Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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

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/or
 viii.   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		Question Number
Healthy Blue		4

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good.	Weaknesses were identified that can be easily overcome.
• The bidder's process for matching individual to care manager is desirable to the State. • The bidder outlined value-added options well. • The bidder identified peer services in combination with professional. • An application called Sydney allows peer-to-peer connection and connection with care coordinators. If the survey is completed, action plans are populated to assist members with reaching their goals. Sydney also contains a library of videos on health issues that members can access. • Member service and mobile van clinic teams are desirable to the State. • Peer services are utilized with hard-to-reach and SUD individuals. • Homeless management information system allows for identification of houseless individuals. • Metrics for improvement year-over-year (e.g., for member engagement, clinical quality outcomes, and member experience) were helpful. • Language support is desirable to the State. • Bidder's telephone system auto-routes members to representatives in English or Spanish.	• For hard-to-reach members, the bidder only described attempting to reach these members using data mining. There was no documented plan for internal staff to attempt visits. • The bidder had good strategies, but lacked detail describing how they would be implemented. • The bidder did not describe any challenges and how these were addressed.

- Partnerships described by bidder demonstrate involvement in the community.
- Bidder's marketing strategy included a plan to address differences between county, town, and zip code.
- Hard-to-find member data mining, called Blue Connect, is a strength.
- The member services chat feature within the bidder's portal is a strength.
- The bidder's internal review process for member materials requires a multi-disciplinary staff review.
- The bidder enhanced care coordination by 28% with their affiliate plans through their model.
- The bidder provided an example of member materials that would be provided that was good.

General Notes

- Bidder did not provide analysis of Kansas demographics to explain how their language support system applies to Kansas.
- The bidder discussed exploring ways to expand telehealth but did not share details on how they intend to do so.
- The bidder did not describe how care coordination was enhanced through their affiliates.
- The bidder has a vast array of value-added benefits, which may be overwhelming to members.

Rating

4

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

RFP Technical Question

Describe the bidder's proposed MCO staffed Care Coordination model for KanCare and include the following in the bidder's response:
a.   The bidder's proposed care coordinator staff distribution and location.
b.   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).
c.   The roles, responsibilities, and functions for staff performing Care Coordination responsibilities.
d.   The bidder's approach and strategies to effectively engaging Members, particularly those who may be more challenging to engage, to participate in Care Coordination.
e.   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.
f.   Case assignment considerations and how the bidder monitors and manages vacancies to ensure Members' continuity of care.
g.   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;
h.   How the bidder's Care Coordination program interfaces with its disease management resources and activities.
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.
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.

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
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:
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:
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:ratio
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:
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:
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

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)?
 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:
     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?
 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)?
 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:
     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?
 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:
     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		Question Number
Healthy Blue		7

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
- The bidder described a no-wrong-door approach to accepting referrals from any entity type to become enrolled in care coordination. - The bidder has award-winning concierge care applications that allow members to communicate with care coordinators in real time, which meets the needs of many members. - The bidder will provide a dashboard for the State to access that contains insight reports. - The bidder's staffing distribution model was very good. - The bidder offers care coordination for dual-eligibles, which is desirable to the State. - Members are provided with a care coordinator bio including a photo and the care coordinator's field experience. - The bidder has great value-added benefits for their maternal members. - Care 360 integrated claims, PCSP, SDOH, assessments, and authorizations provide a complete view, help avoid duplication, and provide a longitudinal view. - The bidder described a single point of contact for its care coordination model that is desirable to the State. - The bidder did a good job of recognizing SUD issues.	The response is minimally acceptable. - The response lacked description of how community care coordination would be folded into the bidder's overall model. - There were limited descriptions of roles and responsibilities of care coordination and support staff beyond an affirmation that they would comply with state requirements. - The bidder's description of how vacancies would be managed lacked detail. - The bidder did not specify how they will address case closures. - There was a lack of innovative concepts in this response. - The bidder did not provide detail on their suicide prevention initiative related to outcomes. - Although the response used buzzwords, it lacked sufficient detail to demonstrate a person-centered model. - It was unclear how the bidder's caseload ratios were determined. Some proposed ratios seemed high, for example the caseload ratio for foster youth, TANF, and CHIP participants. - It was not clear what would trigger a member's change in the assignment of their case management level. - The bidder made no reference to who is responsible for care coordinator oversight.

- The bidder has a weekly monitoring process in place for care coordination caseload size monitoring that is desirable to the State.
- The bidder's description of daily post-acute hospital rounds is desirable to the State as it promotes continuity of care.

- The bidder only referenced using data mining to address hard-to-reach members. They did not describe conducting in-person visits.
- The bidder did not describe how they would address members who need temporary care coordination.

General Notes

- Page 11 may have been missing from this response and two-page 12s were included (PDF). Update: the team received page 11 and added on additional strength based on that review, however the addition of this strength did not impact the score for this question.

Rating

2

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

RFP Technical Question
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: a. Utilizing and promoting the use of certified CHWs/CHRs as MCO staff and/or Providers located within local communities across Kansas. 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. 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.

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

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, utilizing and promoting the use of certified CHWs/CHRs as MCO staff and/or providers located within local communities across Kansas, does the response:
    i. 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?
    ii. 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)?
    iii. 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:
    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; and
    iii. 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:
    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 and
    v.   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		Question Number
Healthy Blue		8

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good.	Weaknesses were identified that can be easily overcome.

Response Strengths

The response is very good.

- CHWs and CHRs will be in the community physically attempting to locate hard-to-reach members.
- The bidder referenced significant community involvement for CHWs as well as a Health To You mobile van.
- The bidder described using adherence dashboards to monitor CHW/CHR performance and holding frequent supervision meetings to monitor individual outcomes.
- The CHW/CHR training plan outlined was thorough.
- The bidder described a good overall engagement strategy.
- The education and notification process with new members was good.
- The bidder's CHW/CHR model won an award in another state.
- The bidder has previous experience with CHWs in other plans.
- The bidder has CHW bios that they share with members and members can choose their CHW based on these as part of their selection process.
- The person-centered practice training described by the bidder was described as exceeding state requirements.
- The bidder demonstrated success of their CHW/CHR model from their affiliate plans.

Response Weaknesses

Weaknesses were identified that can be easily overcome.

- The bidder does not provide information on CHW/CHR recruitment and retention practices.
- The bidder does not identify who is responsible for monitoring and evaluating CHWs and CHRs.
- The bidder did not provide sufficient detail to distinguish between CHWs and CHRs roles.

General Notes

- The bidder's engagement plan was detailed, but their strategies lacked innovation, just meeting baseline expectations of the State.

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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
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 an understanding of integrated, whole-person care?
4. Does the response describe three strategies for advancing integrated, whole-person care?
5. Does the response describe strategies that:
i. Address cultural, linguistic, and health literacy considerations;
ii. Implement value-based purchasing arrangements and other financing strategies that incentivize integrated, whole-person care;

Response Considerations
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 and
viii. 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:
i. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts; and
ii. How the bidder will use performance measure data to track and manage overall health outcomes and population health improvements?

Bidder Name		Question Number
Healthy Blue		9

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good.	Weaknesses were identified that can be easily overcome.
- The bidder's whole-health index calculates a health score for the member that can help drive interventions. - The PCT training for care coordinators was good. - The use of the bidder's health equity council as part of their quality management strategy is desirable to the State and will help address health disparities. - As part of their strategy around whole-person care, the bidder included scholarships to promote healthcare professionals, which is desirable to the State. - The bidder highlighted a partnership with Charting the LifeCourse and embedding LifeCourse in their person-centered model. - The bidder demonstrated a strategy of data utilization and use of digital platforms to assist members with managing their own health. - The bidder drew on an oral-health Kansas report card to help inform their dental value-added benefit. This demonstrated that they are looking at data proactively to inform value-added benefits. - The whole-health dashboard reflects both social and clinical considerations. - PCT training is required, which exceeds State expectations.	- The bidder did not provide clarity on value-based purchasing. - The bidder only mentioned telehealth as a service option for their maternal population. - The bidder's response lacked detail in how leadership supports the coordination and drive toward whole-person care. - The one-time assessment component of the PCT training described requires care coordinators to pass a mock PCSP exercise but does not address real-world assessment or evaluation and does not evaluate effectiveness on an ongoing basis.

- The bidder described requiring regular refresher courses for PCT, which is desirable to the State.

General Notes

- The bidder's response was not well organized.
- The whole-health dashboard is new and has not yet been tested.

Rating

3

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

RFP Technical Question
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:

a. 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).
b. 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.
c. The bidder's approach to making SDOH resource information available to its staff and Providers responsible for addressing Members' SDOH needs.
d. 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).
e. 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
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:
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:
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:
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:
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:
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
Healthy Blue

Question Number
10

EVALUATOR NOTES

Response Strengths	Response Weaknesses
The response is good.	Weaknesses were identified that can be easily overcome.

Response Strengths

The response is good.
- The bidder uses predictive analytics to identify care coordination needs.
- All of the bidder's staff are trained on SDOH within 30 days of hire.
- The bidder incentivizes providers to screen and refer beneficiaries to SDOH resources, which is desirable to the State.
- The bidder described different investments it makes to support SDOH providers. This included implementing certain interventions, such as conducting lead blood level screenings and the use of flex funds to provide transitional youth funding to avoid homelessness.
- The bidder demonstrated good identification of need and directing the staff team to target the level of support needed.
- The bidder described a good cross training program for all employee contacts with members and providers.
- The Connect Care model of embedding social support staff with behavioral health clinical staff is desirable to the State.
- There are dedicated SDOH teams for housing and employment.
- The bidder offers incentives to providers to use z-codes.

Response Weaknesses

Weaknesses were identified that can be easily overcome.
- The bidder did not provide detailed examples in their identified SDOH strategies.
- The bidder did not provide sufficient detail into how they would engage the community through its SDOH strategies.
- The bidder did not provide adequate description of how they will use screening tools, including HRAs, in the identification of SDOH needs.

- The bidder tracks all SDOH referrals in CRL, which is integrated into their care coordination system. CRL is a closed-loop system that generates notifications internally.
- The bidder described that the SDOH concierge team will supplement the Care Coordinator's role, which is desirable to the State.
- The bidder's Close to Home insight tool identifies geographic pockets of food insecurity, which is desirable to the State.

General Notes

- The response was well organized.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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
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:
    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:
    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
Healthy Blue		12

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good. - The bidder assigns a provider with a MCO representative who has expertise in the provider's specialty to help make onboarding easier and address concerns on an ongoing basis. - The bidder's gold-card program is designed to increase efficiency in the authorization process by identifying providers who meet quality and performance standards. - The bidder showed a strong commitment to evidence-based practices in their internal UM policies. The bidder describes using many tools as part of their UM process. - The bidder's provider collaboration model focuses on the use of a robust portal for engagement with providers. This will reduce burden on providers. - The bidder expressed commitment to the length of stay being solely based on member need. - The operations committee annually reviews services that require PA and evaluates procedure codes quarterly which demonstrated that the bidder is trying to reduce PA burden. - The virtual nurse on-site EHR access program for members who are inpatient in certain hospitals will have access to the facility's EHR system. This will reduce PA denials and provider burden for some providers.	Weaknesses were identified that can be easily overcome. - The bidder did not provide information on how they will monitor access to EPSDT services. - The bidder did not provide sufficient detail, including examples from other markets, on how they will streamline and standardize the PA process. - The bidder did not reference an agreement to standardize PA forms. - The bidder did not reference multiple methods for PA submission. - The bidder did not reference how they would monitor timely processing of PAs.

General Notes

- The response included a description of the four-pillar system of values framework for its UM program.
- More detail on the operationalization of the virtual on-site nurse EHR access program would have been helpful to evaluating the efficacy of this program.
- The bidder's AI tool suite may streamline PA requests but is not yet proven.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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
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:
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
Healthy Blue		13

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • The bidder's policy statement was acceptable, and they adequately covered other key areas related to this question. • The bidder does inter-rater reliability audits of clinicians to evaluate accuracy in applying UM criteria. • The bidder's parent company has NCQA and full managed care behavioral health managed care organization accreditation, which is desirable to the State. • The bidder provided a fully detailed plan on their parity governance committee including how it will function and who will be involved. • The bidder highlighted its continuous monitoring, particularly with NQTLs. • The bidder's response emphasized provider and staff training and education on parity requirements and compliance.	Weaknesses were identified that can be easily overcome. • The bidder did not outline how they will document or demonstrate compliance, and focused mainly on the tools they will use. • While the bidder had a good strategy for identifying compliance gaps, they lacked detail in how these would be addressed. • The bidder mentioned collaborating with stakeholders but did not describe a cohesive feedback loop for how this collaboration will be used to inform practice.

General Notes

• The response was well structured.
• The bidder included a section on AI, discussing how they will help drive clinical decision making within the context of services members may need. This, however, is not yet proven.

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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
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 the Pharmaceutical Director's role for clinical and administrative pharmacy activities?
4. 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:
i. Ensuring the appropriate use of psychotropic medications, particularly for members who are in foster care, nursing facilities, or receiving LTSS?
ii. Identifying and addressing polypharmacy and contraindications to avoid adverse outcomes?
iii. Standardizing utilization management requirements and processes?
iv. Increasing pricing transparency and cost savings, and preventing/remediating fraud, waste, and abuse?
v. Monitoring prescribing practices and outcomes, and providing data and best practice education to prescribers?
vi. Contributing to the State's quarterly pharmaceutical meetings?
vii. Providing data and support to the State in addressing questions about the efficacy, safety, and cost of new and existing therapies?
viii. Proactively introducing initiatives aimed at improving clinical outcomes for members and populations?
5. Regarding the bidder's response to describing an innovative clinical initiative:
i. Does the response describe an innovative and data-driven clinical initiative?

Response Considerations
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
Healthy Blue		14

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • The bidder provided good descriptions of how initiatives are evaluated and improved over time. • The bidder described an initiative whereby poly-pharmacy was reduced across affiliate plans through the use of pharmacist review. • The bidder utilizes long-acting injectable antipsychotics to improve adherence. This practice was well detailed. • The bidder described incremental enhancements and improvements to the COPD discharge program over time. • The bidder utilizes a text campaign for patients that are late in refilling their medications. The campaign was begun in response to inadequate performance from their IVR program, which demonstrates that the bidder is evaluating and responding to program performance indicators. • The bidder described experience with reducing opioid use by 50% through interventions such as limiting short-acting opioids, making buprenorphine more readily available, and having PA requirements in place for long-term use. • The bidder's retrospective DUR will close gaps and increase adherence. • The bidder had a very detailed monitoring plan for monitoring use of anti-psychotics in children and adolescents.	Weaknesses were identified that can be easily overcome. • The response did not describe methods to ensure appropriate medication use among special populations. • The bidder did not address how it would ensure the correct use of psychotropic medication for LTSS members. • The bidder did not describe how they would standardize UM practices and requirements in collaboration with the State.

- The bidder had innovative clinical initiatives and uses diverse methods to connect with providers.
- The bidder was able to demonstrate strong leverage of work in other markets.

General Notes

- The bidder already abides by state PDLs with 10 affiliate Medicaid markets.

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Healthy Blue	**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
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. Do the proposed value-added benefits align with the benefits MCOs are "encouraged" to provide?
4. 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?
5. Does the response describe benefits that are not already covered under the State plan?
6. Does the response describe benefits that are designed to meet KanCare member's needs and support the goals of KanCare?
7. Does the response describe benefits that will benefit all members and are available Statewide?
8. Are any benefit limitations proposed by the bidder reasonable?
9. Do the bidder's proposed value-added benefits add value to the KanCare program, address member needs, and improve health outcomes?
10. Does the response describe how the bidder will measure and analyze the impact and value of the value-added benefits?

Bidder Name		Question Number
Healthy Blue		18

EVALUATOR NOTES

Response Strengths	Response Weaknesses
• The value-added benefits were very diverse and not a one-size-fits-all approach. • The bidder proposed a value-added OTC quarterly benefit for expenses not covered by Medicaid, which is desirable to the State. • The bidder proposed a 30 round-trip ride benefit for non-medical transportation benefit, which is desirable to the State. • The bidder proposed a cellphone benefit with multiple providers, which is desirable to the State. • The bidder proposed a new value-added benefit that assists members with gathering documents needed to obtain a birth certificate or ID. • The bidder is tracking and reporting utilization of value-added benefits. • The bidder's BH and SUD intervention programs start at age 13. • The bidder's post-discharge home-delivered meals program is desirable to the State. • The bidder offers $600 for dental care as a value-added benefit, which is desirable to the State. • The bidder's maternal value-added benefit is very desirable to the State.	• The bidder did not address preventative behavioral health value-added benefits. • The bidder did not include the dollar value of their healthy rewards (such as flu shots, wellness exams, pre-natal/post-partum visits, diabetic screenings, etc.) • The bidder's weight management value-added benefit is not preventative in nature as it is only available to members who are assessed as being obese. • The value-added benefit for asthma of $50 for an air purifier seems insufficient. • Weighted blankets are only available to members diagnosed with ASD who are enrolled on the SED or Autism waivers.

General Notes

- The value of some of the proposed value-added benefits was not clear, such as gift cards that can be used for ride share or public transportation for rural members.
- The bidder discussed a personal care gift card of up to $50 but did not indicate the frequency of availability of this benefit.

Rating

N/A