SUBMISSION REQUIREMENT B9: 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. Tribal members,
c. Members in need of community resources, and
d. Members in need of Peer and/or Family Support services.

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Submission Evaluation Considerations:
- Health Equity
- Strategies that Support Access to Care
- Collaboration and Engagement
- Other Notable Considerations

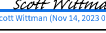| ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
RATIONALE AND MAJOR OBSERVATIONS				
Offeror discussed its data collection and analysis tools, as well as data sources, to monitor timely access and outcomes. Offeror cited comparative health utilization statistics (urban v. rural) and health-related social needs (HRSN) measures to support its findings.

Offeror described how it uses data to support program evaluation and policy development.

Offeror described initiatives, including CareBridge and Spectrum Anywhere Care, to provide physical and behavioral health services for members at high risk and promote access in rural areas.

Offeror provided examples (food insecurity, social isolation) of how it used data to identify SDOH-related barriers and its development of partnerships/investments to address barriers. | Offeror generally described data sources and tools used, as well as community input, to monitor timely access and assess community needs.

Offeror described how it uses data to support program evaluation and policy development.

Offeror acknowledged the importance of physical and behavioral health and provided examples of initiatives (e.g., mobile apps, telehealth, providing psychiatric and dementia training to non-psychiatrists) to address barriers.

Offeror described how it used data analytics to identify SDOH-related barriers; Offeror described partnerships/investments to address barriers. | Offeror described its data collection and analytics approach, including the use of local data sources, such as the NAU/ASU Center for Health Equity Research study.

Offeror clearly described how it uses data to support program evaluation and policy development; Offeror described its four-step approach for identifying, addressing and monitoring health-related social needs.

Offeror described its efforts to collect and analyze data related to physical and behavioral health care, including care for dementia. Offeror described its efforts to support caregivers and families.

Offeror described how it used data analytics to identify SDOH-related barriers; Offeror described partnerships/investments to address barriers. | Offeror discussed data sources as well as its efforts to solicit stakeholder feedback, but did not clearly describe its data collection and analysis approach to monitor timely access and outcomes.

Offeror described how it uses data to support program evaluation and policy development

Offeror described its efforts to work with stakeholders to implement initiatives and remove barriers to physical and behavioral health services.

Offeror described how it used data analytics to identify SDOH-related barriers; Offeror described partnerships/investments to address barriers. | Offeror described its proprietary tools for monitoring and promoting timely access and outcomes, but did not clearly describe the functionality of these tools.

Offeror described how it uses data to support program evaluation and policy development.

Offeror described initiatives, including CareBridge, Spectrum Anywhere Care and Terros, to provide physical and behavioral health services for members at high risk and promote access in rural areas.

Offeror described how it used data analytics to identify SDOH-related barriers; Offeror described partnerships/investments to address barriers. |
| Offeror described its approach for monitoring and addressing network adequacy; Offeror indicated that it adheres to Plan-Do-Study-Act (PDSA) methods to assess and adjust initiatives.

Offeror identified examples of potential barriers, solutions and outcomes for members residing in rural communities, including technology-based solutions, supports for using technology (Cyber Seniors), and provider supports (eConsults).

Offeror discussed its approach for supporting Tribal members that includes collaboration with Tribal partners, cultural awareness training and Tribal workforce development.

Offeror identified unique characteristics of certain service areas and provided examples of strategies to ensure timely access, including approaches in response to natural disasters, food insecurity and social isolation. | Offeror generally described how it monitors network adequacy and provided a proactive plan for addressing network adequacy.

Offeror identified examples of potential barriers, solutions and outcomes for members residing in rural communities, including a Home-Based Primary Care Pilot, technology-based solutions, telehealth, transportation and provider supports.

Offeror discussed its approach for supporting Tribal members that includes collaboration with Tribal partners, cultural awareness training and targeted initiatives to address barriers.

Offeror identified unique characteristics of certain service areas and provided examples of strategies to ensure timely access, including telehealth and provider training. | Offeror described its approach for monitoring and addressing network adequacy; Offeror indicated that it adheres to Plan-Do-Study-Act (PDSA) methods to assess and adjust initiatives.

Offeror identified examples of potential barriers, solutions and outcomes for members residing in rural communities, including supporting member-directed options, technology-based solutions, telehealth, transportation and provider supports.

Offeror discussed its approach for supporting Tribal members that includes collaboration with Tribal partners, cultural awareness training and targeted initiatives to address barriers.

Offeror identified unique characteristics of certain service areas and described strategies to address specific barriers, including food insecurity, housing, workforce shortages and access to specialized care (including care for members with neurological disabilities, spinal cord injuries and dementia). | Offeror generally described its approach for monitoring its network, including data review and communications with partners.

Offeror identified examples of barriers, solutions and outcomes for members residing in rural communities, including technology-based solutions and transportation.

Offeror discussed its approach for supporting Tribal members that includes collaboration with Tribal partners, creation of a dedicated case management team to serve ALTCS AI members, and targeted initiatives to address barriers.

Offeror generally discussed unique characteristics of certain service areas and provided examples of strategies to ensure timely access, including food insecurity in Southern Arizona. | Offeror described its approach for monitoring network adequacy that includes data analysis and feedback; Offeror indicated that Find-Organize-Clarify-Understand-Specify and Plan-Do-Study Act methods to evaluate improvement efforts.

Offeror identified examples of barriers, solutions and outcomes for members residing in rural communities, including technology-based solutions and transportation.

Offeror discussed its approach for supporting Tribal members that includes collaboration with Tribal partners, development of a tribal specialty community health worker program, and targeted initiatives to address barriers.

Offeror generally discussed unique characteristics of certain service areas and provided examples of strategies to ensure timely access, including initiatives to address disparities in the South Mountain neighborhood in Phoenix. |
| Offeror described the tools is uses to monitor outcomes; Offeror provided examples of how it collaborated with the Tribal community to improve outcomes; Offeror provided an example of a potential telehealth barrier identified through surveying Tribal representatives, providers and stakeholders and its response to address the barrier.

Offeror discussed its approach for identifying barriers through an array of tools related to member and provider outcomes. Offeror provided examples of responses to identified barriers.

Offeror provided examples of initiatives to promote and expand peer and family supports, including its partnership with Gellert Health to offer an Intensive Peer Support program and its credentialed peer support training program. | Offeror described the tools is uses to monitor outcomes and described its engagement with community partners, including the Tribal community and providers.

Offeror described a proactive approach for identifying and addressing barriers. Offeror provided examples of responses to identified barriers.

Offeror indicated that it contracts with 9 of 10 Community Service Agencies that are designated as peer run organizations; Offeror provided an example of identifying and implementing the daily living activities-20 (DLA-20) assessment tool as a best practice. | Offeror described the tools is uses to monitor outcomes; Offeror provided examples of how it collaborated with community agencies to improve outcomes.

Offeror described in detail a proactive approach for identifying and addressing barriers. Offeror provided examples of responses to identified barriers.

Offeror provided a detailed and proactive description of its plan to promote and expand peer and family supports, including peer and family programs, enhanced communications initiatives, and training programs. | Offeror described the tools is uses to monitor outcomes; Offeror provided examples of how it collaborated with the Tribal community to improve outcomes.

Offeror described a proactive approach for identifying and addressing barriers. Offeror provided examples of responses to identified barriers.

Offeror provided examples of targeted initiatives to promote and expand peer and family supports, including access to peer supports in Skilled Nursing Facilities and Assisted Living Facilities, its Hospital Engagement and Linkage Peer Program (HELPP), and partnering with a Center for Independent Living (CIL) to develop its Peer and Family Advocacy Project. | Offeror described the tools is uses to monitor outcomes; Offeror provided examples of how it collaborated with the Tribal community to improve outcomes.

Offeror discussed its approach for identifying and addressing barriers; Offeror provided examples of responses to identified barriers.

Offeror provided examples of initiatives it has undertaken to promote and expand peer and family supports, including its partnership with a peer-run organization, mobile tools, access to respite, and family supports. |
| RANKING | | | | |
| 4 | 2 | 1 | 3 | 5 |

EVALUATOR FULL NAME (FIRST AND LAST):	Rachel Conley
EVALUATOR TITLE:	Tribal ALTCS Administrator
DATE:	Nov 13, 2023
SIGNATURE:	*Rachel Conley*
Rachel Conley (Nov 13, 2023 14:36 PST)

EVALUATOR FULL NAME (FIRST AND LAST):	Dr. Melissa Del-Colle
EVALUATOR TITLE:	Adult System of Care Program Administrator
DATE:	Nov 14, 2023
SIGNATURE:	*MdlCn*
Melissa DelColle (Nov 14, 2023 06:51 MST)

EVALUATOR FULL NAME (FIRST AND LAST):	Susan Kennard
EVALUATOR TITLE:	Administrator Office of Individual and Family Affairs
DATE:	Nov 14, 2023
SIGNATURE:	*Susan Kennard*

FACILITATOR FULL NAME (FIRST AND LAST):	
DATE:	
SIGNATURE:	

FACILITATOR FULL NAME (FIRST AND LAST):	Scott Wittman
DATE:	Nov 14, 2023
SIGNATURE:	*Scott Wittman*
Scott Wittman (Nov 14, 2023 09:18 CST)