. Annual expenditures of over $5 million.
- Participated in a lead role in the negotiation and implementation of the first County IGA statewide between Pima County and AHCCCS for the transmission of daily booking/release files to suspend AHCCCS eligibility.
- Coordinated health policy initiatives by developing and maintaining strong working relationships with other County departments, state, public and private agencies.

Program Coordinator for Business and Financial Operations, OACAH July 2006-March 2010

Special Staff Assistant, Technical Assistance and Compliance Division July 2005-July 2006

- Researched benchmarks and statistical indicators to be used in assessing the medical and behavioral healthcare services provided at Pima County's detention centers.
- Implemented a Title 36 Care Coordination Committee to review Title 36 inpatient utilization, length of stay, days awaiting court appearance and outcomes.
- Participated in the review, evaluation, and implementation of a jail-based Restoration to Competency Program.
- Assisted in the preparation of bond fund proposals focused on the need for behavioral healthcare services in Pima County. Participated in the County bond meetings for the Behavioral Health Pavilion and Crisis Response Center.
- Managed, supervised, and trained personnel to maintain, design and complete databases, prepare statistical and analytical reports focusing on increasing revenues, decreasing costs, and controlling risks.
- Supported Assistant County Administrator with revenue maximization initiatives to include Graduate Medical Education and Disproportionate Share Hospital payments.
- Prepared cost analyses on State mandated medical and behavioral healthcare operations such as involuntary commitment process (Title 36).
- Supported the design and completion of solicitations and development of associated contract terms for the provision of healthcare services to individuals in the custody of the Sheriff's Department and Juvenile Court. Participated in contract negotiations resulting in a three-year contract with an annual expenditure of $10 million.
- Supported reviews and audits, summarized data, presented statistical conclusions, and highlighted opportunities for process improvements, cost reductions and revenue enhancements.

ACADEMIC BACKGROUND

Bachelor of Science, Business Administration, Finance
University of Arizona

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EXECUTIVE DIRECTOR, SPECIAL PROGRAMS
Michele Barnard

PROFESSIONAL SUMMARY

Executive leader with 25+ years of leadership experience guiding organizations through rapid performance improvement, competitive relevance, and sustainability. Articulate communicator with a record of success and integrity. Expertise in Operations Management, Strategic Planning, Membership Growth, Healthcare Operations, Negotiations, Regulatory and Contractual Compliance, and Team Leadership.

EXPERIENCE

Arizona Complete Health-Complete Care Plan **May 2015-Present**

Executive Director, Programs

- Provide leadership in strategic planning, operational improvement, project management, strategic communications, restructuring and turn-around.
- Develop and manage partnerships with community organizations, local and state governments, behavioral and physical health providers, system partners such as the Department of Economic Security, jails and prisons, Department of Children's Services, and member advocacy organizations across the state of Arizona.
- Oversaw the daily operations, strategies, priorities, culture and stakeholder relations for the southern Arizona Regional Behavioral Health Authority, a Medicaid Managed Care organization with over 400,000 members and more than 300 employees.
- Led strategies to improve clinical outcomes and reduce costs across provider network through internal performance improvement and external value-based incentive strategies. Responsible for over $700 million annual budget, in 2017 implemented more than $48 million in savings. Key member of proposal team that secured over $6 billion state contract.
- Direct operational responsibilities have included integrated care development, marketing/communication, customer service, medical management, quality, grievance & appeals, contracting, value-based purchasing, and facility planning.

Banner University Medical Group **March 2015-June 2015**

Chief Operating Officer

- Guided integration efforts to merge and streamline medical group operations for 900 faculty physicians and 2000+ employees based in Tucson and Phoenix. Managed annual budget of over $200 million.
- Implemented new strategies, processes, roles, and responsibilities around key cost drivers including new organizational structure, workforce planning and physician recruitment.
- Led integration project in cooperation with the University of Arizona to create immediate savings to the organization of over $2 million. Mapped over 800 employees to new roles within Banner Health.
- Key leader in change management communication and engagement with clinicians, the College of Medicine, and its academic departments at the University of Arizona.

University of Arizona Health Network (UAHN) **2011 - 2015**

Vice President of Marketing, Communications, Business Development & Strategy

- Provided stable leadership during a time of extensive changes in executive leadership and governance. Responsible for Strategic Planning, Marketing, Web/Social Media, Internal/External Communications, Community Relations, and Business Development. Managed over $5 million annual budget.

- Created full service centralized Marketing and Communication department encompassing internal communications, brand guidelines, and metric-driven decision-making. Created consistent and transparent internal communication vehicles to drive culture and priorities across the organization. Provided leadership through crisis management communications and ensured that key internal and external stakeholders were engaged in message development and strategies.
- Spearheaded rebranding of UAHN and led three successful advertising brand campaigns resulting in reputation building and increased market share during a time of overall market decline. Including corporate website and intranet resulting in increased web traffic of 300%. Coordinated brand campaign UA branding approach to align clinical and academic programs to drive reputation of both organizations.
- Created and executed a joint UAHN and College of Medicine Strategic Plan including roll out across 7000 employees. Coordinated board-level strategic efforts including the merger with Banner Health.
- Directed ambulatory facility planning and service line business strategy development.

Beaumont Hospitals, Royal Oak, MI **2003 –2011**
Director, Medical Administration |Director, Community Affairs and Advocacy
- Provided operational oversight of corporate medical administration comprised of eight departments and representing more than 3000 employed and private physicians.
- Led successful implementation of a physician compensation model and led strategic partnerships to launch the new "Oakland University William Beaumont School of Medicine.
- Led C-level strategic planning on the creation of a hospital-initiated Accountable Care Organization.
- Served as Senior Administrator in physician compliance investigations and peer review for conflict of interest, research, compensation, and ethical issues.
- Led multidisciplinary team to revamp system-wide physician on-boarding/credentialing process resulting in shortened timeline and savings of over $1 million of annual of lost revenue.
- Developed and managed Medical Administration budget of $6.7 million. Served as capture lead for $2.5 million in federal appropriation funds and federal grants for hospitals.
- Built system-wide Community Affairs and Advocacy Department and directed strategic outreach and governmental activities with a territory expansion from 3 to 23 communities in southeast Michigan.

Barnard Consulting Services, Inc., Washington, MI **1999 – 2007**
President and Consultant
- Provided marketing/sales, public affairs, event management, fundraising and consulting services to multiple political, non-profit, and corporate clients.

International Association of Fire Fighters, Washington, DC **1998 – 1999**
Lobbyist

Office of Congressman Dale Kildee, Washington, DC **1994 - 1998**
Legislative Assistant

ACADEMIC BACKGROUND

Master of Business Administration, Master of Health Administration
University of Maryland

Bachelor of Science, Public Policy and Political Science
Michigan State University

MEMBERSHIPS

Member of American College of Health Care Executives

VICE PRESIDENT, QUALITY IMPROVEMENT

Jennifer Tonges

PROFESSIONAL SUMMARY

Strategize and drive change to achieve high performance across the healthcare system and deliver high-quality, low-cost care. Grow and develop staff to be adaptable high achievers.

EXPERIENCE

Arizona Complete Health-Complete Care Plan **August 2012-Present**

Vice President, Quality Improvement August 2020 - Present

- Strategy, vision, and leadership for all quality related activities, including incorporation of quality principles across the organization.
- Continuing YOY improvement in performance targeting 4+ star ratings.

Director, Quality Improvement August 2018-August 2020

- Vision and leadership over the HEDIS© Operations, Performance Improvement, EPSDT Program, Member Experience and Quality Analyst teams to ensure high performance in Medicaid, Medicare, and Marketplace plans.
- Accomplishments include YOY and quarterly improvement in performance, highest employee engagement scores in the organization in 2019 (88%), highest performing HEDIS© Ops team in Centene.

Senior Quality Improvement Manager June 2015-August 2018

- Development, oversight and management of the quality audit team, contracted performance measures and performance improvement plans.
- Creation, implementation, and measurement of systemic improvements involving inter-departmental and stakeholder collaboration.
- Department development to meet integrated plan requirements including a HEDIS program, technical assistance, and provider engagement.
- Implemented Improvement in data management, data displays, reporting and meeting efficiency.
- Oversight of Quality-of-Care investigations, tracking, trending, and system improvements.

Quality Improvement Specialist August 2012-June 2015

- Development, implementation and reporting of system wide performance improvement projects.
- Responsible for provider audits, communication and technical assistance requiring extensive knowledge of contract requirements and State regulations.
- Collection, analysis, and formal reporting of data for contract deliverables both internal and external.
- Continuous consultation and technical assistance on inter-departmental improvements.

Arizona Department of Health Services – Division of Behavioral Health Services **February 2008-July 2012**

Performance Improvement Project Coordinator/QM Specialist

- Created Performance Improvement Initiatives and Projects from inception through execution.
- Development and implementation of State quality management protocols and data-based performance reviews.
- Team Lead for auditing activities throughout the state, including development, reporting and administration.
- On-going evaluations and upgrades to reporting mechanisms within State required parameters.
- Development and oversight of Division meetings, presentations, and reporting.
- Gold Standard Auditor for the Court Monitor, Special Projects, and Administrative Review Task Force member.
- Creation of reports, charts and graphs using raw data to define performance improvement, quality management, utilization management, and medical management reporting.

Arizona Department of Health Services – Office of Behavioral Health Licensing **October 2007-February 2008**
Licensing Surveyor
- Inspected behavioral health facilities to ensure compliance with federal certification and state licensing.
- Conducted assessments and complaint investigations to ensure the health, safety, and welfare of clients.

ValueOptions/Magellan **September 2005-October 2007**
Clinical Coordinator July 2007-October 2007
- Supervised and trained 9 case managers providing services to the population designated as seriously mentally ill.
- Developed and implemented an efficient teamwork approach to required clinical documentation.
- Improved clinical documentation compliance from 35% completion rate to 85% completion rate within 3 months.

Clinical Outcomes Specialist – Quality Management February 2007-July 2007
- Responsible for provider monitoring duties specific to medical record audits and report writing.
- Reviewed, monitored, and assisted in the development of corrective action plans.
- Ensured compliance with Appendix C items as applicable to Arnold vs Sarn.
- Provided training, technical assistance and support to contracted provider staff.
- Collaborated with clinic leadership to improve tracking methods, review trending, and ensure quality of care.

Clinical Liaison September 2005-February 2007
- Supervised 3 case managers providing mental health services to persons designated as seriously mentally ill.
- Trained new staff on company policies & procedures, confidentiality/HIPAA regulations, client engagement techniques and clinical documentation.
- Composed strength-based treatment plans and clinical assessments.

Case Manager – Washington House Clinic & Day Resource Center **January 2004-September 2005**
- Interdisciplinary, multi-agency team member developing policies & procedures for social services to the homeless.
- Outreach and assessment of substance abuse, psychiatric & medical needs, housing & financial needs.
- Provided crisis intervention, client follow up and links to social and emergency services.
- Assisted in the development of clinical treatment plans, client engagement and rapport building.

ACADEMIC BACKGROUND

Bachelor of Arts, Psychology
Arizona State University, West Phoenix, Arizona

CERTIFICATIONS

Certified Professional in Healthcare Quality, 2012
National Association for Healthcare Quality

Lean Six Sigma Green Belt, 2014
New Horizons Learning Center

Part C

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C1

Agreement Accepting Capitation Rates

arizona complete health™

1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281
1-888-788-4408
(TTY/TDY 711)
AZCompleteHealth.com

September 29, 2023

Meggan LaPorte, CPPO, MSW
Chief Procurement Officer
801 E Jefferson Rd
Phoenix, AZ 85034

Re: Notice of AHCCCS Solicitation # YH24-0001 ALTCS E/PD Program
Section H.20 Submission Requirements, Part C – C1 Agreement to Accept Capitation Rates

Ms. LaPorte,

As required by the Arizona Long Term Care For Individuals Who Are Elderly and/or Have A Physical Disability (ALTCS E/PD) Solicitation # YH24-0001, Section H.20 Submission Requirements Part C, Arizona Complete Health for Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan, will accept the actuarially sound capitation rates computed prior to October 1, 2024. The legal entity submitting this bid is Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan. Consistent with the RFP, it is our understanding and expectation that such rates will be developed by AHCCCS' actuaries according to the applicable provisions of 42 CFR Part 438, and applicable Actuarial Standards of Practice and will follow Generally Accepted Actuarial Principles and Methodologies.

Sincerely,

James Stover
Medicaid President
Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan

C2 and C3

Administrative Cost Component Bid

Case Management Cost Component Bid

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AHCCCS

AHCCCS ALTCS-EPD RFP YH24-0001
Section F - Rate Development Information
Document - Non-Benefit Cost Bid Submission

ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25)		CYE 26 (10/1/25 - 9/30/26)		CYE 27 (10/1/26 - 9/30/27)		CYE 28 (10/1/27 - 9/30/28)		CYE 29 (10/1/28 - 9/30/29)	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.57	$ 2,859,976	$ 53.11	$ 2,945,775	$ 54.71	$ 3,034,148	$ 56.35	$ 3,125,172	$ 58.04	$ 3,218,928
Occupancy	$ 1.41	$ -	$ 1.42	$ -	$ 1.44	$ -	$ 1.45	$ -	$ 1.46	$ -
Depreciation	$ 8.61	$ -	$ 8.70	$ -	$ 8.78	$ -	$ 8.87	$ -	$ 8.96	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.94	$ -	$ 14.08	$ -	$ 14.22	$ -	$ 14.36	$ -	$ 14.51	$ -
Office Supplies and Equipment	$ 19.30	$ 50,000	$ 19.49	$ 50,000	$ 19.68	$ 50,000	$ 19.88	$ 50,000	$ 20.08	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 101.26	$ 3,276,088	$ 103.31	$ 3,661,479	$ 105.40	$ 3,563,484	$ 107.55	$ 3,385,008	$ 109.75	$ 3,380,764

Member Months Assumed in Bid		17,500		17,687		17,875		18,063		18,251

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Footnotes:

1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.
2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts.

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS ALTCS-EPD RFP YH24-0001
Section F - Rate Development Information
Document - Non-Benefit Cost Bid Submission

ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25]		CYE 26 (10/1/25 - 9/30/26]		CYE 27 (10/1/26 - 9/30/27]		CYE 28 (10/1/27 - 9/30/28]		CYE 29 (10/1/28 - 9/30/29]	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.52	$ 3,983,313	$ 53.06	$ 4,102,813	$ 54.66	$ 4,225,897	$ 56.30	$ 4,352,674	$ 57.98	$ 4,483,254
Occupancy	$ 1.41	$ -	$ 1.42	$ -	$ 1.43	$ -	$ 1.45	$ -	$ 1.46	$ -
Depreciation	$ 8.60	$ -	$ 8.69	$ -	$ 8.78	$ -	$ 8.86	$ -	$ 8.95	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.93	$ -	$ 14.07	$ -	$ 14.21	$ -	$ 14.35	$ -	$ 14.49	$ -
Office Supplies and Equipment	$ 19.28	$ 50,000	$ 19.47	$ 50,000	$ 19.67	$ 50,000	$ 19.86	$ 50,000	$ 20.06	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 101.17	$ 4,399,425	$ 103.22	$ 4,818,517	$ 105.31	$ 4,755,233	$ 107.46	$ 4,612,510	$ 109.66	$ 4,645,090
Member Months Assumed in Bid		52,500		53,063		53,626		54,190		54,753

Input fields
Formula driven fields

Footnotes:

1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.

2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts

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ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25)		CYE 26 (10/1/25 - 9/30/26)		CYE 27 (10/1/26 - 9/30/27)		CYE 28 (10/1/27 - 9/30/28)		CYE 29 (10/1/28 - 9/30/29)	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.47	$ 4,765,672	$ 53.01	$ 4,908,642	$ 54.61	$ 5,055,902	$ 56.24	$ 5,207,579	$ 57.93	$ 5,363,806
Occupancy	$ 1.41	$ -	$ 1.42	$ -	$ 1.43	$ -	$ 1.45	$ -	$ 1.46	$ -
Depreciation	$ 8.59	$ -	$ 8.68	$ -	$ 8.77	$ -	$ 8.85	$ -	$ 8.94	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.91	$ -	$ 14.05	$ -	$ 14.19	$ -	$ 14.34	$ -	$ 14.48	$ -
Office Supplies and Equipment	$ 19.26	$ 50,000	$ 19.45	$ 50,000	$ 19.65	$ 50,000	$ 19.84	$ 50,000	$ 20.04	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 101.09	$ 5,181,784	$ 103.13	$ 5,624,346	$ 105.22	$ 5,585,238	$ 107.36	$ 5,467,415	$ 109.56	$ 5,525,642

Member Months Assumed in Bid		87,500		88,439		89,378		90,317		91,256

Legend
Input fields
Formula driven fields

Footnotes:

1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.

2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts

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ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25)		CYE 26 (10/1/25 - 9/30/26)		CYE 27 (10/1/26 - 9/30/27)		CYE 28 (10/1/27 - 9/30/28)		CYE 29 (10/1/28 - 9/30/29)	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.42	$ 4,843,773	$ 52.97	$ 4,989,086	$ 54.55	$ 5,138,759	$ 56.19	$ 5,292,922	$ 57.88	$ 5,451,709
Occupancy	$ 1.40	$ -	$ 1.42	$ -	$ 1.43	$ -	$ 1.45	$ -	$ 1.46	$ -
Depreciation	$ 8.59	$ -	$ 8.67	$ -	$ 8.76	$ -	$ 8.85	$ -	$ 8.93	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.90	$ -	$ 14.04	$ -	$ 14.18	$ -	$ 14.32	$ -	$ 14.47	$ -
Office Supplies and Equipment	$ 19.24	$ 50,000	$ 19.43	$ 50,000	$ 19.63	$ 50,000	$ 19.83	$ 50,000	$ 20.02	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 101.00	$ 5,259,885	$ 103.04	$ 5,704,790	$ 105.13	$ 5,668,095	$ 107.27	$ 5,552,758	$ 109.47	$ 5,613,545
Member Months Assumed in Bid		122,500		123,814		125,129		126,444		127,758

Legend
Input fields
Formula driven fields

Footnotes:

1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.
2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts

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ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25)		CYE 26 (10/1/25 - 9/30/26)		CYE 27 (10/1/26 - 9/30/27)		CYE 28 (10/1/27 - 9/30/28)		CYE 29 (10/1/28 - 9/30/29)	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.38	$ 5,547,540	$ 52.92	$ 5,713,966	$ 54.50	$ 5,885,385	$ 56.14	$ 6,061,947	$ 57.82	$ 6,243,805
Occupancy	$ 1.40	$ -	$ 1.42	$ -	$ 1.43	$ -	$ 1.44	$ -	$ 1.46	$ -
Depreciation	$ 8.58	$ -	$ 8.66	$ -	$ 8.75	$ -	$ 8.84	$ -	$ 8.93	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.89	$ -	$ 14.03	$ -	$ 14.17	$ -	$ 14.31	$ -	$ 14.45	$ -
Office Supplies and Equipment	$ 19.22	$ 50,000	$ 19.42	$ 50,000	$ 19.61	$ 50,000	$ 19.81	$ 50,000	$ 20.01	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 100.91	$ 5,963,652	$ 102.95	$ 6,429,670	$ 105.04	$ 6,414,721	$ 107.18	$ 6,321,783	$ 109.37	$ 6,405,641

Member Months Assumed in Bid		157,500		159,190		160,880		162,571		164,261

Input fields
Formula driven fields

Footnotes:
1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.
2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts

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Input fields
Formula driven fields

ALTCS-EPD Administrative Component Bid										
	CYE 25 (10/1/24 - 9/30/25)		CYE 26 (10/1/25 - 9/30/26)		CYE 27 (10/1/26 - 9/30/27)		CYE 28 (10/1/27 - 9/30/28)		CYE 29 (10/1/28 - 9/30/29)	
Detail Admin Break Out [1]	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**	Variable Cost **PMPM**	Fixed Cost Total **Dollars**
Compensation	$ 51.35	$ 5,547,540	$ 52.89	$ 5,713,966	$ 54.48	$ 5,885,385	$ 56.11	$ 6,061,947	$ 57.80	$ 6,243,805
Occupancy	$ 1.40	$ -	$ 1.42	$ -	$ 1.43	$ -	$ 1.44	$ -	$ 1.46	$ -
Depreciation	$ 8.57	$ -	$ 8.66	$ -	$ 8.75	$ -	$ 8.83	$ -	$ 8.92	$ -
Care Management/Care Coordination	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Professional and Outside Services	$ 13.88	$ -	$ 14.02	$ -	$ 14.16	$ -	$ 14.30	$ -	$ 14.45	$ -
Office Supplies and Equipment	$ 19.22	$ 50,000	$ 19.41	$ 50,000	$ 19.60	$ 50,000	$ 19.80	$ 50,000	$ 20.00	$ 50,000
Travel	$ 3.22	$ -	$ 3.26	$ -	$ 3.29	$ -	$ 3.32	$ -	$ 3.36	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Bank Service Charge	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -	$ 0.02	$ -
Insurance	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -	$ 0.05	$ -
Marketing	$ 0.34	$ -	$ 0.35	$ -	$ 0.35	$ -	$ 0.36	$ -	$ 0.36	$ -
Interest Expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefit Manager Expenses	$ 2.23	$ -	$ 2.26	$ -	$ 2.28	$ -	$ 2.30	$ -	$ 2.32	$ -
Fraud Reduction Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Activities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub Capitation Block Administrative	$ 0.46	$ -	$ 0.47	$ -	$ 0.47	$ -	$ 0.48	$ -	$ 0.48	$ -
Health Care Quality Improvement	$ -	$ 341,112	$ -	$ 640,704	$ -	$ 454,336	$ -	$ 184,836	$ -	$ 86,836
Program Integrity Fraud, Waste and Abuse Prevention Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Interpretation/Translation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Administrative Expenses [2]	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000	$ 0.11	$ 25,000
Total Admin Costs	$ 100.87	$ 5,963,652	$ 102.90	$ 6,429,670	$ 104.99	$ 6,414,721	$ 107.13	$ 6,321,783	$ 109.32	$ 6,405,641

Member Months Assumed in Bid		175,000		176,878		178,756		180,635		182,513

Footnotes:
1) Case Manager Costs will be reflected in the Offerors Case Management Bid Component which can be found on tab "Case Management Bid" in this workbook.
2) If "Other Administrative Expenses" is greater than 5% of the total then please provide a detailed list describing what's included, with amounts.

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Legend
Input fields
Formula driven fields
AHCCCS Prescribed Values

ALTCS-EPD Case Management Component Bid

	North GSA				Central GSA				South GSA		
Assumptions:	**Non-SMI**	**SMI**	**Total**		**Non-SMI**	**SMI**	**Total**		**Non-SMI**	**SMI**	**Total**
Number of ALTCS-EPD enrollment: [1]	2,194	171	2,365		5,375	463	5,838		2,856	256	3,113
Institutional Mix %: [1]	28.8%	26.5%	28.7%		19.6%	33.9%	20.7%		25.6%	38.7%	26.6%
Acute Care Only Mix %: [1]	2.9%	1.4%	2.8%		3.0%	0.9%	2.8%		1.7%	1.1%	1.6%
Alternative Home and Community Bases Service (HCBS) Mix %: [1]	23.0%	33.7%	23.7%		29.4%	42.1%	30.4%		21.6%	33.0%	22.6%
HCBS (own home) Mix %: [1]	45.3%	38.4%	44.8%		48.0%	23.1%	46.1%		51.1%	27.2%	49.2%
Average Case Management Manager total compensation (includes ERE)	$ 96,324	$ 96,324	$ 96,324		$ 96,324	$ 96,324	$ 96,324		$ 96,324	$ 96,324	$ 96,324
Average Case Management Supervisor total compensation (includes ERE)	$ 121,056	$ 121,056	$ 121,056		$ 121,056	$ 121,056	$ 121,056		$ 121,056	$ 121,056	$ 121,056
Average Case Management Administration Support Staff total compensation (includes ERE)	$ 96,324	$ 96,324	$ 96,324		$ 96,324	$ 96,324	$ 96,324		$ 96,324	$ 96,324	$ 96,324
Maximum Members per Case Manager (Institutional) [2]	96.0	68.0	93.4		96.0	68.0	91.1		96.0	68.0	91.5
Maximum Members per Case Manager (Acute Care Only) [2]	96.0	96.0	96.0		96.0	96.0	96.0		96.0	96.0	96.0
Maximum Members per Case Manager (Alternative HCBS) [2]	53.0	50.0	52.7		53.0	50.0	52.7		53.0	50.0	52.6
Maximum Members per Case Manager (HCBS Own Home) [2]	43.0	32.0	42.1		43.0	32.0	42.4		43.0	32.0	42.3
Average Travel Expenses per Case Management Manager	$ 2,837.10	$ 2,323.08	$ 2,799.89		$ 1,398.50	$ 1,248.92	$ 1,386.64		$ 1,876.31	$ 1,616.71	$ 1,854.93
Average Case Managers per Supervisor	12	12	12		12	12	12		12	12	12
Average Administrative Support Staff per Supervisor	0.2	0.2	0.2		0.2	0.2	0.2		0.2	0.2	0.2
Calculations:											
Case Management Manager FTEs required	39.9	3.9	43.8		102.5	9.6	112.1		53.7	5.4	59.1
Case Management Manager salary and ERE	$3,839,252	$375,630	$4,214,882		$9,870,970	$923,583	$10,794,553		$5,175,276	$516,411	$5,691,687
Case Management Supervisor FTEs required	3.3	0.3	3.6		8.5	0.8	9.3		4.5	0.4	4.9
Case Management Supervisor salary and ERE	$402,084	$39,340	$441,423		$1,033,784	$96,727	$1,130,511		$542,005	$54,084	$596,089
Case Management Administration Support Staff FTEs	0.7	0.1	0.7		1.7	0.2	1.9		0.9	0.1	1.0
Case Management Administration Support Staff salary and ERE	$63,988	$6,260	$70,248		$164,516	$15,393	$179,909		$86,255	$8,607	$94,861
Travel Costs	$113,080	$9,059	$122,515		$143,313	$11,975	$155,394		$100,809	$8,667	$109,606
Total Annual Case Management Cost	$4,418,403	$430,289	$4,849,069		$11,212,583	$1,047,677	$12,260,366		$5,904,345	$587,769	$6,492,243
Total Case Management PMPM			**$170.87**				**$175.01**				**$173.81**

Footnotes:

1. AHCCCS prescribed values are based on GSA specific averages of enrollment and placement data between July and December 2022. AHCCCS will adjust the member enrollment and mix percentages once awards have been set and final distribution of membership is known.

2. Refer to AHCCCS Medical Policy Manual (AMPM) 1630 Section D. Caseload Management for maximum case load allowed for each setting.

C4

Actuarial Certification

arizona complete health

1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 852811-888-788-4408
(TTY/TDY 711)
AZCompleteHealth.com

September 29, 2023

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan

Administrative and Case Management Cost Bid for RFP NO. YH24-001 ALTCS E/PD Program

Actuarial Certification

arizona complete health

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Introduction

Arizona Complete Health-Complete Care Plan currently serves Arizona residents statewide through our ACC-RBHA and Medicare D-SNP programs. We are bidding on the ALTCS E-PD Contract Renewal to expand our services to the ALTCS population.

The purpose of this actuarial certification is to comply with the requirements of AHCCCS RFP YH24-0001 stated in Section H: Instructions to Offerors[1] and Data Supplement Section F – Non-Benefit Costs Bid Requirements[2]. This actuarial certification goes over the data, assumptions, and methodologies of both

[1] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/H-InstructionstoOfferors.pdf
[2] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/Non-Benefit_CostsBidRequirements.pdf

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the administrative component and case management component bids. This rate certification complies with the requirements put forward in 42 CFR § 438.7(b)(3)[3], 42 CFR § 438.5(e)[4], and the 2023-2024 Medicaid Managed Care Rate Development Guide.[5] Please see section 4 and 5 for more information.

1. Data

We gathered multiple types of data to support the development of our administrative and case management bids. The primary data sources were:

- Salaries/travel expenses for Case Management and required contract positions provided by AzCH Finance staff.
- Current and forecasted direct health plan administrative costs from internal accounting systems. We gathered these for our current ACC-RBHA contract as well as other Centene-owned health plans that serve LTC populations.
- Centene corporate overhead allocations from internal accounting systems. We gathered these for our current ACC-RBHA contract as well as other Centene-owned health plans that serve LTC populations.
- Program and IT expenses associated with our RFP commitments provided by AzCH subject matter experts.
- Historical membership reports and projected CYE25 membership from the ALTCS E/PD Bidder's Library[6]
- CYE21-CYE24 AHCCCS ALTCS E-PD rate certifications.[7]

Direct health plan costs were gathered at either the health plan department or line-item level, while corporate overhead allocations were gathered at the corporate department level.

Per ASOP 23, we reviewed the data for reasonableness, consistency, and other requirements outlined in Section 3 of ASOP 23. While we did not audit the data, we did the following to increase our confidence in the data:

- Ensured consistency between multiple internal systems.
- Compared our final projected administrative bid amounts with other Centene-owned LTC plans for reasonableness.
- Compared our final projected administrative and case management bid amounts with the current amounts in the CYE24 AHCCCS ALTCS E-PD rate certification[8].

[3] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.7
[4] https://www.ecfr.gov/current/title-42/section-438.5
[5] https://www.medicaid.gov/sites/default/files/2023-08/2023-2024-medicaid-rate-guide-05242023.pdf
[6] https://www.azahcccs.gov/PlansProviders/HealthPlans/YH24-0001.html
[7] https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ManagedCare/capitationrates.html
[8] https://www.azahcccs.gov/PlansProviders/Downloads/CapitationRates/ALTCS/CYE_24_ALTCS-EPD_Capitation_Rate_Certification_SOF.pdf

- Compared our projection methodology to how administrative costs are currently reported for the ACC-RBHA program.

We relied on data supplied by AzCH Finance Staff, AzCH subject matter experts, and AHCCCS. We also relied on data sourced from internal accounting systems. After performing the review steps mentioned above, we did not find any material issues or make further adjustments to the data. However, our projections are dependent on the accuracy of the data used, and if there is an issue with the underlying data, our projections may also be inaccurate.

2. Assumptions and Methodology

2.1 Case Management Bid Template

Most of the inputs in this bid template were prescribed by AHCCCS and outputs are formula driven. The required inputs were developed as follows:

- AzCH developed Case Management Manager, Supervisor, and Administration Support Staff total compensation based on current salary expectations.
- The maximum members per case manager were taken directly from pages 108-110 of the ALTCS E-PD RFP.[9]
- Travel expenses were based on the expected relative annual costs for different regions of Arizona, with the highest costs occurring in the North due to the rural nature of this GSA.
- Average administrative support staff per supervisor was developed based on inputs from AzCH subject matter experts.

2.2 Membership – Administrative Bid Template

To determine membership, we needed to establish both a starting CYE25 membership as well as a trend. For our starting membership, we chose the midpoint of each of AHCCCS's membership tiers except for the highest membership tier. These are laid out in more detail in Table 1.

Table 1: CYE25 Member Months by Admin Bid Template Tier

Membership Tier Name	MMs used in bid development
Member Months 0-34,999	17,500
Member Months 35,000-69,999	52,500
Member Months 70,000-104,999	87,500

[9] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/EPD_RFP-Section%20D_%20ProgramRequirements_YH24-0001.pdf

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Member Months 105,000-139,999	122,500
Member Months 140,000-174,999	157,500
Member Months 175,000+	175,000

To trend membership forward, we looked at membership growth prior to the PHE, during the PHE, and after the PHE ended. We also reviewed AHCCCS's projected CYE25 membership from the ALTCS E-PD Bidders Library. We used a combination of these data points to develop our annual membership growth assumption of roughly 1%.

2.3 Annual administrative trend – Administrative Bid Template

We explicitly developed our admin bid for CYE25 and then applied trend to project CYE26-CYE29 administrative amounts. A few bid items were provided with specific costs by year (IT costs and program costs) so we used the estimated annual amounts provided for these. Our trend was based on a review of BLS CPI-U data from January 2012 through August 2023. This review indicated that the current high interest rate environment is a clear departure from pre-pandemic norms.

Given the sensitivity of future administrative costs to inflation, we recommend that AHCCCS review inflation factors applied to future years on an annual basis. It is very likely the projections used here will need to be adjusted for CYE26 and future years given the unpredictability of the current inflationary environment and the departure from historical norms.

2.4 Revenue

For some types of administrative costs, we needed to estimate future revenue and therefore future dual/non-dual member mix. We used the AHCCCS CYE24 ALTCS E-PD Certified Capitation Rates to estimate future revenue, and our bid reflects a dual/non-dual member mix consistent with December 2022 data shown in the Member Placement Detail File provided via the ASFS. We adjusted these amounts slightly for CYE25 based on the historical trend of a ~0.5% annual shift in members from dual to non-dual rate cells.

2.5 Administrative Costs – Administrative Bid Template

Since we do not currently serve the ALTCS population, we did not have current internal data to use as a baseline for our bid. As mentioned above, we developed an explicit projection for CYE25 costs and then trended these costs forward for CYE26-CYE29. We developed admin costs in four steps based on the type of admin cost being modelled. Once we had these initial projections, we reviewed each cost individually to determine whether it should be fixed or variable. As a final step, we mapped each admin cost to the AHCCCS-defined categories given in the bid template (i.e., Compensation, Occupancy, Depreciation, etc.) Details on each type of admin cost are provided below.

Direct Health Plan Costs – non-salary

Fixed Cost

Only a small portion of these costs are considered fixed. Most vary based on members enrolled and their associated revenue.

Variable Cost

PMPM admin rates for each non-salary line item were calculated using current ACC-RBHA data. An adjustment was made to PBM administrative fees to account for the different average per-member script counts for ALTCS members compared to our current ACC-RBHA membership.

Direct Health Plan Costs – Salary

Fixed Cost

Within a given membership tier, our projected salary costs are fixed. However, AHCCCS will see that our fixed costs generally increase when moving up a membership tier. This is because we must hire additional AHCCCS-required and supporting staff as our membership grows to support the operation of the program. When developing our staffing estimates, we considered each membership tier unique and modelled needed staff using the member months shown in table 1 above. Given the six-tiered nature of the bid, we believe these costs are better represented as fixed rather than variable.

Variable Cost

See above. There are no variable costs in this category.

Corporate Overhead Allocations

Fixed Cost

Since corporate overhead allocations are distributed among different Centene health plans based on their size and scale, these costs are all variable depending on the membership and revenue awarded to AzCH for the ALTCS program.

Variable Cost

Given the reasons mentioned above, all corporate overhead allocations are variable. We projected the AzCH ALTCS share of corporate overhead allocation by using the latest allocation methodology to get an initial estimate, and then excluded various corporate departments that would not provide support services to the ALTCS line of business. This final number, based on the expected corporate support the ALTCS program will need, was used to develop our bid.

Program and IT costs

Fixed Costs

Costs for programs we wrote to in the narrative portion of our RFP as well as the required IT costs needed to support these programs were provided to us by internal AzCH subject matter experts. These costs were provided as fixed dollars by year, which we then mapped into each membership tier in the AHCCCS bid template. These costs vary by year due to implementation costs and were all mapped into the Health Care Quality Improvement line of the admin bid templates. This is why this category of costs varies over the five years.

Variable Costs

All program and IT costs are fixed. There were not variable costs in this category.

3. Compliance with the Non-Benefit Costs Bid Requirements

We confirm that AzCH complied with the following requirements put forward in the Non-Benefit Costs Bid Requirements document in the ALTCS RFP bidder's library.[10]

- Only pink cells were modified by AzCH. Blue and green cells were left untouched.
- No start-up expenses were included in the bid.
- Management fee amounts were included in the pink categories on the administrative component bid tabs.
- The Other Administrative Expenses line accounts for less than 5 percent of the total administrative amount and was only used when another suitable category was not found.
- We have not included underwriting gain or premium tax in our bid.
- We have entered bid amounts on all membership tier tabs for administrative costs and all GSAs for case management costs.

4. Compliance with CMS regulations and ASOPs

4.1 42 CFR § 438.7(b)(3)

We have described the development of the non-benefit component of the rate in sufficient detail that CMS or another actuary applying generally accepted actuarial principles and practices can identify each type of non-benefit expense that is included in the rate and evaluate the reasonableness of the cost assumptions underlying each expense.

4.2 42 CFR § 438.5(e)

Based on our development and review of the Administrative Component Bid and the Case Management Component Bid combined with further financial analysis and projections, we believe that the Admin and

[10] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/Non-Benefit_CostsBidRequirements.pdf

Case Management rates we have bid are reasonable, appropriate, and attainable expenses related to our administration, licensing and regulatory fees, and other operational costs associated with the provision of services identified in § 438.3(c)(1)(ii)[11] to the populations covered under the contract. Costs related to premium taxes, contribution to reserves, risk margin, and cost of capital will be developed by AHCCCS in the final capitation rates. We have not accounted for these costs in our bid.

4.3 2023-2024 Medicaid Managed Care Rate Development Guide

We have developed and are certifying specific rates, not rate ranges. The administrative rates we are certifying vary based on the member months we are awarded at the start of the ALTCS contract, while the case management rates vary based on the GSAs we are awarded. This is consistent with how AHCCCS designed the Non-Benefit Cost Bid Submission Template. We have developed a single administrative rate for each membership scenario. This was not broken down at a GSA/rate cell level because:

1. AHCCCS stated in Solicitation Amendment 1 that "AHCCCS will distribute the administrative PMPM associated with the membership tier that matches the expected enrollment for each plan across all awarded GSAs. AHCCCS may incorporate underlying cost differences in the populations between GSAs when determining the overall distribution, if such an adjustment is appropriate." [12]
2. AHCCCS stated in the Non-Benefit Cost Bid Requirements[13] that "administrative expenses will be allocated between the dual and non-dual risk groups by AHCCCS during the capitation rate development process."

Since this rate certification only applies to projected non-benefit costs, we only reviewed Section 5 of the 2023-2024 Medicaid Managed Care Rate Development Guide (hereafter referred to as "Rate Guide") for applicable standards and documentation requirements. To assist in AHCCCS's review, we have provided an index below based on Section 5 of the Rate Guide that refers to areas in this certification that directly address each section of the Rate Guide. We believe the information provided in this rate certification and the accompanying exhibits is sufficient and meets CMS requirements.

Rate Guide Index

Rate Guide Section	Applicable section in this rate certification
1.5.A Rate Development Standards	See Section 4.2 42 CFR § 438.5(e) and Section 2

[11] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.3#p-438.3(c)(1)(ii)
[12] https://azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/ALTCS_EPD_RFP_YH24-0001-Amendment1.pdf
[13] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/Non-Benefit_CostsBidRequirements.pdf

1.5.B.i.(a) Data, Assumptions, Methodology	See Section 1 and 2 and the attached Non-Benefit Cost Bid Excel Workbook.
I.5.B.i.(b) Changes from the Previous Rate Certification	N/A – this is the first rate certification of AzCH ALTCS non-benefit costs.
I.5.B.i.(c) Any Other Material Changes	N/A – all detail is provided in Sections 1 and 2
I.5.B.ii. Projected Non-Benefit Costs by Category	See section 4.2 42 CFR § 438.5(e)
I.5.B.iii. Historical Non-Benefit Cost	N/A – we have not operated in the ALTCS program since 2017 so there is no relevant historical data to provide.

4.4 ASOP 23, 41, 49

ASOP 23
See Section 1.

ASOP 41
These requirements are addressed throughout the certification, most notably in Section 5.

ASOP 49
The rates certified in this document are single rates, not capitation rate ranges. We have developed these rates in total and not at the rate cell level. Please see section 4.3 for more details. For required disclosures, please see section 5.

5. Actuarial Certification

We, Kevin-Mitby Manning, ASA, MAAA, and Nathanael Schatz, ASA, MAAA, are employees of Centene Corporation, the parent organization of AzCH. We are members of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. You can contact us at nathanael.e.schatz@centene.com and kevin.mitbymanning@centene.com for follow-ups or further discussion.

In our opinion, the proposed Administrative and Case Management Bid Components in the attached Excel workbook meet the requirements at 42 CFR § 438.7(b)(3) , 42 CFR § 438.5(e), in the 2023-2024 Medicaid Managed Care Rate Development Guide, and applicable Actuarial Standards of Practice, most notably ASOP 23, 41, and 49. These rates provide for all reasonable, appropriate, and attainable costs for CYE25-CYE29, assuming that AHCCCS will make proper adjustments for changes in membership, GSAs, inflation, and future program requirements that were not accounted for in this bid. The soundness of the full capitation rates is also dependent on AHCCCS's development of the medical, underwriting gain, reinsurance offset, share of cost, premium tax, and all other components of the rate not accounted for in this certification.

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The bid amounts provided here are actuarially sound in accordance with the definition of actuarial soundness provided in ASOP 49[14]:

> "Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes."

The administrative and case management bid amounts have been developed in accordance with generally accepted actuarial principles and practices, are appropriate for the populations to be covered, the services to be furnished under the contract, and have been certified as meeting the requirements at 42 CFR § 438.4[15] by actuaries who meet the *Qualification Standards* established by the American Academy of Actuaries and follow the practice standards established by the Actuarial Standards Board.

The administrative and case management bid amounts projections in this document are estimates and projections of future administrative expenses. In our opinion, the data, assumptions, and methodologies used to develop these projections are appropriate. Actual results will differ from the bids presented here if our assumptions and methodologies do not accurately account for future changes and experience.

This rate certification may be published on the Arizona Health Care Cost Containment System (AHCCCS) website. If this rate certification is provided to third parties, then this rate certification should be provided in its entirety along with the attached Excel workbook. Any third party reviewing this rate certification should be familiar with the AHCCCS Medicaid managed care program, the provisions of 42 CFR Part 438 applicable to this rate certification, the 2023-2024 Medicaid Managed Care Rate Development Guide (2024 Guide), Actuarial Standards of Practice, and generally accepted actuarial principles and practices.

[14] https://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf
[15] https://www.ecfr.gov/current/title-42/section-438.4

The purpose of this actuarial certification is to comply with the requirements of AHCCCS RFP YH24-0001 stated in Section H: Instructions to Offerors[16] and Data Supplement Section F – Non-Benefit Costs Bid Requirements[17]. The intended audience is the AHCCCS actuaries. We are not responsible or obligated to any other parties or audiences, nor should this rate certification be used for any other purpose. There are no known conflicts of interest in our preparation of this report.

Date: 9/27/2023
Kevin Mitby-Manning, ASA, MAAA
Staff Vice President Actuarial Services
Centene Corporation

Date: 9/27/2023
Nathanael Schatz, ASA, MAAA
Associate Actuary
Centene Corporation

6. Supporting Exhibits

Please see the attached Non-Benefit Cost Bid Excel Workbook.

[16] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/H-InstructionstoOfferors.pdf
[17] https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFPs/YH24-0001_ALTCSEPD/Non-Benefit_CostsBidRequirements.pdf

Part D

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D1
Intent to Provide Insurance

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INTENT TO PROVIDE CERTIFICATE OF INSURANCE

D1. Intent to Provide Certificate of Insurance: *The Offeror shall provide a brief statement that, if notified of contract award, the Offeror will …*

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan will, if notified of contract award, submit to AHCCCS for review and acceptance, the applicable certificate/s of insurance as required within this RFP document, within ten business days of such notification.

D2

Representations and Certifications of Offeror and Disclosure of Information Instructions and Attestation

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SECTION G - DISCLOSURE OF INFORMATION INSTRUCTIONS AND ATTESTATION

Pursuant to 42 CFR 455.104, the Offeror shall complete and submit ~~Representations and Certifications~~Disclosure of Ownership and Control ~~and~~inclusive of RFP Exhibit I: Disclosure of Information via the AHCCCS Provider Enrollment Portal (APEP) as detailed below.

All submitted documentation shall align with the Offeror's submitted Exhibit D: Offeror's Intent to Bid "Company Name". AHCCCS reserves the right to reject an APEP application should an Offeror's Company Name not match the information (e.g., Tax ID) used for the APEP application.

OFFEROR INSTRUCTIONS

The Offeror shall complete submission of *Disclosure of Ownership and Control* ~~*Representations and Certifications of Offeror and*~~ *including RFP Exhibit I: Disclosure of Information* by ~~Thursday, August 31, 2023 3:00 PM Arizona Time.~~ September 15, 2023. The Offeror shall:

1. ~~The Offeror shall n~~Notify AHCCCS of its intent to submit *Disclosure of Ownership and Control* ~~*Representations and Certifications of Offeror*~~ ***and RFP Exhibit I: Disclosure of Information*** via email to **both** AHCCCS/DMPS dmpsproviderenrollmentunit@azahcccs.gov and AHCCCS Procurement email RFPYH24-0001@azahcccs.
   - The Offeror shall utilize the following email subject line:
     - [Offeror Name] RFP YH24-0001 Section G-Begin Submission Process
   - The Offeror shall utilize the following email message:
     - As required by ALTCS E/PD RFP YH24-0001 Section G, [Offeror Name] is requesting to begin the process for submission of Disclosure of Ownership and Control ~~Representations and Certifications of Offeror~~ and RFP Exhibit I: Disclosure of Information. Please confirm receipt and advise on how to access the AHCCCS Provider Enrollment Portal (APEP).
2. Once notification is received, AHCCCS/DMPS will confirm receipt and communicate with the Offeror to ensure the Offeror has access to the ~~AHCCCS Provider Enrollment Portal (APEP)~~APEP.
3. Once APEP access is obtained, the Offeror shall ~~upload~~ enter all appropriate information into APEP, and email its completed Exhibit I "Disclosure of Information" to AHCCCS/Provider Enrollment Lisa Quihuis at lisa.quihuis@azahcccs.gov. AHCCCS/Provider Enrollment will upload the completed Exhibit I to the Offeror's APEP application on behalf of the Offeror and provide notification to the Offeror when completed.~~-~~ Refer ~~also~~ to the AHCCCS website for MCO instructions regarding the APEP application and its use: https://azahcccs.gov/PlansProviders/APEP/APEPTraining.html.

4. Once all the above information has been submitted and entered into APEP and the Offeror has received confirmation that AHCCCS/Provider Enrollment has uploaded its completed RFP Exhibit I, the Offeror shall send confirmation of completion of all APEP information by September 15, 2023, ~~Once all information has been submitted, the Offeror shall send confirmation of completion of submittal (due no later than August 31, 2023 3:00 PM Arizona Time)~~ to **both** AHCCCS/DMPS dmpsproviderenrollmentunit@azahcccs.gov and AHCCCS/Procurement Email RFPYH24-0001@azahcccs.gov.

    - The Offeror shall utilize the following email subject line:
        - [Offeror Name] RFP YH24-0001 Section G-Submission Completed
    - The Offeror shall utilize the following email message:
        - As required by ALTCS E/PD RFP YH24-0001 Section G, [Offeror Name] is confirming submission of Disclosure of Ownership and Control ~~Representations and Certifications of Offeror~~ and RFP Exhibit I: Disclosure of Information to the AHCCCS Provider Enrollment Portal (APEP).

5. Complete the OFFEROR ATTESTATION (below) and submit with its Proposal by October 2, 2023.

AHCCCS/DMPS will review all information, make its determination, complete the AHCCCS Determination portion of this form, and provide the completed form to RFPYH24-0001@azahcccs.gov. Questions regarding use of APEP shall be submitted to: AHCCCS/DMPS dmpsproviderenrollmentunit@azahcccs.gov.

Should an Offeror's documentation be non-responsive or not meet the requirements of 42 CFR 455.104, AHCCCS will notify the Offeror and AHCCCS reserves the right to reject the Offeror's Proposal.

OFFEROR ATTESTATION

The Offeror shall complete and submit this Attestation with its RFP Proposal by October 2, 2023, 3:00 PM Arizona Time.

The Offeror attests to its submission of DISCLOSURE OF OWNERSHIP AND CONTROL ~~REPRESENTATIONS AND CERTIFICATIONS OF OFFEROR~~ AND RFP EXHIBIT I: DISCLOSURE OF INFORMATION to AHCCCS as specified in RFP Section G Instructions above.

The Offeror attests this information is complete and has been submitted timely.

The Offeror understands that if AHCCCS determines the Offeror's documentation to be non-responsive or not meet the requirements of 42 CFR 455.104, AHCCCS reserves the right to reject the Offeror's Proposal.

OFFEROR	
Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan	September 29, 2023
OFFEROR NAME	**DATE**
JAMES STOVER MEDICAID PLAN PRESIDENT	JVS
PRINTED NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO SIGN	**SIGNATURE OF INDIVIDUAL AUTHORIZED TO SIGN**
TEMPE AZ 85281	**james.v.stover@azcompletehealth.com 520.343.8004**
CITY STATE ZIP	**EMAIL ADDRESS PHONE NUMBER**

AHCCCS DETERMINATION – FOR AHCCCS USE ONLY

AHCCCS

The Offeror for ALTCS EPD RFP #YH24-0001, [Enter Name of Offeror], completed submission of all Disclosure of Ownership and Control ~~*Representations and Certifications of Offeror*~~ *and Disclosure Information* to AHCCCS via the APEP system. The Offeror completed this on [Enter Month Date, Year]. AHCCCS/DMPS has reviewed this information submitted by the Offeror and provides the below final determination.

The Offeror has submitted its Disclosure of Ownership and Control ~~Representations and Certifications of Offeror~~ and Disclosure Information as required by 42 CFR 455.104. AHCCCS/DMPS final determination is indicated by the check box and additional information, if applicable, provided in the explanation below:

☐ **Approved, no occurrences identified**

☐ **Denied, occurrences identified – referred to AHCCCS/Procurement**

☐ **Denied, non-responsive – referred to AHCCCS/Procurement**

Explanation:

PRINTED NAME OF INDIVIDUAL	DATE

DIVISON AND TITLE OF INDIVDIUAL	SIGNATURE

CITY	STATE	ZIP	EMAIL ADDRESS	PHONE NUMBER

D3
Boycott of Israel Disclosure

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EXHIBIT E: BOYCOTT OF ISRAEL DISCLOSURE

Please note that if any of the following apply to this Solicitation, Contract, or Contractor, then the Offeror shall select the "Exempt Solicitation, Contract, or Contractor" option below:

- The Solicitation or Contract has an estimated value of less than $100,000,
- Contractor is a sole proprietorship,
- Contractor has fewer than ten (10) employees, and/or
- Contractor is a non-profit organization.

Pursuant to A.R.S. § 35-393.01, public entities are prohibited from entering into contracts "unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of goods or services from Israel.

Under A.R.S. § 35-393:
1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
(a) Based in part on the fact that the entity does business in Israel or in territories controlled by Israel.
(b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
2. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
...
5. "Public entity": (a) Means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State. (b) Includes the universities under the jurisdiction of the Arizona board of regents and community college districts as defined in section 15-1401.
The certification below does not include boycotts prohibited by 50 United States Code Section 4842 or a regulation issued pursuant to that section. See A.R.S. § 35-393.03.

In compliance with A.R.S. § 35-393 et seq., all offerors must select one of the following:

☒ The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. § 35-393 et seq. I understand that my entire response will become a public record in accordance with A.A.C. R2-7-C317.

☐ The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. § 35-393 et seq. or

☐ Exempt Solicitation, Contract, or Contractor. Indicate which of the following statements applies to this Contract:

☐ Solicitation or Contract has an estimated value of less than $100,000;
☐ Contractor is a sole proprietorship;
☐ Contractor has fewer than ten (10) employees; and/or
☐ Contractor is a non-profit organization.

Signature of Individual Authorized to Sign	James Stover, Medicaid Plan President Printed Name and Title
Tempe, Arizona City State	james.v.stover@azcompletehealth.com 520.343.8004 Email Address Phone Number

D4
Moral or Religious Objections

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MORAL OR RELIGIOUS OBJECTIONS

D4. Moral or Religious Objections: *The Contractor shall notify AHCCCS if, on the basis of moral or religious grounds, or religious grounds, it…*

Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan has no moral or religious objections to the covered services and will provide or reimburse for covered services. With this understanding, we are not submitting an alternative proposal.

D5
State Only Pregnancy Terminations Agreement

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Exhibit F: State Only Pregnancy Termination Agreement

THIS AGREEMENT is entered into by and between the Arizona Health Care Cost Containment System (AHCCCS), located at 801 E. Jefferson, Phoenix, Arizona 85034, and Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan (Offeror).

WHEREAS, it is the intention of AHCCCS to use the services of the Contractor for medically necessary pregnancy terminations.

WHEREAS, the Contractor represents itself to be qualified for such services in accordance with all applicable laws and regulations governing this profession.

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants and agreements hereinafter set forth, the parties hereto, and legally intending to be bound thereby, do covenant, and agree for themselves and their respective successors and assigns as follows:

1. The Contractor agrees to provide those services described below:

1.1 Pregnancy terminations which are medically necessary according to the medical judgment of a licensed physician who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or mental health problem for the pregnant member by:

1.1.1 Creating a serious physical or mental health problem for the pregnant member,

1.1.2 Seriously impairing a bodily function of the pregnant member,

1.1.3 Causing dysfunction of a bodily organ or part of the pregnant member,

1.1.4 Exacerbating a health problem of the pregnant member, or

1.1.5 Preventing the pregnant member from obtaining treatment for a health problem.

1.2 Conditions, Limitations and Exclusions:

1.2.1 The attending physician must acknowledge that a pregnancy termination has been determined medically necessary by submitting the *Certificate of Necessity for Pregnancy Termination* and clinical information that supports the medical necessity for the procedure, as referenced in the AHCCCS Medical Policy

Manual (AMPM), Chapter 400, Policy 410, *Maternity Care Services*. This form must be submitted to the appropriate assigned Contractor Medical Director or designee for enrolled pregnant members, or the AHCCCS Chief Medical Officer or designee for Fee-For-Service (FFS) members. The Certificate must certify that, in the physician's professional judgment, one or more of the above criteria have been met.

1.2.2 Pregnancy terminations must be provided in compliance with AMPM Policy 410, *Maternity Care Services*.

2. All outpatient medically necessary covered services related to the pregnancy termination, for dates of service only on the day the pregnancy was terminated, will be considered for reimbursement at 100% of the lesser of the contractors paid amount or the AHCCCS Fee Schedule amount. Adjudicated encounters for these covered services provided to enrolled members will be used to determine reimbursement.

3. Any changes, modifications or revisions to this Agreement shall only be executed through a written amendment, issued, and signed by the authorized AHCCCS procurement officer.

4. Either party to this Agreement may terminate this Agreement without penalty by giving the other party written notice of such termination at least thirty (30) days prior to termination.

5. This agreement shall be governed by the laws of the State of Arizona.

6. The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its service hereunder.

7. The Contractor shall not assign any interest in this Agreement, and shall not transfer any interest, whatsoever, in the same (whether by assignment or novation), without the prior written consent of AHCCCS.

8. The initial term of this Agreement shall be for the term **October 1, 2024** through **September 30, 2031.**

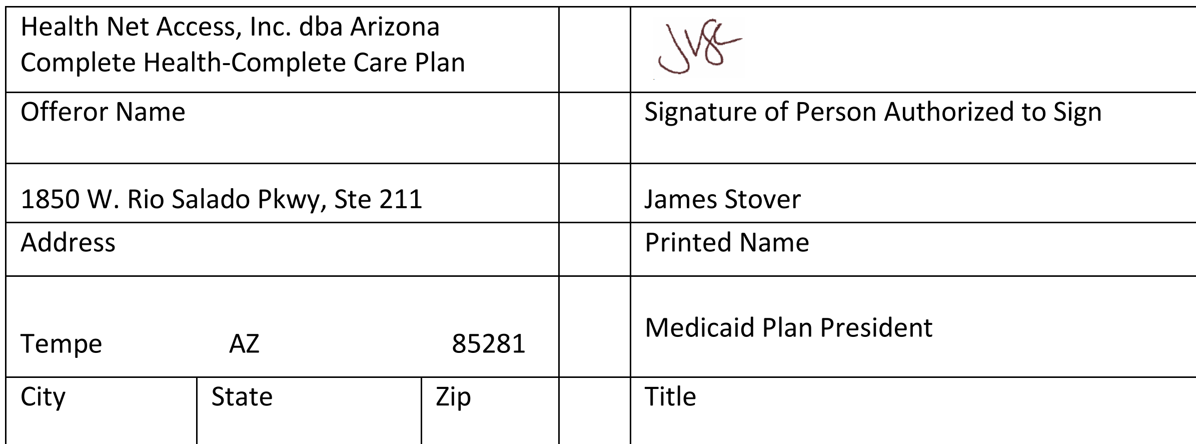
9. Termination – Availability of Funds: If, funds are not presently available to support the continuation of performance under this Contract beyond the current fiscal year, this Contract may be terminated at the end of the period for which funds are available. No legal liability on the part of AHCCCS for any payment may arise under this Contract until funds are made available for performance of this Contract.

Notwithstanding any other provision in the Agreement, this Agreement may be terminated by Contractor, if, for any reason, there are not sufficient appropriated and available monies for the purpose of maintaining this Agreement. In the event of such termination, the Contractor shall have no further obligation to AHCCCS.

IN WITNESS WHEREOF, the parties have executed this agreement the day and year first written above.

10. Termination For Conflict of Interest: AHCCCS may cancel this contract without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the contract on behalf of AHCCCS is, or becomes at any time while the Contract or any extension of the Contract is in effect, an employee of, or a consultant to, any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.

If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided by A.R.S. § 38-511.



Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan				[signature]
Offeror Name				Signature of Person Authorized to Sign
1850 W. Rio Salado Pkwy, Ste 211				James Stover
Address				Printed Name
Tempe	AZ	85281		Medicaid Plan President
City	State	Zip		Title