

KanCare RFP

Consensus Review Evaluation Guide

Provider Network/Operations

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	1	Experience and Qualifications	Experience

RFP Technical Question

Describe the bidder's Medicaid Managed Care experience by completing a table that includes the information listed below for each contract.

- Name of state and program name.
- Start and end date.
- Services covered under the contract (e.g., physical health, behavioral health, long term services and supports, Pharmacy, Transportation).
- Covered population(s) (e.g., families and children, including pregnant women; aged, blind, and disabled without Medicare; aged, blind, and disabled with Medicare; CHIP; Members enrolled in Home and Community-Based Services (HCBS) Waivers; and foster care children.
- Average number of total member months for the most recent twelve (12) months of the contract (or most recent period if the contract has been in place less than twelve [12] months).
- Instances of non-compliance under the Medicaid Managed Care contract resulting in one (1) or more of the following actions: corrective action plan, directed corrective action plan, notice to cure, liquidated damage, withhold of all or part of a Capitation Payment, financial sanction, non-financial sanction, suspension of new enrollment, temporary management, termination, or non-renewal due to performance concerns. For each instance of non-compliance identified, provide a description of the non-compliance, the action taken by the state or contract holder, the actions taken by the bidder to correct the non-compliance, and the length of time for the bidder to correct the non-compliance.
- Instances of breach(es) of unsecured protected health information (PHI) under 45 CFR § 164.400 et seq. under the Medicaid Managed Care contract. For each instance of breach identified, provide a description of the breach and the actions taken by the state or contract holder to address the unsecured PHI under 45 CFR § 164.400 et seq.
- Subcontractors performing delegated Managed Care functions and the functions the Subcontractors performed.

RFP References

Entire RFP

Response Considerations

- Does the response fully address all aspects of the question?
- Does the response indicate the bidder has at least one (1) relevant contract that covers multiple years?
- Does the response indicate the bidder has experience with populations similar to those enrolled in KanCare?
- Does the response indicate the bidder has experience with enrollment of similar size or larger than the enrollment in KanCare?
- Does the response indicate the bidder has experience providing a similar scope of services as those in this RFP?
- Does the response provide confidence that the bidder has the experience and qualifications necessary to fulfill the responsibilities of this RFP?
- Regarding (f): Instances of non-compliance under the Medicaid Managed Care contract: Does the response indicate non-compliance that raises concerns about the bidder's ability to perform responsibilities required under this RFP?

Response Considerations
8. Regarding (g): Instances of breach(es) of unsecured PHI: Does the response raise concerns about the bidder's ability to prevent unauthorized disclosure of PHI?
9. Regarding (h): Subcontractors performing delegated managed care functions: Does the response raise concerns about the bidder's experience to perform key operational functions critical for integrated health care service delivery that cannot be delegated by the bidder (i.e., grievance and appeal system, quality management, medical management, provider relations, network and provider services contracting and oversight, member services, and/or corporate compliance)?

Bidder Name
Molina Healthcare of Kansas, Inc.

Question Number
1

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> • Experience working with similar providers and populations as served in Kansas. • Experience with 20 Medicaid plans, 18 currently active. Several plans over 300,000 members and one over 1 million. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> • Response does not fully address the question. • Multiple instances of noncompliance and PHI breaches in multiple states, resulting in CAPs and Liquidated Damages. Several that were issued are areas of concern for KanCare. Majority of CAPs are currently closed. Minimal information was provided for each CAP and how it was corrected. Some incidences resulting in large fines. • Minimal detail provided in response. • Minimal experience with Medicaid plans providing similar services to KanCare. Only a few plans referenced in response offer all the services that are available in KanCare, half of the plans did not offer transportation.
General Notes	
Rating	

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	3	Experience and Qualifications	Experience, Method of Approach

RFP Technical Question
The State is seeking to contract with MCOs that will be collaborative, adaptable, and supportive partners with the State, Providers, Medicaid Fiscal Agent, and each other to achieve the State's vision and goals for the KanCare program. Describe the actions the bidder will take to be an effective partner. Include specific examples of the bidder's experience with such partnering in a program similar to KanCare and how that experience will be leveraged to promote partnering in KanCare.

RFP References	
1.1: RFP Vision and Goals	Entire Section
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.4: Care Coordination	7.4.6: Care Coordination Roles and Responsibilities 7.4.17: Care Coordination Collaborative
7.5: Provider Network	7.5.9: Network Management
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
7.13: Financial Management	7.13.2: Payment to Contractor(s)
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? Does the response describe specific actions the bidder will take to be an effective partner with each partner (i.e., the State, Providers, Medicaid Fiscal Agent, and other MCOs), to meet contract expectations that necessitate partnership, such as: <ol style="list-style-type: none"> Reducing the administrative burden for Providers by expanding standardization of certain Provider requirements across MCOs; Notifying the State of potential program issues and concerns; Proactively identifying areas of potential collaboration; Working with the State on new initiatives (e.g., centralized credentialing); Sending appropriate representatives and actively engaging in meetings with the State; Providing timely information to the State upon request; Participating in the State-chaired KanCare Care Coordination Collaborative;

Response Considerations
<ul style="list-style-type: none">viii. Collaborating around workforce development issues;ix. Driving collaboration and innovation through the bidder's quality assessment and performance improvement (QAPI) program internally and with external partners to improve the KanCare program;x. Identifying priority areas and activities for the bidder's community reinvestment funds and maximizing collective efforts;xi. Supporting efforts to expand the availability and use of health information technology, electronic health records, and telehealth. <ul style="list-style-type: none">4. Do the bidders' examples demonstrate partnering activities that are relevant and transferrable to KanCare?5. Does the response provide confidence that the bidder's experience and approach will achieve the State's desired level of partnership?

Bidder Name
Molina Healthcare of Kansas, Inc.

Question Number
3

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Described a pilot program for community transitions in another state to be leveraged to promote partnering in KanCare with plans to collaborate with Kansas corrections. Plan on developing Kansas Partner portal to provide near real time data for State staff. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> Response does not fully address the question. Minimal detail on the bidder's role with subcontractors. Minimal bidder actions noted on how they will be an effective partner. Did not demonstrate their role in partnerships. Limited information provided on provider network strategy. Community engagement timeframe and experience in Kansas is limited.
General Notes	
Rating	

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	6	Member Experience	Method of Approach, Capabilities

RFP Technical Question
<p>Describe the bidder's approaches related to the following with respect to the bidder's Provider directory for KanCare:</p> <ol style="list-style-type: none"> The elements of information included, beyond those specified in the RFP, for each participating Provider. The bidder's approach to developing, maintaining, validating, and monitoring the accuracy of the information in its Provider directory. The features of the bidder's online, electronic Provider directory that promote Member usability. The bidder's strategies to reduce Provider burden associated with providing information to create and maintain an up-to-date Provider directory.

RFP References	
7.10: Member Services	7.10.4: Electronic Specific and Website Requirements for Member Information 7.10.5: Written Member Materials Requirements 7.10.8: Provider Directory

Response Considerations
<ol style="list-style-type: none"> Does the response fully address all aspects of the question? Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? Regarding subpart a: <ol style="list-style-type: none"> Does the response acknowledge the required elements the bidder will include in the provider directory for each participating provider (e.g., provider name, address, phone number, provider type, hour of operation, whether the provider is accepting new members, cultural and linguistic capabilities, availability of accommodations for people with physical disabilities)? Does the response describe additional, optional elements the bidder will include in the provider directory for each participating provider (e.g., customer ratings and reviews, insurance plans accepted, licensure/accreditation status, service area, weekend and after-hours availability, special needs accommodations, public transportation nearby)? Regarding subpart b: Does the response describe how the bidder will develop, maintain, validate, and monitor the accuracy of information in the provider directory, including: <ol style="list-style-type: none"> The method and frequency of updating the hard copy versions of its provider directory (at a minimum, updated monthly); The method and frequency of updating the electronic versions of its provider directory (at a minimum, updated daily and no later than two business days after receiving updated provider information); and The method and frequency of validating and monitoring the accuracy of information in the provider directory (conducting regular reviews/audits, conducting ad hoc reviews/audits as a result of data indicators [e.g., member services and complaint data, network file discrepancies], using claims data to identify and follow up with providers with no recent claims for potential removal)?

Response Considerations
<p>5. Regarding subpart c: Does the response describe the features of the bidder's online provider directory and how those features will promote member usability, including:</p> <ul style="list-style-type: none">i. Required features (e.g., search features that allow the user to search the provider directory for required elements including provider distance from the user's address, easy navigation, information in English and Spanish with links to other prevalent language translations, features that meet ADA website accessibility requirements); andii. Additional, optional features (e.g., customizable directory listing based upon user specifications that can be downloaded, ability to compare multiple providers at one time, ability for users to report incorrect provider listing information)? <p>6. Regarding subpart d: Does the response describe the bidder's strategies for reducing provider burden associated with creating and maintaining an up-to-date provider directory, such as establishing functionality in its provider portal for providers to update directory information or using information from other validated sources (e.g., State's provider file)?</p>

Bidder Name
Molina Healthcare of Kansas, Inc.

Question Number
6

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response nearly fully addressed the question. • Providers can update the provider directory themselves online. Members have an online process to communicate changes to the provider directory directly to bidder. • Plan to collaborate with other MCOs to create a centralized roster for providers so they do not need to replicate information for each MCO. • Provider directory app allowing members to schedule transportation directly through the app. • Directory available in 11 languages. • Proposed optional elements to include in the provider directory, beyond the elements specified in the contract. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The bidder minimally addressed Member usability. • Proposed automation to update the provider directory did not align with Kansas current process which requires provider data is sourced from KMAP. • Identified minimal administrative burdens in the bidder's strategy to reduce provider burden to create and update the provider directory.
General Notes	
<ul style="list-style-type: none"> • Recommend follow up on plan to update the provider directory from provider records through CAQH (credentialing organization). This does not align with Kansas current process which requires provider data is sourced from KMAP. 	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	15	Utilization Management and Services	Method of Approach

RFP Technical Question
Describe the bidder's approach to ensuring KanCare Members, including Members residing in Rural and frontier areas of the State, receive non-emergency medical transportation (NEMT) services in accordance with the Access standards in Section 7.5.5.5 of the RFP.

RFP References	
7.5: Provider Network	7.5.2: Network Development 7.5.5: Provider Network Access Standards
7.10: Member Services	7.10.7: Member Handbook Requirements
Appendix H: Initial List of Reports	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 the bidder's proposed NEMT model and NEMT/transportation providers? 4. Does the response describe how the bidder will inform members about the availability of NEMT and how to obtain NEMT? 5. Does the response address how the bidder will monitor and ensure NEMT and transportation providers meet RFP requirements, such as, <ol style="list-style-type: none"> i. Advanced scheduling of transportation for planned appointments? ii. Exception process to accommodate same day NEMT services to access services? iii. NEMT arrival and pick-up times and wait time standards: <ol style="list-style-type: none"> 1. NEMT provider arrival at pick-up location no later than 15 minutes after the scheduled pick-up time; 2. Waiting for the member at least 15 minutes after the scheduled pick-up time; 3. Arrival at the provider destination no sooner than 1 hour and at least 15 minutes before the member's appointment time; 4. For return transport that has not been pre-arranged, NEMT provider pick-up no later than 1 hour after the member's appointment; and 5. For urgent care, facility discharges, and inter-facility transfers, pick-up within 3 hours from when the request is made? iv. Communication with members about approximate arrival time and delays? v. NEMT route requirements (efficiency of routes, avoidance of unnecessary delays, routes that do not include scheduled or unscheduled stops during the return visit)? vi. Quarterly auditing to evaluate compliance with NEMT standards? vii. Guidelines to NEMT providers about coordinating member pick-ups at facilities? viii. Processes for scheduling and implementing prescheduled transportation to recurring appointments (standing orders)?

Response Considerations
<ul style="list-style-type: none">ix. Monthly reporting on Transportation provider no-shows and remediation activities?6. Does the response describe how the bidder will accommodate members with special needs (e.g., physical and behavioral needs)?7. Does the response describe specific strategies for ensuring NEMT services are accessible in rural and frontier areas of the State?8. Does the response describe how the bidder will measure and monitor the effectiveness of its approach to NEMT to meet members' needs?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	15

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Mentioned two days advance notice for trip requests, which exceeds the contract requirement of 3 days. Described incentives for meeting quality standards and on-time trips. Offered multiple methods for requesting transportation including through case manager, by phone, and through the app. Deliver communication devices to members for telehealth appointments and have ability to transport the member for emergency care, if needed. Work with vendor to provide transportation supports for specialty population. Mentioned low complaint rate in other state programs. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> Did not address how to make NEMT services accessible in rural and frontier areas of the State. Minimal information about member access to transportation requests for urgent care. Did not address escalation process for urgent appointments, emergency department, and institutional discharge. Lacked detail regarding communicating with members about their transportation request. Not clear about the mechanisms that can be used by members to change transportation requests such as changing the pick-up time or drop-off location. Minimal information provided on method of approach and cadence for performance monitoring. Did not address driver background checks for independent driver program.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	16	Utilization Management and Services	Method of Approach, Capabilities

RFP Technical Question
Describe the bidder's proposed array of behavioral health crisis services and how those services will interface with 988 and other crisis resources within Kansas. Include the following in the bidder's response:
<ul style="list-style-type: none"> a. The bidder's approach to collaborating with its behavioral health crisis Providers, first responders, and other crisis resources to create a comprehensive, well-coordinated, behavioral health crisis continuum for all Members. b. The bidder's approach to collecting data, measuring and evaluating the effectiveness of its behavioral health crisis services, and implementing improvements based on its evaluation findings. c. The bidder's plan for evaluating and meeting network adequacy with behavioral health crisis services, like mobile crisis services and crisis stabilization services. d. The bidder's plan for promoting awareness of 988 and how to access local crisis services to Members.

RFP References	
7.3: Covered Services	7.3.1: Covered and Non-Covered Services
7.4: Care Coordination	7.4.10: Requirements for Specified Populations
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.8: Behavioral Health Provider Network Standards
7.6: Provider Services	7.6.5: Customer Service Center – Provider Assistance
7.10: Member Services	7.10.4: Electronic Specific and Website Requirements for Member Information 7.10.6: Member Enrollment Material Requirements 7.10.7: Member Handbook Requirements 7.10.10: Customer Service Center – Member Assistance 7.10.11: Member Crisis Assistance
Appendix C: Services	4.0: Mental Health Services

Response Considerations
<ul 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 a comprehensive behavioral health crisis response network that includes:

Response Considerations
<ul style="list-style-type: none"> i. A toll-free help line to respond to members in crisis needing immediate assistance; ii. The full array of behavioral health crisis services covered in KanCare; iii. Consideration of cultural, linguistic, trauma, and other member-specific needs in the delivery of behavioral health crisis services; iv. The availability of twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year emergency treatment and first response; v. Referrals to psychiatric and other community services, when appropriate; vi. Assessment of members experiencing a behavioral health crisis to determine the need for inpatient, treatment, crisis services, or other community treatment services; vii. Emergency consultation and education when requested by law enforcement officers, other professionals or agencies, or the public for the purposes of facilitating emergency services; viii. Follow up with any member seen for or provided with any emergency service and not admitted for inpatient care and treatment to determine the need for any further services or referral to any services within seventy-two (72) hours of crisis resolution? <p>4. Regarding a, does the response describe the bidder's approach to collaborating with its behavioral health crisis providers, first responders, and other crisis resources, such as:</p> <ul style="list-style-type: none"> i. Holding regular meetings with behavioral health crisis providers, first responders (e.g., law enforcement, fire, and EMS), and other community crisis resources to work together to improve the comprehensiveness and coordination of the behavioral health crisis continuum? ii. Providing mental health crisis training to law enforcement and other first responders? iii. Developing protocols for information sharing and how the bidder's behavioral health crisis services and resources (e.g., the MCO's member services, nurse advice line, care coordination team, and behavioral health help line) will interface with 988 and other crisis resources within the State? <p>5. Regarding b, does the response describe the bidder's approach to collecting data, measuring, and evaluating the effectiveness of its behavioral health crisis services and implementing improvements, such as:</p> <ul style="list-style-type: none"> i. Collecting crisis services data and information (e.g., claims, reporting, soliciting feedback) from crisis providers, first responders, other crisis resources and stakeholders? ii. Working with crisis providers, first responders, other crisis resources, and stakeholders to identify opportunities for implementing improvements? iii. Working with crisis providers, first responders, and other crisis resources to develop and continuously monitor measures (e.g., crisis call center metrics, response time for crisis mobile services, percent of crisis events resolve in the community, crisis stabilization service utilization) to evaluate the effectiveness of the bidder's behavioral health crisis prevention, intervention, and stabilization services? <p>6. Regarding c, does the response describe how the bidder will evaluate and meet network adequacy with behavioral health crisis services, such as:</p> <ul style="list-style-type: none"> i. Soliciting information from behavioral health crisis providers, first responders and members/family members to identify network gaps? ii. Analyzing utilization, demographic information, and the bidder's network of behavioral health crisis providers to assess the sufficiency of the number, type, capacity, and geographic distribution to timely meet the needs of its members? iii. Stratifying data and information to identify health disparities as it related to meeting members' needs for behavioral health crisis services? iv. Using the information gathered to inform the bidder's focus for network expansion? v. Leveraging telehealth and virtual options, when appropriate, to deliver crisis services? <p>7. Regarding d, does the response describe how the bidder will promote awareness of 988 and how to access local crisis services to members, such as:</p>

Response Considerations
<ul style="list-style-type: none">i. Publishing MCO behavioral health crisis help line contact information, 988, and information about behavioral health crisis services available prominently on the bidder's website and in member materials?ii. Educating members and family members about the availability and how to access behavioral health crisis services through interactions with member services, nurse advice, crisis help lines, care coordinators, and behavioral health providers?iii. Engaging the community (schools, providers, social service organizations) to help share information about 988 and community resources? <p>8. Does the bidder's proposed approach recognize the limits of the current crisis system and describe a comprehensive and well-coordinated plan for developing a behavioral health crisis continuum for all members?</p>

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	16

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Described predictive modeling platform to identify members at risk for behavioral health needs. Described peer support outreach following emergency department discharge related to crisis or overdose. Complete BH screening during first contact with the member and each time after. Crisis management training for providers. Leverage existing network partnership to expand access to PRTF in Kansas. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> Lacked detail throughout the response regarding method of approach and capabilities. Mentioned several partnerships but the role of the bidder is not clear. Did not describe cultural or linguistic capabilities. Did not address approach to collecting data, measuring, and evaluating the effectiveness of its behavioral health crisis services and implementing improvements.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	22	Provider Network	Method of Approach, Capabilities

RFP Technical Question
Describe the bidder's approach (including methodology, data used to assess network adequacy, timeline, and use of selective contracting) to developing, managing, and monitoring an adequate, qualified Provider network for the KanCare program. Describe anticipated challenges, network gaps, and how the bidder will address those challenges, including the use of telehealth and other technologies.

RFP References	
7.5: Provider Network	7.5.1: Credentialing and Re-Credentialing 7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards 7.5.6: Pharmacy Provider Network 7.5.7: Long-Term Services and Supports Provider Network Standards 7.5.8: Behavioral Health Provider Network Standards 7.5.9: Network Management 7.5.10: Non-Participating Providers 7.5.16: Provider Payment
7.6: Provider Services	7.6.1: Requirements for a Provider Manual 7.6.3: Electronic Specific and Website Requirements for Provider Information 7.6.4: Written Provider Materials Requirements 7.6.5: Customer Service Center – Provider Assistance 7.6.6: Provider Representatives
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	7.9.10: Member Satisfaction Surveys 7.9.11: Provider Satisfaction Surveys
7.16: Reporting and Data Collection	7.16.1: Data, Reports and Audits
Appendix C: Services	Entire Appendix
Appendix H: Initial List of Reports	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 both initial and ongoing network development and management activities? 4. Does the response include an achievable timeframe for completing network development activities? 5. Does the response describe the bidder's approach to developing, managing, and monitoring its provider network, including, for example: <ol style="list-style-type: none"> i. Analyzing network needs based on enrollment, utilization data, and member information, including demographic data on age, race, gender, ethnicity, and geographical location; ii. Employing a variety of provider recruitment and retention strategies based on provider type, size, and geographic location; iii. Monitoring to ensure the provider network meets the needs of members (geo-mapping software to assess time and distance standards, geographic flow of members accessing providers, panel sizes, provider ratios, network adequacy metrics, provider recruitment and retention with consideration for population, provider type, geographic location, and cultural/linguistic needs); iv. Contracting with any willing pharmacy provider that meets requirements to participate in the bidder's network; v. Improving member access to services in rural and frontier areas of the State; vi. Ensuring there are sufficient participating providers in the network to ensure timely access to culturally and linguistically appropriate services for American Indian members eligible to receive services; vii. Ensuring that HCBS providers have capacity to meet the needs of members, including coverage for workers who are no-shows, call out sick, etc.; viii. Entering into agreements with OneCare Kansas health homes; ix. Offering a contract to all providers and BH provider types specified in the RFP (e.g., State hospitals, Regional Alcohol and Drug Assessment Centers, CCBHCs, FQHC, RHC, FBC); x. Establishing written provider agreements with all participating providers that include provisions specified by the State; xi. Monitoring to ensure access and availability standards are met using a variety of data and information sources (e.g., grievances, appeals, secret shopper surveys, satisfaction surveys, member advisory committee feedback, feedback from provider forums, basis for provider-initiated terminations) to inform network development and management; xii. Monitoring for and eliminating barriers for members who need an accommodation or adaptation to access and participate in services (e.g., translation/interpretation, sign language, auxiliary aides and devices, accessible medical office equipment to accommodate specific member needs); and xiii. Identifying provider gaps and developing/implementing strategies to address them? 6. Does the response describe the bidder's understanding of existing network challenges and gaps in KanCare (e.g., direct care workers, adult and child/adolescent psychiatrists, behavioral health residential providers, dental providers, certain specialty and sub-specialty providers, providers in rural and frontier areas)? 7. Does the response address the bidder's methods and capabilities for ongoing management of the network (e.g., tracking and monitoring changes to the network; providers who are not accepting new patients; access for members with disabilities; and compliance with appointment availability standards)? 8. Does the response describe the bidder's strategies to address network challenges, such as: <ol style="list-style-type: none"> i. Performing direct outreach and recruitment of necessary providers; ii. Recruiting providers with cultural and linguistic competency to deliver services to members (including providers on and off tribal lands); iii. Supporting graduate medical education residency training programs and other similar health care provider career pipelines; iv. Expanding the capacity and skill sets of the direct care workforce;

Response Considerations	
v.	Using innovative approaches to improve network access and availability, such as telehealth, mobile health units, pharmacy home delivery service, mail-order pharmacies);
vi.	Building and maintaining solid provider relationships through provider services offered (provider forums, provider manual, provider communication, website interfaces, provider training, and provider assistance);
vii.	Providing technical assistance to consumer and family-run organizations;
viii.	Simplifying/reducing administrative provider burdens (service authorization process, referral processes, credentialing/re-credentialing, contracting, claims submission, provider appeals processes); and
ix.	Offering higher negotiated rates, incentives and opportunities to participate in value-based purchasing arrangements?
9.	Does the response describe how the bidder will ensure member needs are met while addressing any identified gaps (e.g., via telehealth, providing access to and coverage of services provided by non-participating providers, working within the provider network to develop services to meet unmet member needs)?
10.	Does the response describe how the bidder will monitor the effectiveness of its network development and management strategies and revise them as needed?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	22

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Described pilot program to train paramedics to divert emergency department utilization. Collect member feedback through several mechanisms including social media. Identified gaps in care and provided approach for addressing those gaps such as gaps in maternal health through the Healthy Moms and Babies program and MAE network access to doula services. Plan to co-locate staff so that various staff can connect with members in person. Described robust training approach including provider training on specialty populations, availability of virtual training for licensing, and availability of \$100,000 in grants for provider training. Mentioned dental loan repayment options as a recruitment strategy. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> Lack of information regarding method of approach for provider recruitment and contracting across multiple provider types which raised concern about the bidder's ability to establish a provider network. Lacked information on timing and sequencing of the contracting and credentialing process. Lack of detail regarding network capacity of HCBS providers. Did not address back-up coverage for caregivers. Did not address communication with members who have special needs.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	23	Provider Network	Method of Approach

RFP Technical Question
Increased demand for HCBS and Behavioral Health Services has created challenges in ensuring an adequate workforce to provide HCBS and Behavioral Health Services. Describe the bidder's approach for addressing workforce development challenges for HCBS and Behavioral Health Services.

RFP References	
7.5: Provider Network	7.5.1: Credentialing and Re-Credentialing 7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 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 7.5.8: Behavioral Health Provider Network standards 7.5.9: Network Management 7.5.16: Provider Payment
7.6: Provider Services	7.6.5: Customer Service Center – Provider Assistance 7.6.6: Provider Representatives
7.7: Value-Based Purchasing Strategies	Entire Section
7.17: Staffing	7.17.2: Contractor(s) Key Personnel
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? Does the response describe HCBS workforce and behavioral health direct care worker challenges, such as: <ol style="list-style-type: none"> Low wages, wage disparities, and lack of benefits; Lack of a career ladder or advancement opportunities; Need for additional training to expanded competencies; and Job dissatisfaction? Does the response describe specific behavioral health services workforce challenges, such as: <ol style="list-style-type: none"> National shortages for behavioral health professionals (e.g., Psychiatrists and addiction specialists); Shortage of providers that specialize in supporting people with complex co-occurring medical and behavioral health support needs; Provider shortages in certain rural and frontier areas of the State;

Response Considerations
<ul style="list-style-type: none"> iv. Lower provider rates than other payers; and v. Provider administrative burden (service authorization, credentialing, documentation)? <p>5. Does the response describe how the bidder will develop and monitor its workforce development efforts, including:</p> <ul style="list-style-type: none"> i. The role and responsibilities of the bidder’s designated workforce development director to lead workforce development efforts; ii. How the bidder will collaborate with the State, other KanCare MCOs, and providers to plan for and implement workforce development activities; iii. How the bidder will analyze current data on workforce capacity and capabilities and forecast anticipated needs and shortages (e.g., geographical areas, types of services, linguistic and cultural needs); iv. How the bidder will identify strategies to improve workforce capacity and capabilities (e.g., involving stakeholders, using KanCare data, using external data sources such as wage and rate studies); and v. How the bidder will monitor the effectiveness of its strategies (e.g., establishing and monitoring measures, and using other reports [e.g., DCW report, provider network development and management plan and evaluation, and provider recruitment reports] to support workforce development efforts? <p>6. Does the response describe the bidder’s strategies to address its HCBS workforce needs, including:</p> <ul style="list-style-type: none"> i. Expanding specialization within HCBS services (e.g., co-occurring conditions); ii. Expanding the workforce in rural and frontier areas of the State; iii. Addressing wage disparities and offering employee benefits; iv. Offering incentive plans to recruit and retain HCBS providers/DCWs, particularly in rural and frontier areas; v. Developing value-based purchasing arrangements designed to reward HCBS providers and DCWs; vi. Developing career pathways including incentives for HCBS roles including direct care workers, certified nursing assistants, licensed practical nurses, registered nurses, and certified brain injury specialists; vii. Collaborating with other community agencies on workforce development efforts such as graduate medical education residency training programs, vocational rehabilitation, workforce development divisions, community colleges, and other post-secondary educational institutions, Veteran’s Administration; viii. Expanding the diversity of the HCBS workforce to meet health equity, cultural competency and health literacy needs for HCBS services offered; and ix. Preserving and building on recruitment and retention progress associated with initiatives made with ARPA funding? <p>7. Does the response describe the bidder’s strategies to address its behavioral health services workforce needs (direct care worker and professional workforce), such as:</p> <ul style="list-style-type: none"> i. Developing career pathways including incentives for behavioral health roles including direct care workers, certified and licensed behavioral health professionals including counselors, social workers, behavioral technicians and specialists, and certified peer support specialists; ii. Expanding the availability and use of telemedicine/telehealth where clinically appropriate; iii. Collaborating with other community agencies on workforce development efforts such as graduate medical education residency training programs, vocational rehabilitation, workforce development divisions, community colleges, and other post-secondary educational institutions, Veteran’s Administration; iv. Offering incentive plans to recruit and retain behavioral health professionals, particularly in rural and frontier areas; v. Offering opportunities for behavioral health providers to participate in value-based payment arrangements; vi. Offering competitive provider rates (rates above the Medicaid FFS rate), particularly for behavioral health providers critical to the bidder’s network; and vii. Reducing administrative burdens (e.g., service authorization, credentialing, documentation) for providers?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	23

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Will host apprenticeship program, offer free direct care provider training, and provide incentives for workforce development. Will leverage existing partnerships, including one who will open a psychiatric residential treatment facility with wrap around behavioral health services. Will provide grants for new technology and make ongoing financial investments in workforce development. Will create a provider and direct care advisory group. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> The response does not fully demonstrate a method of approach that is desirable to the State and lacks sufficient detail. Noted an employee self-report job board but not clear how certification of employees is assessed and verified. Did not address provider administrative burden. Unclear about the viability of providing virtual clinical supervision for social workers. Reliance on subcontractors, minimal work conducted by Molina directly. Minimal detail provided on workforce capacity in examples provided. Lacks details on addressing workforce needs for specific populations, including veterans and diverse populations. No strategies for improving the behavioral health workforce in rural and frontier areas.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	24	Provider Network	Experience, Method of Approach

RFP Technical Question
Describe the bidder's identification of network gaps in dental Providers in KanCare and the bidder's approach to ensuring KanCare Members have timely access to quality dental care in Urban, Rural, and frontier areas. Include example(s) of the bidder's successful use of a comparable approach in program(s) similar to KanCare, the measurable impact achieved, and how the bidder will apply this experience to benefit KanCare.

RFP References	
7.3: Services	7.3.1: Covered and Non-Covered Services 7.3.4: Value-Added Benefits
7.4: Care Coordination	7.4.6: Care Coordination Roles and Responsibilities
7.5: Provider Network	7.5.1: Credentialing and Re-Credentialing 7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.16: Provider Payment
7.6: Provider Services	Entire Section
7.8: Utilization Management	7.8.3: Utilization Management Activities
7.10: Member Services	7.10.4: Electronic Specific and Website Requirements for Member Information 7.10.6: Member Enrollment Material Requirements 7.10.7: Member Handbook Requirements 7.10.8: Provider Directory
7.14: Claims Management	7.14.1: Timely Claims Processing
7.9: Quality Assessment and Performance Improvement	7.9.3: Quality Assessment and Performance Improvement Goals and Objectives 7.9.4: Performance Measures 7.9.5: Performance Improvement Projects
7.17: Staffing	7.17.2: Contractor(s) Key Personnel

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 identify network gaps in dental providers and how the bidder identified the gaps?

Response Considerations
<ol style="list-style-type: none"> 4. Does the response describe the role of the oral health director/manager in developing and implementing strategies to expand member access to oral health services and increase utilization of preventive services? 5. Does the response describe factors that may be contributing to gaps in dental providers and timely access to quality dental care, such as: <ol style="list-style-type: none"> i. Limited or lack of coverage of certain dental benefits? ii. Lack of knowledge about dental coverage? iii. Reimbursement rates for dental services? iv. Administrative burden to dental providers? v. Provider gaps in rural and frontier areas? vi. Member-related concerns, such as no shows, dental condition, and in-office behaviors? vii. Barriers due to members' cultural, linguistic, or special accommodation needs? 6. Does the response describe the bidder's strategies for improving network adequacy of dental providers and timely access to quality dental care for those members who are eligible for them, such as: <ol style="list-style-type: none"> i. Offering adult dental exams and cleanings as value-added benefits? ii. Educating members through member materials and care coordination about dental benefits and the importance of preventive dental care? iii. Ensuring the bidder's provider directory lists dental providers accepting new patients? iv. Increasing dental reimbursement rates? v. Standardizing and streamlining provider requirements that apply to dental providers to reduce administrative burden? vi. Recruiting dental providers, including sedation dental providers? vii. Offering alternative settings (e.g., mobile dentistry, tele-dentistry) to deliver dental services in rural/frontier areas or areas with gaps in dental providers? viii. Offering member incentives to engage and follow through on accessing dental care, particularly preventive care? ix. Addressing the cultural, linguistic, and special accommodation needs of members? 7. Does the bidder's example describe an approach that is relevant and transferable to KanCare? 8. Does the response describe the lessons learned from the example and how the approach and lessons learned will be applied to the approach used for KanCare? 9. Does the response describe the measurable improvement achieved in the example and how the bidder measured and monitored improvement? 10. Does the response describe how the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts to ensure members receive timely, appropriate, and medically necessary dental care?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	24

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response fully addresses the method of approach and experience that is desirable to the state. • Aim to contract with mobile anesthesia providers to support sedation services at dental offices statewide. • Will administer contracts and credentialing directly and will contract with vendor for administration. • Strong analysis of dental network gaps, addressed access issues for rural and frontier members, including expanding access to telehealth services and contract with border providers. • Offer loan repayment and apprenticeships for new dentists. • Offer a dental app that will support Member access to teledentistry. • Will assign every Member a dental provider and send a welcome letter including dentist contact details. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • Minimal information provided on how providers are engaged, including direct provider inquiry, to improve network adequacy. • Did not address cultural and linguistic or special accommodation needs in network access. • Did not address sedation dental provider recruitment.
General Notes	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	25	Provider Network	Method of Approach

RFP Technical Question
Describe the bidder's strategies and approaches to encouraging Provider network participation and improving the experience of Providers participating in KanCare.

RFP References	
7.5: Provider Network	7.5.1: Credentialing and Re-Credentialing 7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards 7.5.9: Network Management 7.5.16: Provider Payment
7.6: Provider Services	7.6.1: Requirements for a Provider Manual 7.6.3: Electronic Specific and Website Requirements for Provider Information 7.6.4: Written Provider Materials Requirements 7.6.5: Customer Service Center - Provider Assistance 7.6.6: Provider Representatives
7.7: Value-Based Purchasing Strategies	Entire Section
7.8: Utilization Management	7.8.3: Utilization Management Activities
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? Does the response describe the bidder's strategies to encourage network participation, such as: <ol style="list-style-type: none"> Outreaching directly to providers? Recruiting providers participating in other lines of business with the bidder? Simplifying and streamlining the bidder's credentialing/re-credentialing processes? Providing educational materials to potential participating providers that are clear and concise about the credentialing and contracting processes? Developing incentive plans to recruit and retain behavioral health professionals, medical practitioners, and HCBS providers? Offering value-based purchasing strategies? Does the response describe the bidder's strategies to improve the experience of providers participating in KanCare, such as:

Response Considerations
<ul style="list-style-type: none">i. Reducing provider administrative burden (e.g., service authorization, credentialing, documentation)?ii. Providing/offering technical assistance and support to providers, such as consumer and family run organizations, providers interested in VBP, support in strengthening workforce development and training?iii. Developing non-financial incentive programs, such as waiving prior authorization requirements for providers that have demonstrated highly reliability practices?iv. Holding provider forums at least semi-annually to communicate about issues affecting participating providers and addressing provider concerns?v. Proactively identifying providers having significant billing problems and providing billing education/training?vi. Improving claims payment turnaround time?vii. Resolving provider issues on a timely basis?viii. Keeping providers informed in a timely manner about changes in coverage policies and other matters that impact them?ix. Hosting an easy-to-navigate provider website with a public page with access to relevant provider information that is public information (e.g., provider manual, PDL, provider directory), and a provider secure portal that allows the provider to access member and claims specific information and functionality (e.g., claims submission, EOBs, prior authorization submission)?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	25

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Aim to have quick credentialing timeframe. Dedicated team to assist providers in reaching their quality goals. Will conduct outreach to providers with over 15%, instead of the required 25%, of claims denied in a 90-day timeframe. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> The response lacks sufficient detail. The response does not fully demonstrate a method of approach that is desirable to the State. Minimal indication of having met with providers to garner provider-agreements or LOIs, even though noted outreach to provider associations. Minimal information on prior authorization process, including for emergency services. Did not provide process for providers to get PA waived. Did not mention recruitment plans, including incentives for recruitment, in rural and frontier areas. Proposed automation solution to update the provider directory does not align with Kansas' current process which requires provider data be sourced from KMAP.
General Notes	
<ul style="list-style-type: none"> Recommend follow up on plan to update the provider directory from provider records through CAQH (credentialing organization). This does not align with Kansas current process which requires provider data is sourced from KMAP. 	
Rating	

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	35	Case Scenarios	Method of Approach

RFP Technical Question
<p>Ernest is a senior executive with a hospital in a Rural area of the State. He reaches out to the bidder's Provider services call center seeking to find someone to speak to at an appropriate level in the MCO who will "take this situation seriously" and "has the authority to do something to try to fix this." Ernest explains that, as a Rural hospital, the ED provides a particularly important service for the community and surrounding area. The ED has, however, been struggling with the challenge of KanCare Members who present at the ED with significant psychiatric issues and who end up staying in the hospital's ED for extended periods because of a lack of available and suitable discharge options for them.</p> <p>Ernest reminds your Provider services representative that the ED is small and that as a Rural area, the community heavily depends on being able to access ED services. He shares that providing "psychiatric boarding" in the ED for these Members is problematic for many reasons, including: the loss of available treatment space; the challenges presented to his staff, who are not trained to provide psychiatric care; Members' agitation and other disruptive behaviors that escalate as the ED stay lengthens; and the effect of the Members' behaviors on other ED patients.</p> <p>Ernest states that he is concerned about the ED's ability to continue to ensure access to other patients in need of ED services, and that his staff, already under significant strain, may begin to leave hospital employment. Additionally, Ernest shares his concern that KanCare Members with psychiatric conditions do not have appropriate discharge options. Ernest says that while he recognizes this problem is not just limited to the bidder's MCO, your MCO is a contributor to the issue. Ernest wants to speak to the "right person" to understand what the bidder will do to address his concerns.</p> <p>Describe how the bidder will route and handle the call from Ernest, and the bidder's approach to addressing the Provider's concerns.</p>

RFP References	
7.3: Covered Services	7.3.1: Covered and Non-Covered Services
7.4: Care Coordination	7.4.10: Requirements for Specified Populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards 7.5.9: Network Management
7.6: Provider Services	7.6.5: Customer Services Center – Provider Assistance 7.6.6: Provider Representatives
7.7: Value-Based Purchasing Strategies	Entire Section

RFP References	
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	4.0: Mental Health Services

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's provider services call center will respond to the provider, including ongoing communication? 4. Does the response describe how the bidder's provider services representative will route the provider's concerns to the appropriate operational areas or leadership levels to lead the research, resolutions and will provide the provider with a point of contact for ongoing communication? 5. Does the response describe the bidder's use of quality assessment and performance improvement processes to develop and implement program improvement efforts? 6. Does the response describe how the bidder will research the concern, such as: <ol style="list-style-type: none"> i. Collection and analysis of available data and information that relate to the concern (e.g., network gaps, grievance and appeal data, provider complaints, ED utilization data, information from other EDs experiencing similar challenges, care coordination data); ii. Identification of contributing factors (e.g., lack of availability and/or knowledge of alternatives to ED services, delays in discharge planning, delays in coverage approvals for post-discharge services, network gaps for identified post-discharge services, discharge barriers due to SDOH); iii. Developing short and long-term strategies and interventions to address contributing factors (e.g., educating first responders about alternatives to ED services; taking steps to improve the timeliness of developing discharge plans and authorizing services; dedicating an MCO discharge coordinator to monitor timely and appropriate discharge planning and transition from the ED; addressing SDOH barriers to discharge; collaborating with providers and other MCOs to develop providers with capacity and capabilities to meet members' needs; designing and implementing provider incentives aimed at decreasing inappropriate ED utilization); and iv. Evaluating the effectiveness of the strategies to reducing psychiatric boarding (e.g., tracking the utilization and "length of stay" of members presenting at EDs with behavioral health needs, soliciting ED provider feedback)? 7. Does the response describe how the bidder will collaborate with CCBHCs and other MCOs to address systemic factors contributing to psychiatric boarding (e.g., gaps in specialty providers)? 8. Does the response describe how the bidder will communicate with the State related to significant provider issues, such as psychiatric boarding, and the potential role of the State in such matters? 9. Does the response describe how the bidder will continue to communicate with this ED provider, other similarly situated ED providers, CCBHCs, other MCOs involved, and the State throughout the improvement process?

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	35

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> Noted 988 education would be provided on discharge. Noted ED diversion program. Assign care coordinator at the ED to assist members. Offered support in writing and accessing grant funding, noting support for rural hospitals. Provide matching funds for psychiatric professionals. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> Response lacked sufficient detail. The response does not demonstrate a method of approach that is desirable to the State. Not clear how data will be collected and analyzed. Did not address strategy for effectiveness or provide details for partner collaboration. Minimal detail on ED diversion program, reliance on subcontractors. Call response does not seem to be an approach that could be scaled to meet demand; CSR routed the member to provider rep and then directly to CEO.
General Notes	
Rating	