

**KanCare RFP
Consensus Review Evaluation Guide**

Quality/Health Equity

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	2	Experience and Qualifications	Experience, Method of Approach

RFP Technical Question
Describe an innovative approach the bidder successfully implemented in a program similar to KanCare that the bidder will use to improve timely completion of Member Health Screens in the KanCare program. Include the following in the bidder's response: <ol style="list-style-type: none"> a. A description of the innovative approach and targeted outcomes. b. How the bidder measured and monitored improvement. c. Lessons learned. d. The measurable improvement achieved; and why the bidder anticipates the approach will be successful for improving timely completion of Member Health Screens in the KanCare program. e. The projected impact on the KanCare program.

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 7.4.6: Care Coordination Roles and Responsibilities
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives
Appendix E: Health Screen Tool and Scoring Methodology	Entire Appendix
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. Does the response describe underlying challenges that impact the timely completion of member health screens? 4. Does the response describe an approach that is innovative and addresses the underlying challenges to improve the timely completion of member health screens, such as: <ol style="list-style-type: none"> i. Creative methods to contact and engage members to complete health screens; ii. Creative methods for members to complete health screens; iii. Member and family education about the benefit of health screens to encourage members/families to complete health screens; iv. Member incentives to promote completion of health screens; and/or

Response Considerations

- v. Leveraging primary care providers and/or care coordination entities to assist in the engagement and/or completion of health screens, as allowable.
- 5. Does the bidder's example describe an innovative approach taken that is relevant and transferable to KanCare?
- 6. Does the response describe the lessons learned from the example and how the lessons will be applied to the approach used for KanCare?
- 7. Does the response describe the measurable improvement achieved in the example and how the bidder measured and monitored improvement?
- 8. Does the response describe how the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts?
- 9. Does the response describe the expected measurable impact to the KanCare program?

Bidder Name
Healthy Blue

Question Number
2

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response was very good.</p> <ul style="list-style-type: none"> • The response reflected strong member engagement techniques and clear concise description of interventions and how they will be implemented. • The response included member accessibility to resources including transportation provided by subcontractors. • The response included the use of a mobile screening van for rural and difficult to reach populations. • The response included data mining of electronic health record (EHR), non-emergent medical transportation (NEMT) data, and heat maps to locate members. • The response included a plan to reach those members that are hard to contact. • The response included Healthy Rewards incentives to increase participation in screening. • The response described a provider portal that allows primary care providers (PCPs) to check status and help inform screening. • The response identified strategies to engage members with special needs. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • North Carolina example of health care screening improvements cited is not comparable to Kansas due to demographic and geographic differences in rural and frontier regions. • Utilization of subcontractors could pose risks and additional oversight needed to ensure subcontractors are meeting the scope of work.

General Notes

Rating

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	5	Member Experience	Method of Approach

RFP Technical Question
Describe the bidder’s approach to soliciting and reviewing feedback from KanCare Members and their families, and using this feedback to improve Member and family experience and the KanCare program.

RFP References	
1.1: RFP Vision and Goals	Entire Section
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 7.9.10: Member Satisfaction Surveys
7.10: Member Services	7.10.4: Electronic Specific and Website Requirements for Member Information 7.10.5: Written Member Materials Requirements 7.10.7: Member Handbook Requirements 7.10.10: Customer Service Center – Member Assistance 7.10.12: Member Rights and Protections
7.17: Staffing	7.17.2: Contractor(s) Key Personnel

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 proactively solicit feedback from members and their families? 4. Does the response describe how the bidder will use that feedback to improve the program and member/family satisfaction? 5. Does the response describe how the bidder will increase/enhance available mechanisms for members/families to provide feedback? 6. Does the response describe the bidder’s approach to address potential barriers (cultural, linguistic, SDOH needs) for members/families to provide feedback? 7. Does the response describe how the bidder will use data-driven and non-data-driven sources of feedback to identify improvements, such as: <ol style="list-style-type: none"> i. Call center data; ii. Grievance, appeal, and state hearing data; iii. Quality improvement data; iv. Satisfaction survey data; and/or v. Information and recommendations from the Member Advisory Committee?

Response Considerations

8. Does the response describe the bidder's efforts to ensure that the Member Advisory Committee is an effective mechanism for obtaining member input and that the Committee's composition is representative of the membership it serves (including LTSS and BH members)?
9. Does the response describe how the bidder will use Member advocates to solicit, analyze, and address member and family feedback?
10. Does the response describe how the bidder will collect the feedback, pair it with other data sources, and analyze it to identify the need for program improvements?
11. Does the response indicate the bidder uses quality improvement processes and approaches to develop and implement program improvement efforts?
12. Does the response describe how the bidder monitors and measures improvements, including the role of and feedback loop to members and families?

Bidder Name
Healthy Blue

Question Number
5

EVALUATOR NOTES

Response Strengths
<p>The response was good.</p> <ul style="list-style-type: none"> • The response included real-time Consumer Assessment of Healthcare Providers and Systems (CAHPS), member satisfaction, grievance and appeals data. • The response included feedback tools described to improve member experience are expansive. • The response included a well-defined plan to obtain member data. • The response included plans for updating trainings based on feedback received. • The response included a plan for building connections with community providers. • The response included a plan to utilize data to pinpoint areas of concern, complaints and dissatisfaction. • The response described social resource team to understand circumstances and connect with services and supports. • The response included how care coordinator feedback will be taken into consideration. • The response described caregiver advisory committee that will consider chronic health needs. • The response described how engagement with rural and frontier areas is addressed to increase member engagement. • The response described the partnership with providers to incentivize social determinants of health (SDOH) data collection. • The response described the quarterly and annual review process with different member advisory groups.

Response Weaknesses
<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not include a sufficient explanation on how to increase the response rate of non-responsive members. • The response did not specify the number of individuals that attended member-facing meetings. • The response did not clearly define the process for how feedback is communicated back to providers, community, members, etc. • The response did not describe the member services director or member advocate roles in collecting and addressing member feedback, as required in the RFP per section 7.17.2.D.14 and 7.17.2.D.31. • The response did not provide strategies to address linguistic barriers.

General Notes

- Differences in member satisfaction data outcomes cited should take COVID into account when comparing pandemic years to any other year.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	11	Integrated, Whole-Person Care	Experience, Method of Approach, Capabilities

RFP Technical Question
Describe the bidder’s approach to identifying and addressing health disparities for KanCare Members. Include the following in the bidder’s response: <ol style="list-style-type: none"> a. The bidder’s definition of health disparities. b. The bidder’s approach to monitoring for unintended bias in Utilization Management and service delivery in KanCare. Additionally, provide an example of an identified concern in a program similar to KanCare and the actions that were taken in response. c. An example of a specific health disparity in KanCare, the bidder’s proposed approach to addressing the disparity, and the anticipated impact on KanCare Members.

RFP References	
7.5: Provider Network	7.5.2: Network Development 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care
7.17: Staffing	7.17.2: Contractor(s) Key Personnel 7.17.3: Staff Training and Education
Appendix A: Definitions and Acronyms	Health Equity

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, does the bidder’s definition of health disparities align with the State’s definition of health equity? 4. Regarding the bidder’s approach to identifying health disparities, does the response: <ol style="list-style-type: none"> i. Describe how the bidder will identify health disparities; ii. Describe the data systems and sources the bidder will use (e.g., demographic data, service authorization data, claims data, grievance data, appeals data, outcome and performance measures); and iii. Describe data stratification processes (e.g., by race, ethnicity, disability, and demographics) to analyze and identify disparities? 5. Does the response describe the bidder’s approach to addressing health disparities, such as: <ol style="list-style-type: none"> i. Providing program leadership through the bidder’s health equity director/manager to identify and address health disparities, improve health equity, and ensure services are delivered in a culturally competent manner to all members; ii. Improving data reporting and collection of race, ethnicity, disability, and demographic information; iii. Engaging diverse member and family representation to provide program input; iv. Engaging in quality initiatives that focus on addressing health disparities; v. Remediating contributors to health disparities (e.g., addressing social determinants of health);

Response Considerations

- vi. Promoting remediation of disparities through provider contract requirements and VBP arrangements;
 - vii. Developing a diverse MCO and provider workforce;
 - viii. Educating staff and providers about health disparities, cultural competency, and health literacy; and
 - ix. Developing and publicly sharing an annual health equity report card that includes strategies to address identified disparities and evaluate the impact of those strategies?
6. Regarding subpart b, the bidder's approach to monitoring for unintended bias in utilization management and service delivery in KanCare:
- i. Does the response describe the approach the bidder will use to monitor, on an ad hoc or regular basis, for unintended bias in utilization management and service delivery in KanCare program, such as analyzing data and information (service authorization, over- and under-utilization, grievances, appeals) stratified by race, ethnicity, and demographic information or examining algorithms and UM tools for potential bias?
 - ii. Does the bidder's example include how the bidder identified the unintended bias?
 - iii. Does the bidder's example include how the bidder addressed the unintended bias?
 - iv. Does the bidder's example include the impact the actions had on addressing the unintended bias?
 - v. Does the bidder's example involve a program similar to KanCare? Is the example relevant to KanCare?
 - vi. Does the response describe the lessons learned from the example and how the lessons will be applied to the approach that will be used for KanCare?
7. Regarding subpart c, providing an example of a specific health disparity in KanCare, the bidder's proposed approach to addressing the disparity, and the anticipated impact on KanCare Members:
- i. Does the bidder's example describe a specific health disparity that is relevant/significant to the KanCare program?
 - ii. Does the bidder's response describe an approach to address the disparity that is feasible and relevant?
 - iii. Does the bidder describe how it will measure and monitor improvement?
 - iv. Does the response describe the expected measurable impact to reduce disparity for KanCare members?

Bidder Name
Healthy Blue

Question Number
11

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response was good.</p> <ul style="list-style-type: none"> • The response addressed culture and language, behavioral health, social determinants of health (SDOH), and rural areas. • The response identified KanCare specific needs. • The response described a utilization management monitoring tool with the ability to drill down demographic data. • The response provided relevant example of health disparity for Kansas. • The response included a robust training plan for employees and included comprehensive training includes civil rights act, American Disabilities Act (ADA) in addition to cultural competency training requirement for all providers. • The response indicated staff training must be completed within 30 days of hire. • The response included a tool that has a wide data lake to pull from that has the potential to manage unintended bias and disparity and demonstrated success in other programs cited. • The response acknowledged the significant rural access issues outside of time and distance standards. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The prenatal and post-partum Louisiana example cited does not appear to translate for Kansas’ impact of care. • The example of unintended bias cited in subsection B does not describe how unintended bias will be addressed. • The study cited is extrapolated as applicable to the entire adult population, however the study cited does not conclude this and is targeted towards veterans. Population results show a much higher age population that is not comparable to KanCare.

General Notes

Rating

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	17	Utilization Management and Services	Experience, Method of Approach

RFP Technical Question
Describe the bidder’s approach to increasing the provision of screening and tobacco cessation services to KanCare Members disproportionately affected by smoking and tobacco use. Include an example of a similar approach the bidder has taken with similar populations that was successful, the measurable impact achieved, and why the bidder anticipates the approach will result in improvements in KanCare.

RFP References	
7.3: Covered Services	7.3.4: Value-Added Benefits
7.4: Care Coordination	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 7.4.11: Maternity Care Coordination
7.5: Provider Network	7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care
7.6: Provider Services	7.6.3: Electronic Specific and Website Requirements for Provider Information
7.7: Value-Based Purchasing Strategies	
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives 7.9.4: Performance Measures
Appendix C: Services	Entire Appendix
Appendix E: Health Screen Tools and Scoring Methodology	Entire Appendix
Appendix F: KanCare Health Risk Assessment	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 describe how the bidder will identify members disproportionately affected by smoking and tobacco use, including: <ol style="list-style-type: none"> i. Describe the data systems and sources the bidder will use and consider (e.g., data and information from the State’s public health department, the CDC, health screen and health risk assessment data, outcome data, performance measures, utilization data)? ii. Describe data stratification processes (e.g., by condition, age, race, ethnicity, gender, sexual orientation, geographic location) to analyze and identify disparities?

Response Considerations	
	<p>iii. Provide examples of populations that are disproportionately affected by smoking and tobacco use (e.g., pregnant members, members with behavioral health conditions, veterans, rurally located members, low-income members, members with lower levels of education)?</p>
4.	Does the response describe how the bidder will use quality improvement methods and tools to analyze data, identify and implement interventions, measure and monitor results, and adjust as needed (e.g., PDSA approach, use of PIP templates, driver diagrams, change idea tables, performance measures such as the adult core set)?
5.	Does the response describe how the bidder will promote provider screening and assistance with tobacco cessation, such as: <ul style="list-style-type: none">i. Implementing strategies to increase member participation in health screens and health risk assessments to identify smoking and tobacco use?ii. Utilizing care coordination to support the bidder's strategies to promote screening and tobacco cessation?iii. Addressing smoking and tobacco use in the development and implementation of PCSP/POS?iv. Providing providers with evidence-based training and tools to perform member screening and offer member education (e.g., written materials), resources (e.g., Quitline), and tobacco cessation services (e.g., pharmacotherapy and cessation counseling)?v. Making provider training and tools available on the website page for providers?vi. Focusing improvement efforts on provider types serving high-risk populations (e.g., pregnant members, behavioral health providers)?vii. Offering coverage of value-added benefits (e.g., member incentives, incentives through contingency management)?viii. Using value-based purchasing strategies to reward providers for improving screening, increasing utilization of tobacco cessation services, and decreasing member smoking and tobacco use?
8.	Regarding the bidder's example of similar approaches with similar populations: <ul style="list-style-type: none">i. Does the response describe how the bidder identified the members disproportionately affected by smoking and tobacco use?ii. Does the response describe the bidder's approach to identifying, implementing, and monitoring the approach?iii. Does the response describe how the bidder measured improvement?iv. Did the approach result in measurable improvement in clinical care?v. Does the bidder's example describe an approach that appears to be relevant and transferable to KanCare?

Bidder Name
Healthy Blue

Question Number
17

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response was good.</p> <ul style="list-style-type: none"> The response demonstrated a long history of work the area of smoking cessation and related programs, including health screens, lessons learned, data related to planning and outreach, pharmaceutical support, and member incentives in place. The response included detailed demographic data elements over a multiyear period. The response included mapping of highest rates of smokers by county. The response included considerations for electronic vape cessation for both adults and adolescents. The response described utilizing a “no wrong door” philosophy for gaining access to cessation services. The response included Kentucky results in the response were a good comparison to KanCare in terms of smoking cessation. The response described how member reward incentives are successfully driven through member portal. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response was not clear how tobacco cessation would be addressed in the person-centered service plan (PCSP). The member outreach outcomes as percentages cited in the response are not as meaningful without total numerator/denominator information to compare to. The response description for quality improvement process used to measure impact of cessation programs not robust enough.

General Notes

- Smoking cessation campaigns are aligned with New Year and Lent seasons to capitalize on these time periods.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	19	Quality Assurance	Method of Approach, Capabilities

RFP Technical Question
<p>Describe the bidder’s quality program and the bidder’s approach to implementing a quality program for KanCare that drives a program-wide culture of continuous quality improvement. Include the following in the bidder’s response:</p> <ol style="list-style-type: none"> The structure, composition, and responsibilities of the bidder’s quality focused committees and how the bidder will use its quality structures to promote changes in plan and Provider practices and operations. The bidder’s capabilities to collect and examine quantitative and qualitative data and information to evaluate clinical and LTSS quality, including health outcomes and Member experience, and effective health care operations. Include the bidder’s approach to utilizing data, information, and analytics to drive continuous performance improvement. The bidder’s approach to regularly providing information available to the public about the bidder’s program performance in KanCare, including the information the bidder proposes to publicly share and how the information will be shared.

RFP References	
7.4: Care Coordination	7.4.16: Care Coordination Reporting and Evaluation
7.6: Provider Services	Entire Section
7.7: Value-Based Purchasing Strategies	Entire Section
7.9: Quality Assessment and Performance Improvement	Entire Section
7.10: Member Services	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
7.13: Financial Management	7.13.2: Payment to Contractor(s)
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
7.16: Reporting and Data Collection	7.16.1: Data, Reports and Audits
7.17: Staffing	7.17.1: Contractor(s) Staffing Requirements 7.17.2: Contractor(s) Key Personnel 7.17.3: Staff Training and Education
Appendix H: Initial List of Reports	Entire Appendix

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?

Response Considerations

3. Does the response describing the bidder's quality program align with and comply with the KanCare Quality Management Strategy?
4. Does the response describe the bidder's approach to implementing a quality program for KanCare that drives a program-wide culture of continuous quality improvement, including:
 - i. Developing a QAPI program description, work plan, and evaluation that supports the bidder's quality goals and objectives;
 - ii. Establishing quality governance, leadership, and resources;
 - iii. Providing staff training on quality topics that include CQI principles, rapid-cycle process improvement, and health equity;
 - iv. Establishing and monitoring performance measures and targets;
 - v. Identifying performance improvement projects, and establishing associated performance baselines and performance improvement targets;
 - vi. Collaborating with the EQRO to assess the quality of services to members and identify opportunities for quality improvement;
 - vii. Monitoring and reviewing HCBS waiver performance;
 - viii. Implementing a peer review process to collect and analyze data to evaluate the appropriateness of care and services rendered by participating providers;
 - ix. Collaborating and communicating to support improvement efforts internally, across business units and externally with members, families, caregivers, providers, stakeholders, and community-based entities;
 - x. Using HEDIS and other data sources, member and provider satisfaction surveys, member advisory committees, and member advocates to identify opportunities for improvement, interventions, and as measures of quality improvement and satisfaction; and
 - xi. Identifying opportunities to drive quality improvement through member incentives and pay for performance/value-based payment strategies?
5. Regarding subpart a, the structure, composition, and responsibilities of the bidder's quality committees, does the bidder's response describe:
 - i. The role of the chief medical officer in leading and overseeing the bidder's quality committees and activities;
 - ii. The role of the Behavioral Health Medical Officer/Medical Director and LTSS Clinical Officer/Medical Director?
 - iii. The reporting structure that includes the board of directors, quality committee, and subcommittees;
 - iv. The scope of the quality committee's responsibilities including quality improvement, delegation and oversight, credentialing and re-credentialing, peer review, and the role of member advisory committees;
 - v. Subcommittees that are focused on the unique needs of children, HCBS waiver populations, or other special populations; and
 - vi. Committee membership composition reflecting the appropriate mix of MCO staff across business units (e.g., quality, pharmacy, clinical, analytics, utilization management, provider network, grievance and appeals, care coordination, finance)?
6. Regarding subpart b, bidder's capabilities to collect and examine quantitative and qualitative data and information relevant to all KanCare populations and services:
 - i. Does the response describe how the bidder will select and collect quantitative and qualitative data sets?
 - ii. Does the response describe how the bidder will collect and examine data and information related to HCBS Waiver performance measures?
 - iii. Does the response describe how the bidder will validate the data used to inform quality improvement activities?
 - iv. Does the response describe how frequently data is collected, reported and analyzed?
 - v. Does the response describe systems capable of collecting and analyzing the data identified?
 - vi. Does the response describe the bidder's staffing expertise and capacity to analyze data, make information actionable, and implement interventions to demonstrate improved results?
 - vii. Does the response describe how the data and information will be used to inform quality improvement efforts?
7. Regarding subpart c, regularly providing information available to the public about the bidder's program performance in KanCare:

Response Considerations

- i. Does the response describe information that is of public interest that will be shared publicly (e.g., performance measures, operational indicators, outcome data, member and provider satisfaction)?
- ii. Does the response describe how the bidder will share performance information with the public (e.g., MCO website dashboards, member advisory committee meetings, provider forums)?
- iii. Does the response describe how the bidder will ensure public reports are prepared to meet language and health literacy standards for member materials?
- iv. Does the response describe how frequently the information will be shared?
- v. Does the response describe how the public can provide feedback to the MCO about the publicly posted performance information and how this feedback may be used by the bidder in its continuous quality improvement efforts?

Bidder Name
Healthy Blue

Question Number
19

EVALUATOR NOTES

Response Strengths
<p>The response was good.</p> <ul style="list-style-type: none"> • The response indicated member and provider outreach and education utilizes various data sources and coordinated approaches. • The response demonstrated robust data analytics and data source innovation. • The response indicated staff trainings include quality management and quality improvement, quality goals, provider satisfaction, holistic care and social determinants of health (SDOH) strategy. • The response described how the bidder would adhere to policy and their monitoring process. • The response included a work plan that captures coordination of medical care between physical health and behavioral health. • The response indicated utilization of mobile screening and community outreach vehicles to enhance outreach. • The response indicated provider results and survey findings on performance is shared on quarterly basis. • The response described enhanced reporting solutions with dashboards (anticipated Q1 2025). • The response indicated public reporting on dedicated website for stakeholders to access as well as social media and public forums. • The response included a detailed data collection plan that included SDOH, oral health, and other health disparities. • The response indicated ongoing monitoring by leadership on tracking and implementation. • The response indicated access to national data base to leverage for data analytics. • The response acknowledged Kansas’ quality management strategy.

Response Weaknesses
<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not include quality management subcommittees that would be focused solely on unique needs of children, HCBS waiver populations, or individuals with behavioral health needs. • The response did not indicate quality management committees were representative across business units. • The response did not include provider credentialing and recertification as part of the scope of quality management committees. • The response did not include a description of data collection efforts for state-based HCBS waiver performance measures and quality assurance process. • The response did not describe method for language accessibility as part of sharing public reports.

- The response indicated health equity council is part of quality management committee structure and is chaired by health equity director.
- The response indicated data tools can drill down to demographics, geography.

General Notes

- Figure 19-8 state HEDIS percentiles presented are not equivalent to literal percentages.
- No vendor proposed for CAHPS survey.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	20	Quality Assurance	Experience, Method of Approach

RFP Technical Question
Describe the bidder’s experience and approach to improving performance for the following two (2) Healthcare Effectiveness Data and Information Set (HEDIS®) measures in programs similar to KanCare. Include the actions the bidder will take to improve performance on these measures in KanCare and the anticipated improvement for KanCare. a. Timeliness of postpartum care b. Lead screening

RFP References	
7.3: Covered Services	7.3.3: Value-Added Benefits
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.6: Care Coordination Roles and Responsibilities 7.4.11: Maternity Care Coordination
7.5: Provider Network	7.5.3: Provider Network Adequacy Standard 7.5.4: Health Equity, Cultural Competency and Health Literacy in The Delivery of Care 7.5.5: Provider Network Access Standards
7.6: Provider Services	Entire Section
7.7: Value-Based Purchasing Strategies	Entire Section
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 7.9.4: Performance Measures 7.9.8: Health Care Effectiveness Data and Information Set, and Consumer Assessment of Health Care Providers & Systems

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 bidder’s experience with the identified HEDIS measures or comparable performance measures used to assess the timeliness of postpartum care (postpartum visit on or between 7 to 84 days after delivery) and lead screening (percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday)? Does the response describe how the bidder will identify factors that contribute to sub-optimal performance (e.g., data and information sources, social determinants of health, member and provider feedback, staff input, health equity factors)?

Response Considerations
<ol style="list-style-type: none">5. Does the response describe how the bidder plans to use quality improvement tools, methods (e.g., rapid cycle process improvement principles; plan, do, study, act [PDSA] cycles; Six Sigma), and principles to develop a strategy for improvement, and monitor/measure progress?6. Does the response describe cross system (MCO areas of operation and providers) participation, collaboration, and data/information exchange to support the strategies?7. Does the response describe how the bidder will measure outcomes and improvement progress?8. Does the response describe how the bidder's strategies will address the linguistic and cultural needs of members?9. Does the response describe how the bidder will identify and address health disparities in its strategies and interventions (e.g., obtain member demographics and stratify HEDIS measures by member demographics)?10. Does the response describe interventions the bidder may use to improve the timeliness of postpartum care, such as:<ol style="list-style-type: none">i. Using Pregnancy Risk Assessment Monitoring System (PRAMS) data to inform outreach approaches to members who are pregnant or postpartum;ii. Using evidence based postpartum education to educate new mothers about the importance of postpartum visits;iii. Offering member incentives to encourage new mothers to attend postpartum visits;iv. Scheduling postpartum visits prior to hospital discharge;v. Arranging for transportation and addressing other barriers to attending postpartum visits;vi. Using care coordinators to educate and engage new mothers, schedule appointments to postpartum care providers or home visiting programs, arrange for transportation, provide appointment reminders, and follow up on missed appointments;vii. Using community-based staff and providers to perform outreach to new mothers (e.g., CHWs, doulas);viii. Educating providers about postpartum care;ix. Ensuring network adequacy and access standards are met for providers of postpartum care;x. Providing clinical practice guidelines for providers of postpartum care; andxi. Offering payment incentives, such as VBP arrangements, for providers of postpartum care?11. Does the response describe interventions the bidder may use to improve lead screening performance, such as:<ol style="list-style-type: none">i. Identifying children who are at the greatest risk for lead poisoning and developing engagement strategies for those populations;ii. Educating parents about the importance of lead screening;iii. Offering incentives to encourage parents to schedule and attend pediatric visits that include lead screening;iv. Arranging for transportation and addressing other barriers to attending appointments that include lead screening;v. Using care coordinators when applicable to educate and engage parents to schedule pediatric appointments, arrange for transportation, provide appointment reminders, and follow up on missed appointments;vi. Using community-based staff and providers to perform outreach to parents with children under the age of 2 (e.g., CHWs, pediatricians);vii. Educating providers about lead screening;viii. Providing clinical practice guidelines to providers about lead screening; andix. Offering payment incentives, such as VBP arrangements, for providers to improve performance for lead screening?

Bidder Name
Healthy Blue

Question Number
20

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response was good.</p> <ul style="list-style-type: none"> • The response described a solid approach and foundation for their quality management strategy, barriers, and health disparities. • The response described a long history of working with and evaluating Healthcare Effectiveness Data and Information Set (HEDIS) rates in other states. • The response proposed Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coordinators to be responsible for lead screening outcomes. • The response provided a plan to review provider performance and disparities on quarterly basis and to improve data capabilities with lead screening. • The response proposed initiatives with whole health and health equity to address disparities. • The response indicated coordination with provider and caregivers and utilizing a person-centered approach. • The response indicated existing engagement with doula care providers and is in line with State priorities. • The response described including face-to-face engagement in addition to text and email reminders. • The response demonstrated a history of statistically significant improvement in post-partum follow up care rate in another state. • The response proposed a plan for managing lead goes beyond the lead screening. • The response indicated that Path to Healthy Future follows American Academy of Pediatrics (AAP) guidelines. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not address how transportation barriers affect the post-partum care and lead screening activities. • The response included percentages that do not provide much context without numerator and denominator. • The response did not indicate how linguistic needs would be addressed. • The response did not make direct link from hospital discharge planning and scheduling post-partum follow up visits. • The response did not include education for providers on post-partum care, provider engagement, or incentives.

- The response described providing grant funding to health departments to increase testing.
- The response included behavioral health with post-partum care and plan to connect to behavioral health services.

General Notes

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	21	Quality Assurance	Method of Approach

RFP Technical Question
In practice, MCOs have experienced challenges in providing necessary HCBS Waiver services, including those that have been authorized for a Member, creating service gaps. Describe the bidder’s approach to identifying and addressing HCBS service gaps to ensure needed services are provided to KanCare Members who are enrolled in an HCBS Waiver and what the bidder will do when Providers/direct care workers are not available to deliver an authorized HCBS Waiver service.

RFP References	
7.4: Care Coordination	7.4.4: Plans of Service and Person-Centered Service Planning 7.4.6: Care Coordination Roles and Responsibilities 7.4.10: Requirements for Specified Populations
7.5: Provider Network	7.5.2: Network Development 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.7: Long-Term Services and Supports Provider Network Standards 7.5.9: Network Management
7.6: Provider Services	7.6.3: Electronic Specific and Website Requirements for Provider Information
7.8: Utilization Management	7.8.3: Utilization Management Activities 7.8.4: KanCare HCBS Waiver Populations
7.9: Quality Assessment and Performance Improvement	7.9.1: General Requirements 7.9.4: Performance Measures
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
7.16: Reporting and Data Collection	Entire Section
Appendix H: Initial List of Reports	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. Does the response describe how the bidder will identify service gaps (including inability to find a provider/direct care worker, provider/direct care worker no-shows, sick call-ins, late arrivals, and early departures) at individual and aggregate levels, such as: <ol style="list-style-type: none"> i. Identifying members with authorized hours but not an identified provider/direct care worker; ii. Using MCO care coordinators, community care coordinators, and other care coordination entities to monitor utilization of authorized hours;

Response Considerations
<ul style="list-style-type: none">iii. Tracking and monitoring mechanisms in place (care coordination systems, EVV) to verify that services are provided as specified in the PCSP (as scheduled, by the authorized provider/worker, and in the specified amount, frequency, duration, and scope), including after regular business hours;iv. Monitoring HCBS waiver performance measures and other measures to monitor access, availability and provision of HCBS services;v. Using the Direct Care Worker (DCW) Report for individual and aggregate level monitoring;vi. Requiring provider-specific reports, including gaps in care, through the provider portal;vii. Reviewing data sources that may be indicators of HCBS gaps (e.g., grievances, appeals, critical incidents, and satisfaction surveys);viii. Performing a gap analysis of HCBS providers against needs of membership (type of HCBS services, capacity, geographic access); andix. Reviewing data and information collected to identify potential health disparities? <p>4. Does the response describe the bidder's approach when providers/direct care workers are not available to deliver an authorized HCBS Waiver service, including developing and implementing immediate (up to thirty calendar days after identifying a service gap), short-term strategies (up to sixty calendar days after identifying a service gap); and long-term strategies (within sixty calendar days of identifying a service gap) to ensure that members receive the services included in their PCSP (e.g., contingency coverage/backup staffing, increased monitoring by care coordinators/targeted case managers, telehealth, offering a special rate agreement and discussion of self-directed options)?</p> <p>5. Does the response differentiate underutilization driven by member choice (e.g., refusal, no-show etc.) from underutilization as a result of lack of providers or direct care workers (DCWs) or provider/direct care worker behavior (e.g., no-show, early departures)?</p> <p>6. Does the response describe how the bidder will monitor self-directed care at individual and aggregate levels?</p> <p>7. Does the response specifically describe the MCO staff and departments that are responsible for monitoring gaps in care, how data regarding gaps in care is shared, and how this is reported to the MCO's quality assurance committees?</p> <p>8. Does the response describe how the bidder will address service gaps at both the individual and aggregate levels, such as:</p> <ul style="list-style-type: none">i. Recruiting and retaining HCBS providers and direct care workers, including developing financial and non-financial retention and recruitment strategies for HCBS providers and direct care workers (e.g., HCBS rate increases, DCW wage increases, DCW sign-on bonuses, DCW retention incentives, training and resources to help manage stress and burnout);ii. Ensuring timely authorization of services into the EVV system;iii. Addressing contingency planning and backup staffing in the PCSP;iv. Leveraging analysis of aggregate data demonstrating underutilization and potential health disparities for provider network development and inclusion in the MCO's network development and management plan and provider recruitment reports;v. Developing an annual workforce development plan that includes analysis of data on workforce capacity, including specific metric related to direct care worker availability;vi. Incorporating stakeholder involvement to inform improvement efforts;vii. Providing technical assistance to providers to strengthen their workforce development programs;viii. Offering training programs and additional learning opportunities for the HCBS workforce; andix. Collaborating with external partners (e.g., vocational rehabilitation, job agencies, high schools, community colleges, and the Veteran's Administration)?

Bidder Name
Healthy Blue

Question Number
21

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The response includes a robust proprietary care utilization system and electronic health systems and reporting capabilities such as utilization claims verification through such as durable medical equipment (DME). The response identifies service initiation as an issue with service delivery and utilizes propriety care utilization system that contacts care coordinators to alert them when services are not provided. The response described utilization of electronic visit verification (EVV) and claims data to track and verify services provided. The response indicates EVV provider data is provided daily and alerts for no shows. The response indicates care coordinators have direct access to financial management services (FMS) to take immediate action to connect to direct service providers. The response describes creation of robust contingency plans for various areas. The response indicates primary care providers are person centered wholistic and reflect all services and supports identified through needs case assessments. The response indicates that the bidder commits to contact of participants within 5 business days to ensure services occurring. The response indicates the bidder will provide reporting on provider recruitment and retention efforts. 	<p>The response was minimally acceptable.</p> <ul style="list-style-type: none"> The response does not indicate a strong commitment to expand provider network and implement provider incentives with language such as “may”. The response does not provide detail around 30, 60-day timeframes to deliver home- and community-based services (HCBS). The response does not address underutilization driven by member choice. The response does not address how monitoring of direct service care will occur. The response does not address issue of direct care worker shortage and the complexities of this shortage. The response focuses more on individual case than systemwide solution. The workforce development plan appears unrealistic to address service gaps utilizing already stretched community resources/providers, particularly in rural and frontier areas of the State. The response did not indicate specific incentives or ability to utilize single case agreements.

General Notes

- The bidder has solid plan to manage provider no-shows, however plan was not clear on how all tools would be utilized to fill service gaps across geographical areas and direct care workforce shortages.

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	26	Provider Network	Experience, Method of Approach

RFP Technical Question
<p>Describe the bidder’s experience with developing and implementing value-based purchasing (VBP) arrangements designed to promote service quality, value, and outcomes over volume. Describe how the bidder will leverage its experience to successfully develop and implement VBP arrangements to improve the quality of care and Member health outcomes in KanCare. Include the following in the bidder’s response:</p> <ol style="list-style-type: none"> The bidder’s priority areas for VBP (e.g., Providers or populations) and anticipated outcomes. The bidder’s proposed alternative payment models (APMs). The bidder’s approach to identifying and supporting KanCare Providers to implement VBP arrangements. The bidder’s strategies to reduce administrative burden for participating Providers. How the bidder will measure, monitor, and evaluate the effectiveness of the payment arrangements and outcomes.

RFP References	
1.1: RFP Vision and Goals	Entire Section
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 7.9.4: Performance Measures
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange

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 the bidder’s previous experience: <ol style="list-style-type: none"> Does the response describe the level of experience in developing and implementing VBP arrangements? Does the response describe the level of effectiveness and outcomes the bidder achieved as a result of its VBP arrangements? Does the response describe how the bidder’s previous VBP experience aligns with promoting the vision and goals set forth for the KanCare program? Does the response include a specific approach for how the bidder proposes to implement VBP in KanCare to improve quality of care and member health outcomes? Regarding subpart a, the bidder’s priority areas for VBP (e.g., providers or populations) and anticipated outcomes: <ol style="list-style-type: none"> Does the bidder describe how it identified VBP priority areas for Kansas? Does the response describe anticipated outcomes that improve member outcomes (versus, for example, improving the bidder’s performance on HEDIS measures)? Do the priority areas and anticipated outcomes identified by the bidder support the KanCare vision and goals?

Response Considerations
<p>6. Regarding subpart b, the bidder’s proposed alternative payment models (APMs):</p> <ul style="list-style-type: none">i. Does the response describe a proposed VBP approach that is responsive to the specific needs and priorities of the KanCare program?ii. Does the response describe the bidder’s use of APMs described in the Health Care Payment Learning and Action Network APM framework to develop VBP arrangements?iii. Do any of the proposed APMs include downside risk to the provider? <p>7. Regarding subpart c, the bidder’s approach to identifying and supporting KanCare providers to implement VBP arrangements:</p> <ul style="list-style-type: none">i. Does the response describe how the bidder will make good faith efforts to support providers of varying types and sizes, levels of technological sophistication, and/or need for administrative support to build provider readiness for VBP arrangements?ii. Does the response describe how the bidder will support providers in considering, implementing, and operationalizing VBP?iii. Does the response describe the role of health information technology/health information exchange and how the bidder will share actionable data with providers participating in VBP arrangements? <p>8. Regarding subpart d, the bidder’s strategies to reduce administrative burden for participating providers:</p> <ul style="list-style-type: none">i. Does the response describe potential administrative burden and complexity for providers considering or participating in VBP models and strategies to minimize administrative burden and complexity?ii. Does the response describe how the bidder will primarily use standardized measures (HEDIS and NOMS) for VBP arrangements to align with national standards and minimize the impact of bidder-defined reporting requirements on providers?iii. Does the response describe how the bidder will obtain provider feedback (e.g., provider forums, workgroups) to understand and minimize the administrative burden and complexity for providers considering or participating in VBP?iv. Does the response describe how the bidder will coordinate and collaborate with existing VBP and quality initiatives (e.g., Kansas Healthcare Collaborative, Rural Health Initiative, Project ECHO)?v. Does the response describe how the bidder will work with the State to implement standardized VBPs across all MCOs to reduce provider abrasion? <p>9. Regarding subpart e, how the bidder will measure, monitor, and evaluate the effectiveness of the payment arrangements and outcomes:</p> <ul style="list-style-type: none">i. Does the response describe how the bidder will identify the proposed measures/metrics the bidder will use (e.g., stakeholder engagement, standardized measures, alignment with outcomes)?ii. Does the response describe how the bidder will monitor and use the proposed metrics, outcomes, or other measurements to evaluate the effectiveness of the VBP arrangement?

Bidder Name
Healthy Blue

Question Number
26

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response was very good.</p> <ul style="list-style-type: none"> • The response demonstrated a long history of working with alternative payment model (APM) and strong value-based payment (VBP) experience with other plans and states. • The response demonstrated flexibility to address issues as they arise and willingness to adjust. • The response proposed redesigning the current reimbursement model and moving from volume based to value-based payment to align financial incentives and to provide tools and incentives for patient care, improving patient experience and including them in planning, and investing in primary care. • The response described priority areas that support KanCare goals and provided a detailed approach for behavioral health, maternal and child health, and health disparities. • The response described measuring and monitoring of VBP outcomes; use of dashboard and monthly reporting at provider level and plans to ensure services are occurring. • The response indicated the bidder will have dedicated clinical quality data administrator. • The response included a consultant model to work with VBP providers not ready for VBP, provides feedback and how to improve to reduce administrative burden. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response does not detail a plan to collaborate with Kansas Healthcare Collaborative (KHC), Project ECHO, KanCare managed care organizations (MCOs), and other quality initiatives in the State. • The response subpart d proposed APMs that did not provide downside risks to providers. • The response subpart e did not provide detail around performance score card and what metrics it is scoring.
General Notes	

Rating

4