

KanCare RFP Consensus Review Evaluation Guide

Care Coordination/Medical Management

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	4	Member Experience	Experience, Method of Approach

RFP Technical Question

Describe the bidder's approach to encouraging and engaging KanCare Members to actively participate in their health care and meet their personally defined health and wellness goals and cross service system needs. Provide an example of a strategy the bidder has successfully used in a program similar to KanCare, including the impact of the approach on outcomes.

RFP References

7.3: Covered Services	Entire Section
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities
7.5: Provider Network	7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
7.10: Member Services	7.10.1: Member Services General Requirements 7.10.4: Electronic Specific and Website Requirements for Member Information 7.10.5: Written Member Materials Requirements 7.10.12: Member Rights and Protections

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response describe how the bidder will identify member engagement strategies, such as using data to identify members who are not participating in expected preventive care, have high inappropriate ER use, or are not accessing services identified as part of an early and periodic screening, diagnostic and treatment (EPSDT) screen?
4. Does the bidder's response describe engagement strategies for both individual and systemic levels?
5. Does the response describe the bidder's strategies to encourage members to complete health screens, health risk assessments, needs assessments, and the development of PCSP/plan of service?
6. Does the response describe strategies to engage hard-to-reach members to participate in care coordination?
7. Does the response describe engagement strategies, such as:

Response Considerations	
	<ul style="list-style-type: none">i. Using member incentive programs;ii. Educating members about the availability of incentives, value-added benefits and in lieu of services;iii. Using MCO care coordination resources to promote outreach and engagement;iv. Using community resources (e.g., leveraging PCPs, community-based care coordination entities, community health workers) to support outreach and engagement;v. Incorporating member and family health literacy and linguistic/cultural considerations into outreach and engagement strategies;vi. Educating members through publication of member information in multiple formats (e.g., online, written materials, texts);vii. Using the secure member web portal for member engagement and health care participation; and/orviii. Using the member call center to engage members and families.
8.	Does the response describe the use of quality improvement processes to identify barriers, implement interventions, measure efficacy, and revise member engagement strategies as necessary?
9.	Does the bidder's example include a measurable impact of the approach on outcomes?
10.	Does the bidder provide an example of a strategy that is relevant and transferrable to KanCare?

Bidder Name
CareSource

Question Number
4

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The value-added benefits, specifically the bidder's wellness and prevention rewards and their MyHealth incentive program are desirable to the State. • The bidder's MyLife pregnancy care journey platform is desirable. • The bidder's Project Wellness diabetes program in another market showed significant impact in improving member outcomes. • The bidder sought understanding of Kansas stakeholders holding meetings with over 600 CBO's, providers, and advocacy groups. • The response included Kansas specific statistics on non-English speaking households demonstrating the bidder's use of data in understanding the Kansas landscape. • The bidder described the availability of a 24-hour nursing line. • The tech support tools described by the bidder seemed user friendly. • The bidder indicated their outreach calls will take place within 2 days of member enrollment, exceeding the State standard. • The bidder described self-direction as an optional care delivery model for members. • Much of the overall engagement strategy and commitment to person-centered practice reflected a relevant, holistic approach. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response indicated the bidder's use of data to locate hard to reach members, however there was no discussion of other strategies including in person community outreach. • The response indicates the bidder will complete health screens, however there is no mention of the HRA and how the bidder will encourage members to complete. • The response does not specify what data is used to identify members who are not accessing services or preventative care. • The response did not include the use of peer support/CHWs as part of the bidder's engagement strategy.

General Notes

- The bidder described 20 memorandums of understanding with various CBOs in Kansas, however the nature/purpose of the MOU's was unclear.
- While the Georgia re-determination example was interesting and seemingly transferrable it was not an example of a health and wellness goal. It is not clear why this example was provided.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	7	Integrated, Whole-Person Care	Method of Approach, Capabilities

RFP Technical Question
<p>Describe the bidder's proposed MCO staffed Care Coordination model for KanCare and include the following in the bidder's response:</p> <ol style="list-style-type: none"> The bidder's proposed care coordinator staff distribution and location. The bidder's approach to avoiding duplication of care coordination with delegated or other models of Care Coordination (e.g., Community Care Coordination, targeted case management [TCM], Certified Community Behavioral Health Clinic [CCBHC], OneCare Kansas). The roles, responsibilities, and functions for staff performing Care Coordination responsibilities. The bidder's approach and strategies to effectively engaging Members, particularly those who may be more challenging to engage, to participate in Care Coordination. The bidder's proposed Care Coordination caseload ratios, process for establishing ratios, and the approach for monitoring to ensure ratios are adequate to meet Care Coordination requirements. Case assignment considerations and how the bidder monitors and manages vacancies to ensure Members' continuity of care. How the bidder's Care Coordination program will identify and support the needs of Members who are not on a 1915(c) HCBS Waiver and have a temporary or transitional need for Care Coordination; How the bidder's Care Coordination program interfaces with its disease management resources and activities. The bidder's processes and systems that will be used to share and exchange information with those involved in the care and treatment of the KanCare Member to optimize integrated, longitudinal, whole-person care. The bidder's approach to monitoring and ensuring that KanCare Members receive necessary services, supports, and resources necessary to improve individual and population outcomes.

RFP References	
7.4: Care Coordination	Entire Section
7.5: Provider Network	7.5.4: Health Equity, Cultural Competency and Health Literacy in The Delivery of Care 7.5.14: Delegation Relationships
7.6: Provider Services	7.6.3: Electronic Specific and Website Requirements for Provider Information
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
7.17: Staffing	7.17.1: Contractor(s) Staffing Requirements 7.17.2: Contractor(s) Key Personnel
Appendix K: KanCare Initial Care Coordination Process Workflow	Entire Appendix
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations
<ol style="list-style-type: none"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Regarding subpart a, the bidder's care coordinator staff distribution and location, does the bidder's response describe: <ol style="list-style-type: none"> i. The physical location of its care coordinators; ii. How the bidder determines appropriate distribution of its care coordinators and ensures geographical proximity to members; and iii. How the bidder monitors appropriate distribution of care coordination staff? 4. Regarding subpart b, the bidder's approach to avoiding duplication of care coordination with delegated or other models of care coordination: <ol style="list-style-type: none"> i. Does the response acknowledge the primary care coordination role of CCBHCs and OneCare Kansas providers/partners? ii. Does the response describe how the bidder will delineate roles and responsibilities between MCO staffed care coordination, community care coordinators contracted with the bidder, and other care coordination/case management entities? iii. Does the response acknowledge the bidder's ultimate responsibility to ensure members receive the appropriate level of care coordination to address their needs? iv. Does the response describe how the bidder will monitor to detect and address care coordination gaps and duplication, including how information systems and technology will be used to support the identification of gaps and duplications? v. Does the response describe how the bidder will collect, analyze, and share data and information with all persons and entities involved in the care coordination of a member? 5. Regarding subpart c, the roles, responsibilities, and functions for staff performing care coordination responsibilities, does the response describe: <ol style="list-style-type: none"> i. Appropriate staff composition and assignment of staff within the bidder's care coordination team to perform care coordination roles, responsibilities and functions (e.g., member outreach and engagement; performing health screens, HRAs, and needs assessments; developing, implementing, and monitoring PCSPS/POS; conducting member contacts and home visits; coordinating transportation; and coordinating and collaborating with community care coordinators and care coordination/case management entities) based on the type of tasks and staff qualifications; and ii. Appropriate oversight of care coordinators? 6. Regarding subpart d, the bidder's approach and strategies to effectively engaging members in care coordination, does the bidder's response describe how it will: <ol style="list-style-type: none"> i. Address the cultural and linguistic needs of members; ii. Educate members about the availability and benefits of care coordination; iii. Use local community resources (e.g., community-based care coordination entities, community health workers) to support outreach and engagement; iv. Use multiple methods and attempts to perform outreach and ongoing engagement; and v. Have different strategies to engage members across various settings (e.g., inpatient, nursing facility, and community-based settings)? 7. Regarding subpart e, the bidder's proposed care coordination caseload ratios, does the bidder's response describe: <ol style="list-style-type: none"> i. The bidder's methodology for establishing caseload ratios and factors considered (e.g., complexity of needs, risk, whether the member is receiving delegated care coordination); ii. How the bidder will evaluate appropriateness of caseload ratios; and iii. The circumstances that trigger a review or adjustment of caseload ratios? 8. Regarding subpart f, case assignment considerations and managing vacancies to ensure members' continuity of care, does the bidder's response describe:

Response Considerations
<ul style="list-style-type: none"> i. The bidder's consideration of factors such as member needs (including cultural and linguistic needs), care coordinator experience and qualifications, geographic proximity to member in establishing case assignments; ii. How the bidder will evaluate appropriateness of caseload assignments; iii. The circumstances that trigger a review or adjustment of caseload assignments; and iv. How the bidder will monitor and address care coordination vacancies (e.g., temporary reassignment of cases within the bidder's care coordination team, leveraging community care coordinator and care coordination/case management entities, notifications to the member)? <p>9. Regarding subpart g, identifying and supporting the needs of members who are not on a 1915(c) HCBS Waiver and have a temporary or transitional need for care coordination, does the bidder's response describe:</p> <ul style="list-style-type: none"> i. Temporary or transitional member needs or circumstances in which the member would benefit from time-limited care coordination (e.g., follow-up care from ER visit, hospital discharge that requires in-home care, linkages to community resources); ii. How the bidder will identify the need for temporary or transitional care coordination; iii. How the bidder will offer and engage the member in temporary/transitional care coordination; and iv. How the bidder will address case closure? <p>10. Regarding subpart h, does the bidder describe how the bidder's care coordination program interfaces with its disease management resources and activities (disease/condition-specific care management interventions, staffing structures and coordination)?</p> <p>11. Regarding subpart i, the bidder's processes and systems that will be used to share and exchange information with those involved in the care and treatment of the KanCare member to optimize integrated, longitudinal, whole person care, does the bidder's response describe:</p> <ul style="list-style-type: none"> i. How respondent supports information sharing and exchange among parties involved in the care and treatment of the member; and ii. The bidder's electronic care management system and capabilities for using its data systems to share and exchange information timely? <p>12. Regarding subpart j, the bidder's approach to monitoring and ensuring that KanCare members receive necessary services, supports, and resources necessary to improve individual and population outcomes, does the bidder's response describe:</p> <ul style="list-style-type: none"> i. How the bidder will identify and follow up on member-specific and systemic opportunities for improvement; ii. How the bidder will monitor and evaluate performance/outcomes for its care coordination program at the individual and population level; and iii. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts?

Bidder Name
CareSource

Question Number
7

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The bidder described taking linguistic and cultural needs of their members into account as part of their care coordination strategy which is desirable by the State. The bidder indicated that 50% of their member health assessors are bi-lingual. The bidder described a strong community collaboration process. The bidder uses value-based purchasing to incentivize provider to help members complete the HRA. The bidder proposed the use of Walmart kiosks where members can complete the HRA and instantly receive a reward (gift card). The bidder described exceeding other market HRA goals, for example in IN they exceeded the state's HRA goal by 184%. The bidder's member services team uses internal flags for hard-to-reach members, which, when/if the member calls into member services enables the member services representative to know about required actions needed by the member. The bidder indicated their intent to utilize CHW's to visit hard to reach members at their last known address. The bidder described existing digital disease management tools for example, MyStrength which are desirable to the State. The bidder described a specialized team for complex cases. The bidder adjusts care coordinators caseload assignments based on the complexity of the member. The bidder's proposed caseload ratios are desirable to the State. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The bidder's use of the wrong terminology when referring to community care coordination is confusing. The bidder did not describe transitional care coordination needs and how they would address them. The bidder did not address their process for case closure. The bidder's description of six office locations is of concern to the State as office locations cover large geographic areas. It is unclear how many staff will be at each location. The bidder's quality improvement committee only evaluates population health outcomes annually. This frequency is of concern. There was no description of how the bidder will notify members of care coordinator vacancies as well as no description of how a member is transitioned in this circumstance. The response did not include a description of what circumstances would trigger caseload adjustments.

Care Coordination/Medical Management

- The bidder's intent to staff up to 15% higher from what is needed accounts for fluctuations in the care coordination workforce.
- The bidder reported their average care coordinator turnover rate is 12% vs the industry average of 16%.
- The bidder maintains a hiring pipeline of care coordinator candidates to address turnover.
- The bidder's IT data system used for UM was built specifically for Medicaid/Medicare programs.
- The bidder described a Rapid Access Network, which incentivizes providers to guarantee certain open appointment times, resulting in a decrease in ED visits, inpatient stays, and an increase in PCP visits.
- The bidder's 360 Care Access tool is available to members 24/7 in both English and Spanish which is desirable to the State.

General Notes

- The bidder's response was unclear regarding the inter-operability of their various IT platforms and applications.
- The bidder's engagement strategy was very reliant on community partnerships, without strong evidence of the effectiveness of this strategy.
- The bidder's response indicated an automated referral to the CIL or AAA for complex cases, which may not be needed as the member may already be linked with these entities.
- The bidder describes their intent to default to the community care coordinator when there is overlap in roles.
- The bidder's proposed alliances (HealthAlliance) with specific community-based organizations are heavily emphasized but the description lacks detail regarding the nature and structure of these alliances.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	8	Integrated, Whole-Person Care	Method of Approach

RFP Technical Question
<p>Community Health Workers (CHWs) and Community Health Representatives (CHRs) offer a unique and important role in outreaching, educating, and connecting KanCare Members to health care Providers, social service systems, and their MCO. Describe the bidder's approach to:</p> <ol style="list-style-type: none"> Utilizing and promoting the use of certified CHWs/CHRs as MCO staff and/or Providers located within local communities across Kansas. Identifying the roles and responsibilities of certified CHWs/CHRs and providing the training necessary to support certified CHWs/CHRs to successfully perform their roles and responsibilities. Measuring, monitoring, and evaluating whether certified CHWs/CHRs are effectively fulfilling their roles and responsibilities to improve Member care, individual outcomes and population health.

RFP References	
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.6: Care Coordination Roles and Responsibilities
7.6: Provider Services	Entire Section
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
7.17: Staffing	7.17.3: Staff Training and Education
Appendix C: Services	2.42: Certified Community Health Workers

Response Considerations
<ol style="list-style-type: none"> Does the response fully address all aspects of the question? Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? Regarding subpart a, utilizing and promoting the use of certified CHWs/CHRs as MCO staff and/or providers located within local communities across Kansas, does the response: <ol style="list-style-type: none"> Describe the bidder's understanding of the benefits of using CHWs/CHRs (e.g., strong understanding of, and connection to, the community they serve, shared cultural backgrounds, knowledge of community resources, geographic proximity, availability in underserved/remote areas) to improve member engagement? Describe how the bidder will expand the availability and use of staff CHWs/CHRs in communities/tribal communities across the entire State and for diverse populations (e.g., recruitment, supporting CHW/CHR certification, payment, and retention methods)? Describe how the bidder will utilize CHWs and CHRs to perform various activities (e.g., outreach and engagement, face-to-face visits, arranging transportation, reminding members about scheduled appointments) to connect members with providers, social service systems, and the bidder?

Response Considerations	
4.	Regarding subpart b, identifying the roles and responsibilities of certified CHWs/CHRs and providing the training necessary to support certified CHWs/CHRs to successfully perform their roles and responsibilities, does the response: <ul style="list-style-type: none">i. Identify and describe appropriate roles and responsibilities for CHWs/CHRs (screening for health-related social needs and barriers, health promotion and coaching, health system navigation and resource coordination, health education, care planning);ii. Describe how the bidder will provide necessary training to CHWs/CHRs to successfully perform their roles and responsibilities; andiii. Describe how the bidder will evaluate the effectiveness of the training and modify training to improve the effectiveness as necessary?
5.	Regarding subpart c, measuring, monitoring, and evaluating whether certified CHWs/CHRs are effectively fulfilling their roles and responsibilities to improve Member care, individual outcomes and population health, does the response: <ul style="list-style-type: none">i. Describe the roles and responsibilities of MCO staff CHWs/CHRs versus provider CHWs/CHRs;ii. Describe how the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts;iii. Describe additional support it will provide to CHWs/CHRs in addition to training;iv. Describe how the bidder will support CHWs/CHRs to integrate and interface with the bidder's organization andv. Describe how the bidder will use quality improvement processes to develop, measure, monitor, and adjust (when necessary) the roles and responsibilities of CHWs/CHRs to improve member care, individual outcomes, and population health?

Bidder Name
CareSource

Question Number
8

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The bidder described established relationships with CBOs. • The bidder indicated the majority of their CHWs are certified. • The bidder indicated they train their CHWs on their integrated case management model. • The focus on serving people in least restrictive environments within CHW training is desirable to the State. • The bidder's description of its initial CHW/CHR training and certification program provided a clear roadmap of how they will implement. This included a description of how they evaluate and make changes to their training curriculum based on participant feedback. • The bidder described the inclusion of a peer mentor for the initial CHW training. • The bidders proposed strategy for the ongoing monitoring of its CHW/CHR program is desirable to the State. • The bidder provided a comprehensive explanation of how they would utilize CHR's, indicating a current working relationship within Kansas. • The bidder's collaboration with an existing CBO that works with low to moderate income members is desirable to the State. • The bidder indicated they reimburse workers for CHW certification which is desirable to the State. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The bidder was not clear on the CHW/CHR role in outreach to members resulting in potential duplication with care coordination activities. • The bidder's response lacked detail on how they will use information that results from their ongoing monitoring in identifying and closing gaps. • The bidder did not describe retention methods for CHWs. • The bidder's response did not include detail on who oversees CHW/CHR training. • The bidder did not describe who is responsible for on-going monitoring and oversight of CHWs/CHRs, including the frequency of supervision. • The bidder did not differentiate between the role of MCO CHWs and provider CHWs.

General Notes

- The example provided on supporting an individual from incarceration to self-sufficiency was not innovative.
- The bidder described a process for CHW's outreach to members in advance of appointments following an inpatient stay, however the description was not clear.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	9	Integrated, Whole-Person Care	Method of Approach

RFP Technical Question
Describe the bidder's top three (3) strategies for advancing integrated, whole-person care for its KanCare Members and how the bidder will measure, monitor, and evaluate the effectiveness of the strategies.

RFP References	
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.9: Care Coordination Training Requirements 7.4.11: Maternity Care Coordination 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System 7.4.16: Care Coordination Reporting and Evaluation
7.5: Provider Network	7.5.2: Network Development
7.6: Provider Services	Entire Section
7.7: Value-Based Purchasing Strategies	Entire Section
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
7.17: Staffing	7.17.2: Contractor(s) Key Personnel 7.17.3: Staff Training and Education

Response Considerations
<ol style="list-style-type: none"> Does the response fully address all aspects of the question? Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? Does the response demonstrate an understanding of integrated, whole-person care? Does the response describe three strategies for advancing integrated, whole-person care? Does the response describe strategies that: <ol style="list-style-type: none"> Address cultural, linguistic, and health literacy considerations; Implement value-based purchasing arrangements and other financing strategies that incentivize integrated, whole-person care;

Response Considerations	
	<ul style="list-style-type: none">iii. Promote and utilize health information technology and systems to share health care data and information with those providing care to the member;iv. Deliver holistic care coordination that identifies, coordinates, and addresses whole-person needs, including social determinants of health;v. Contract with and support providers and care coordination entities that offer integrated settings and models (e.g., CCBHCs, Health Homes);vi. Provide staff and provider training to enhance and promote models of integration;vii. Leverage the use of telehealth or other virtual care platforms and shared practice spaces to integrate care andviii. Include key MCO leadership coordinating and driving integration, whole-person care efforts?
6.	Does the response describe strategies that are likely to be successful and result in measurable improvements to integrated, whole-person care for members?
7.	Does the response describe the process the bidder will use to measure, monitor, and evaluate the effectiveness of its integrated, whole person care strategies, including: <ul style="list-style-type: none">i. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts; andii. How the bidder will use performance measure data to track and manage overall health outcomes and population health improvements?

Bidder Name	Question Number
CareSource	9

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The bidder's described a strong person-centered approach including the use of the interRAI assessment tool. The bidder described a platform, MyLife, that allows the entirety of a member's team to see their PCSP. The bidders Knowledge Academy, a modular training LMS, is broadly to staff and providers, which is desirable to the State. The bidder's response demonstrated that they were focused on member outcomes. The bidder described engagement with a broad array of Kansas stakeholders including SUD trade association. The bidder described a website for caregivers which is desirable to the State. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> The strategy related to the assessment of network adequacy was not comprehensive or innovative. The bidder did not address cultural, linguistic or health literacy needs within the Kansas population. The bidder's response did not include a description of how telehealth would be used to meet member's needs. The bidder did not describe consideration of their internal data for evaluating strategies 1 and 2, but instead plans to rely on member and provider feedback only. The bidder did not include any value-based purchasing strategies to promote integrated care. The bidder's response lacked details and examples of how their proprietary models work and how they will be used to integrate care for members.
General Notes	
<ul style="list-style-type: none"> The bidder mentioned using AI tools but did not describe how they will be used. 	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	10	Integrated, Whole-Person Care	Method of Approach, Capabilities

RFP Technical Question
<p>Describe the bidder's methods to identify, track, and address the social needs that impact Members' health Social Determinants of Health (SDOH) for its KanCare Members, for Members in Care Coordination, and those who are not. Include the following in the bidder's response:</p> <ol style="list-style-type: none"> The methods, strategies, and tools the bidder will use to identify and track KanCare Members' needs (e.g., Health Screens, Health Risk Assessments, and Z codes). The individuals (e.g., MCO Care Coordination staff, care coordinators in other Care Coordination models) responsible for following up on identified SDOH needs, and the process for connecting KanCare Members to available resources. The bidder's approach to making SDOH resource information available to its staff and Providers responsible for addressing Members' SDOH needs. The methods and tools the bidder will use to track Member access to necessary resources (e.g., geographic information system [GIS], "closed loop referral" platform). The bidder's efforts to engage, collaborate with, and support SDOH resource Providers.

RFP References	
7.3: Covered Services	7.3.4: Value-Added Benefits
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.6: Care Coordination Roles and Responsibilities 7.4.9: Care Coordination Training Requirements 7.4.10: Requirements for Specified Populations 7.4.11: Maternity Care Coordination 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System 7.4.16: Care Coordination Reporting and Evaluation
7.5: Provider Network	7.5.4: Health Equity, Cultural Competency, and Health Literacy in the Delivery of Care
7.13: Financial Management	7.13.2: Payment to Contractor(s)
7.17: Staffing	7.17.2: Contractor(s) Key Personnel 7.17.3: Staff Training and Education
Appendix A: Definitions and Acronyms	Social Determinants of Health
Appendix E: Health Screen	Entire Appendix
Appendix F: Health Risk Assessment	Entire Appendix
Appendix K: KanCare Initial Care Coordination Process Workflow	Entire Appendix

RFP References	
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations
<ol style="list-style-type: none"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Does the response demonstrate the bidder's understanding of SDOH affecting members' health care (e.g., safe housing, food security, transportation, employment and career training, and education)? 4. Regarding subpart a, how the bidder will identify and track SDOH needs for members, does the response: <ol style="list-style-type: none"> i. Describe how the bidder will identify SDOH needs (e.g., through provider, member, or other referral sources; health screens; health risk assessments; needs assessment; service planning; Z codes); ii. Describe the tools and systems the bidder will use for tracking and sharing information about SDOH screenings, referrals, and follow-up activities, including with providers and care coordinators; and iii. Describe how the bidder will educate and train MCO staff and providers about SDOH processes and requirements to identify, track, and address members' SDOH needs? 5. Regarding subpart b, individuals responsible for following up on SDOH needs and the process for connecting members and providers to available resources: <ol style="list-style-type: none"> i. Does the response identify the individuals responsible for following up on SDOH needs for members engaged in care coordination (e.g., community care coordinators, care coordination entities, CHWs/CHRs, MCO care coordination staff, or other MCO care coordination team members); ii. Does the response describe how the bidder will follow up on SDOH needs for members who are not in care coordination (e.g., use of member services, CHWs/CHRs, care coordination team staff); iii. Does the response describe how the bidder will educate members about the availability of resources (social service agencies, value-added services, incentives) to help address SDOH needs; and iv. Does the response describe the process for connecting members to available resources? 6. Regarding subpart c, making SDOH resource information available to its staff and providers responsible for addressing SDOH needs: <ol style="list-style-type: none"> i. Does the response describe the resource information that will be made available to its staff and providers responsible for addressing SDOH needs (e.g., community resources and the referral process to community resources); and ii. Does the response describe how the bidder will make SDOH resource information available to its staff and providers (e.g., resource list or platform accessible to staff through an application or portal)? 7. Regarding subpart d, methods and tools the bidder will use to track Member access to necessary resources: <ol style="list-style-type: none"> i. Does the response describe what methods and tools the bidder will use to track member access to necessary resources (e.g., care coordination systems, geographic information system, closed loop referral platform)? 8. Regarding subpart e, efforts to engage, collaborate with, and support SDOH resource providers: <ol style="list-style-type: none"> i. Does the response describe how the bidder will engage, collaborate with, and support SDOH resource providers to support the necessary capacity for meeting members' SDOH needs (e.g., partner with community-based organizations and social service agencies, coordinate with resource providers and

Response Considerations
community-based organizations to address community resource gaps, target community reinvestment funds and value-added benefits to support and expand SDOH resources).

Bidder Name	Question Number
CareSource	10

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The bidder described a 2014 pilot program, Life Services, an award winning integrated whole person program that addresses SDOH. The program began in one market and has been expanded to numerous markets over time. The bidder described a care coordination platform, Guiding Care, that is broadly available to all member facing individuals including the State. The platform includes a member self-referral feature. The bidder proposes to utilize a SDOH dashboard which is desirable to the State. The bidder proposes to use a closed loop referral system, Unite Us, which interfaces with its care coordination platform. The bidder indicates they will reimburse providers for their use of Z codes. The bidder identified processes for identification of unintentional biases in UM and service delivery. The bidder described working with CCBHC's, faith-based organizations and other entities in helping to identify resources to address SDOH. The bidder described using the "Six Phases of Community Innovation" model to engage providers and other stakeholders in identifying and addressing service needs and gaps to develop innovative solutions. The prioritization of workforce development particularly for DSP's is desirable to the State. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The bidder did not describe education and training to providers on how to utilize the bidders SDOH tools and systems. The bidder indicated that one of their identified alliance partners, InterHab, has integrated SDOH into their platform but the basis of this information is not clear. The bidder did not address how members would be educated about SDOH resources. The bidder did not describe the methods such as community reinvestment or value-added benefits they will utilize to support and expand SDOH resources within the Community Innovation model.

- The bidder described using population risk and population assessment dashboards to track and monitor data related to SDOH which is desirable to the State.
- The bidder described an existing process for follow up on SDOH referrals when the community partner does not return information.

General Notes

- The bidder described multiple platforms and applications but the relationship between them is not clear.
- The description of the Job Connect component of the bidder's Life Services program lacked detail on the attributes of the program that led to its success.
- Inconsistent terminology when referring to community care coordinators.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	12	Utilization Management and Services	Method of Approach

RFP Technical Question
Describe the bidder's strategies and approaches to ensuring appropriate utilization of services while reducing Provider administrative burdens.

RFP References	
7.8: Utilization Management	7.8.1: Utilization Management Program Description 7.8.2: UM Program Evaluation 7.8.3: Utilization Management Activities 7.8.4: KanCare HCBS Waiver Populations
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange

Response Considerations
<ol style="list-style-type: none"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Does the response describe how the bidder will ensure appropriate utilization of services, such as: <ol style="list-style-type: none"> i. Establishing coverage policies that meet RFP requirements? ii. Complying with the State's medical necessity and appropriateness criteria and prior authorization requirements, where established? iii. Monitoring to ensure timely authorization of services? iv. Monitoring to ensure consistent application of review criteria for authorization decisions (i.e., inter-rater reliability testing)? v. Using other data and information sources, such as grievance and appeal data and information from members, families, and providers, to identify UM program concerns? vi. Monitoring to ensure access to EPSDT services? vii. Monitoring over and underutilization and outliers to analyze utilization of services? 4. Does the response describe how the bidder will reduce provider burden related to the bidder's utilization management practices, such as: <ol style="list-style-type: none"> i. Collaborating with other MCOs, the State, and Providers to streamline and standardize service authorization processes and forms? ii. Collaborating with other MCOs, the State, and Providers to streamline and standardize the process for accessing DME, assistive services, and home modifications? iii. Requiring providers to use standardized authorization forms? iv. Allowing multiple methods for submitting authorization requests? v. Targeting the services that require prior authorization or concurrent review?

Response Considerations	
vi.	Limiting the information required from a provider as part of a prior authorization or concurrent review request, including, for example, pulling information from EHRs/HIEs?
vii.	Providing clear information on what information is required as part of a prior authorization or concurrent review request and promptly and clearly identifying the need for missing or additional information?
viii.	Waiving or reducing authorization requirements for providers that demonstrate high reliability practice (e.g., meet plan-defined thresholds for prior authorization approval rates or as part of a VBP arrangement)?
ix.	Offering provider friendly processes for peer-to-peer consultations using qualified peers?
x.	Providing timely and effective notification to providers of changes to UM policies?
xi.	Providing providers with access to a HIPAA-compliant, web-based portal with prior authorization tools, information, and a way to electronically and securely submit prior authorization requests?
xii.	Providing training, communication, and education to providers on utilization management policies and updates?
xiii.	Proving a forum for providers to provide suggestions for UM policies and procedures?

Bidder Name	Question Number
CareSource	12

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The bidder's individual level UM strategies are desirable to the staff. The bidder's staffing plan was cross-sectional across clinical and non-clinical staff, providing a 360-degree view to staff to see what services are authorized and utilized. The bidder described a pilot in another market in which payment for BH providers claims were expedited. The bidder intends to replicate this pilot in Kansas and expand to HCBS providers, which could be desirable to small and rural providers. The bidder described an integrated clinical platform for UM activities which would be desirable to the State. The bidder described an immediate approval process of PAs for certain services, thus reducing provider burden. The bidder described inter-rater reliability testing of prior authorization decisions, requiring a minimum of 95% concurrence. The bidder described a quarterly process of reviewing services that require PAs and looks for opportunities to remove PA requirements as appropriate. The bidder described a near real time interface with hospitals through a collaborative platform includes automated prior authorizations, concurrent reviews, and communication exchanges. The bidder described a gold carding process whereby certain providers are exempt from certain prior authorization processes. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> While the bidder indicated they track EPSDT on their provider portal, they failed to address what they track and how they would assure access to EPSDT services. The bidder did not describe how they would collaborate with the State to streamline DME and home modification authorization processes. The bidder did not indicate a willingness to collaborate with the State to streamline and standardize service authorization processes and forms. While the bidder alluded, by example, to some methods by which prior authorizations can be submitted, they did not fully describe all methods that may be used for prior authorization submission. The bidder did not describe how they would collaborate with providers around process improvements to the bidders UM processes and policies. The bidder did not provide information on how they would timely and effectively communicate UM policy changes to providers. The bidder's peer-to-peer consultation process lacked detail and did not describe how the process would work. The bidder did not describe what training is offered to providers on their UM process. The bidder did not describe how they will monitor the timely authorization of services.

General Notes

- Additional examples related to the functionality of their integrated clinical platform would have been useful.

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	13	Utilization Management and Services	Method of Approach

RFP Technical Question
Describe the bidder's approach to developing and monitoring its Utilization Management program, in writing (e.g., policy, guidelines) and in operation, to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).

RFP References	
7.1: General Requirements	7.1.6: Mental Health Parity and Addiction Equity Act
7.3: Covered Services	7.3.1: Covered and Non-Covered Services
7.8: Utilization Management	7.8.1: Utilization Management Program Description
	7.8.2: Utilization Management Program Evaluation
Appendix C: Services	Entire Appendix

Response Considerations
<ol style="list-style-type: none"> 4. Does the response fully address all aspects of the question? 5. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 6. Does the response describe the bidder's approach to developing its UM program demonstrate an understanding of the MHPAEA (parity) requirements (e.g., the types of potential limits that are associated with UM programs and the analysis of the UM program processes, strategies, and supporting evidence)? 7. Does the response describe the steps the bidder will take to analyze its written UM policies and procedures to ensure parity compliance, including non-quantitative treatment limitations (NQTLs) (limits that are not numerical, but limit the scope or duration of the benefit) such as prior authorization, concurrent review, retrospective review, medical necessity criteria, and clinical coverage policies? 8. Does the response describe how the bidder will continue to monitor and evaluate its UM program, in writing and in operation, to ensure ongoing MHPAEA compliance, including: <ol style="list-style-type: none"> i. Monitoring for circumstances that may indicate the need to perform an updated compliance assessment (e.g., changes in benefits, UM policies and procedures, or UM processes); ii. Monitoring for adherence to written UM policies, procedures, and processes determined to be parity-compliant; and iii. Establishing and monitoring indicators of potential parity concerns in operation (e.g., reviews of denial rates, appeal rates, and rates of overturned appeals, provider complaints, time to process authorizations, and other data sources)? 9. Does the response describe the process the bidder will follow in response to identified policies or practices that may pose a MHPAEA compliance concern? 10. Does the response describe how the bidder will document its activities to demonstrate compliance with MHPAEA requirements as required in the RFP?

Bidder Name	Question Number
CareSource	13

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The bidder described MCG and ASAM training for UM staff. • The bidder indicated monthly work group meetings on parity to review parity policies and issues as well as NQTLs. • The bidder described their inter-rater reliability testing, with a threshold requirement of 95%. • The bidder's provider advisory group includes the Kansas specific provider trade associations. • The bidder's description demonstrated a good understanding of parity laws. • The bidder provides MHPAEA training for all staff. • The bidder described quarterly audits of UM staff. • The bidder indicated the compliance team reports parity data to their corporate compliance team quarterly, with the State specific team meeting monthly. • The bidder indicated their board of directors are trained on MHPAEA. • The bidder described existing policies and procedures on MHPAEA. • The bidder included a very detailed hierarchal structure on how they approach UM. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The bidder did not include enough examples of successes in other markets. • The bidder did not describe specific monitoring indicators for certain parity concerns, specifically appeal rates and provider concerns. • The bidder's response was unclear on where they would document their MHPAEA compliance. • The bidder did not describe how they would address identified compliance concerns.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	14	Utilization Management and Services	Experience, Method of Approach, Capabilities

RFP Technical Question
Describe the bidder's ability and approach to collaborating with the State to design, implement, and evaluate pharmaceutical initiatives and best practices. In addition, describe in detail at least one data-driven, innovative clinical initiative that the bidder implemented within the past thirty-six (36) months that led to improvement in clinical care, including how improvement was measured, for a population comparable to the ones described in the RFP.

RFP References	
7.3: Covered Services	7.3.1: Covered and Non-Covered Services
7.8: Utilization Management	7.8.3: Utilization Management Activities
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
7.17: Staffing	7.17.2: Contractor(s) Key Personnel
Appendix C: Services	2.7: Pharmaceuticals, Supplies, and Devices Covered on the Pharmacy Benefit and Physician Administered Drugs (PADs) Covered on the Medical Benefit

Response Considerations
<ol style="list-style-type: none"> Does the response fully address all aspects of the question? Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? Does the response describe the Pharmaceutical Director's role for clinical and administrative pharmacy activities? Does the response describe how the bidder will support pharmaceutical best practices and collaborate with the State on designing, implementing, and evaluating, pharmaceutical initiatives that are relevant to the KanCare program and populations, such as: <ol style="list-style-type: none"> Ensuring the appropriate use of psychotropic medications, particularly for members who are in foster care, nursing facilities, or receiving LTSS? Identifying and addressing polypharmacy and contraindications to avoid adverse outcomes? Standardizing utilization management requirements and processes? Increasing pricing transparency and cost savings, and preventing/remediating fraud, waste, and abuse? Monitoring prescribing practices and outcomes, and providing data and best practice education to prescribers? Contributing to the State's quarterly pharmaceutical meetings? Providing data and support to the State in addressing questions about the efficacy, safety, and cost of new and existing therapies? Proactively introducing initiatives aimed at improving clinical outcomes for members and populations? Regarding the bidder's response to describing an innovative clinical initiative: <ol style="list-style-type: none"> Does the response describe an innovative and data-driven clinical initiative?

Response Considerations
<ul style="list-style-type: none">ii. Was the bidder's identified clinical initiative implemented within the past 36 months?iii. Does the response describe the bidder's approach to identifying, implementing, and monitoring the clinical initiative?iv. Does the response describe how the bidder measured improvement?v. Did the clinical initiative result in measurable improvement in clinical care?vi. Does the bidder's example describe an approach that appears to be relevant and transferable to KanCare?

Bidder Name	Question Number
CareSource	14

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> The bidder described recommendations on collaborating on best practices and initiatives. The bidder described ownership of clinical pharmacy initiatives, utilizing the PBM for the adjudication of claims. The bidder described initiatives including a team that is dedicated to clinical outreach, the RxSolutions Center, to support members, providers and pharmacies which is desirable to the State. The provider described initiatives around pharmacists as providers to support tobacco cessation, asthma care, diabetes care, and opioid use disorder medication support with demonstrated results. The pharmacy advisory board includes the solicitation of feedback from practicing pharmacists which is desirable to the State. The bidder indicated the provision of medication disposal packets for the disposal of unused drugs which is desirable to the State. The bidder's response described less than 1.4% discrepancies in claims accuracy. The bidder's PBM currently serves 5 million Medicaid members. The bidder described the use of an independent 3rd party auditor to monitor the PBM. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The bidder did not address psychotropic medication use in foster care youth and LTSS members including how they would monitor these members utilization. It was unclear how the bidder's described strategies connected to the Kansas populations.
General Notes	
<ul style="list-style-type: none"> While the bidder indicated their pharmacy initiatives occurred in the last 36 months, they did not specify timeframes for each initiative. The bidder did not describe the replication of their pharmacy initiatives in other markets. The response focused on only one market. 	

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
CareSource	18	Utilization Management and Services	Method of Approach

RFP Technical Question
Describe in detail the proposed value-added benefits the bidder intends to offer KanCare Members, including the scope of each benefit (including any limitations), the target population, and the anticipated benefit to KanCare Members. Include the bidder's approach to assessing the impact and value of the value-added benefits to Members.

RFP References	
7.3: Covered Services	7.3.4: Value-Added Benefits

Response Considerations
<ol style="list-style-type: none"> Does the response fully address all aspects of the question? Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? Do the proposed value-added benefits align with the benefits MCOs are "encouraged" to provide? Does the response describe how the bidder identified the proposed value-added benefits, including any data or research to support their value to the applicable KanCare populations? Does the response describe benefits that are not already covered under the State plan? Does the response describe benefits that are designed to meet KanCare member's needs and support the goals of KanCare? Does the response describe benefits that will benefit all members and are available statewide? Are any benefit limitations proposed by the bidder reasonable? Do the bidder's proposed value-added benefits add value to the KanCare program, address member needs, and improve health outcomes? Does the response describe how the bidder will measure and analyze the impact and value of the value-added benefits?

Bidder Name	Question Number
CareSource	18

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The bidder's MyKids Health incentives for completing immunizations, dental exams, well child visits, and maternal supports are desirable to the State. The bidder offers tutoring as a value-added benefit, which is desirable to the State. The bidder offers a pet care value added benefit for certain members who are transitioning between medical or behavioral health care settings. The bidder described an array of value-added benefits for children and adolescents which is desirable to the State. The bidder includes coverage of internet services for any member over the age of 18. The bidder includes a value-added benefit to support the purchase of healthy food and OTC pharmacy items (up to \$50 a month). The bidders value added benefits includes coverage up to 5 trips a month of non-medical transportation. The bidder includes assistance with setting up an ABLÉ account including an incentive to do so as a value-added benefit. The bidder includes a \$700 dental benefit for children (beyond what is covered through EPSDT) and adults. The bidder includes benefit planning for the LTSS population, which supports employment for this group. The bidder described multiple incentives targeted to the BH population for example, the Be-Me adolescent digital resource. 	<ul style="list-style-type: none"> The House Connect value added benefit is duplicative of care coordination and CHW expectations around assistance with housing. The bidder's value-added benefits seemed overly reliant on digital platforms, which may be difficult for some members to access. The bidder described breast pumps, lactation counseling and nurse practitioner telehealth and sport physicals all of which are Medicaid benefits. The bidder did not describe how they would track value-added benefits. The bidder described MTM as a value-added benefit. However, the provision of MTM is a State Medicaid requirement.

- The bidder includes a free cell phone and service, including hot spot functionality, that comes preloaded with certain bidder applications to all members.

General Notes

- The bidder described 24-hour in-home support monitoring available for certain members, which seems duplicative of some waiver services. This seems more like an ILOS rather than a value add.

Rating

N/A