

KanCare RFP Consensus Review Evaluation Guide

Care Coordination/Medical Management

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	4	Member Experience	Experience, Method of Approach

RFP Technical Question

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

RFP References

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

Response Considerations

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	4

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response described their outreach plan, detailing collaboration with community partners. • The response was data driven and described data elements to be evaluated. • The response focused on Diversity, Equity, and Inclusion, including hiring a diverse workforce. • The response included a justice involved component and tracking member's incarceration dates to actively engage members prior to release. • The response described a variety of value-added benefits offered to a broad range of members. • The response described offering a choice to members for communication preferences and integrating that choice into the member's care management plan. • The response described their mobile healthcare clinic targeted towards rural locations. • The response included strong incentives for pregnant and post-partum members. • The response described the use of peers and community health workers in their outreach strategy. • The response described an inclusive staff composition. • The response described outreach strategies that focused on diverse populations, including the LGBTQI+ community. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not describe how data would be used to identify hard to engage members. • The response primarily included call campaigns as an outreach strategy. • The response lacked details on examples of outcomes related to rural and/or frontier areas. • The response only described quality improvement activities for certain populations. • The response lacked sufficient detail to give the evaluation team confidence in the bidder's ability to operationalize the outlined activities.

Care Coordination/Medical Management

- The response included a strong approach for engaging transition aged youth from the foster care and juvenile justice systems.
- The response described multi-model communication methods for hard-to-reach members, including a “drive by” method of contact which resulted in increased contact in another market.
- The response described community events, including clinic days.
- The response included telehealth partnerships.
- The response emphasized utilizing community resources.

General Notes

- The evaluation team noted inconsistencies with the level of detail provided.
- The response included success stories, however lacked a direct connection to the Kansas population.
- The response noted a SDOH tool, however lacked detail regarding the planned use of the tool.
- The response description relied heavily on connecting members to existing community resources, rather than MCO led care coordination interventions.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	7	Integrated, Whole-Person Care	Method of Approach, Capabilities

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

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	7

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response described their Care Connections program, which is a program where nurse practitioners can go into member's homes to provide services. • The response described uses diverse personnel to assist members. • The response described hiring workforce from the member's community. • The response included strong visuals for caseload ratios. • The response described a one-year engagement with Kansas stakeholders and community-based organizations. • The response described exceeding contract standards for several requirements, including additional advocates for BH and LTSS and exceeding case load standards for high-risk pregnant members. • The response included data driven evidence for the effectiveness of some care coordination initiatives. • The response described maintaining an open recruiting pipeline. • The response described care coordination experience with rural and frontier areas in another state. • The response described their community transitions team, which would be a benefit to the State. • The response described their care coordination portal, which integrates alerts to community partners and providers and real time communication with members. • The response described proactive frequency and caseload monitoring reports. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response lacked detail regarding how case closure is addressed. • The response lacked a description of addressing cultural and linguistic needs of the population. • The response described peer support workers, however the bidder did not reference the Kansas peer certification process. • The response described the intent to co-locate for care coordination with existing community providers/organizations, but the description of co-location was not comprehensive and did not indicate statewide coverage of care coordination co-locations or the number of staff at each location. • The response described the intent to expand the use and diversity of peer support workers and community health workers within their workforce, but the details did not address the challenges related to the development of workforce capacity in Kansas. • The response lacked detail on method for determining care coordination staff location and how locations are monitored. • The response lacked sufficient detail on how local staff will engage with members face to face. • The response lacked description of the delineation of roles within the community care coordination model.

Care Coordination/Medical Management

- The response included a description of 17 disease management programs already in place.
- The response reflected an understanding of the needs for collaboration within a care coordination model.
- The response described their staffing model, including a justice system liaison and an LTSS support specialist.
- The response included a robust member engagement strategy, including engagement tasks.

General Notes

- In some of the examples provided, data was not included related to initiative outcomes.
- While it was helpful to know the average tenure of care coordinators in another market, it would have been helpful to know the average care coordinator tenure across their affiliates.
- The response lacked detail on how caseload ratios were developed.
- Their care coordination department directly reports to the CEO.
- The response provided insufficient detail regarding how the “remote” workforce is engaged in in-person activities.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	8	Integrated, Whole-Person Care	Method of Approach

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

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	8

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> The response described their previous successes of implementing CHWs in New Mexico, including expansion of CHWs to other markets, and presented data related to positive outcomes from CHW initiatives showing reductions of ED utilization and inpatient stays. The response indicated the bidder's intent to certify a number of their community care coordinators as CHWs. The response described the availability of the bidder's CHWs certification program to the broader community. The response detailed how CHWs will outreach to members. The response described paying for CHW and CHR medical translation services certifications. The response described their intent to become a certified education provider through the Kansas Community Health Worker Coalition, thus increasing the number of classes provided to CHWs. The response described planning for initiatives to incentivize provider offices to integrate CHWs. The response described moving the CHW training into a college credit program. The response described the development of an apprentice program for CHWs. The response included a plan to cross train peers as CHWs. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response indicated retaining current CHWs, however did not provide sufficient detail regarding retention strategies. The response did not include how they will evaluate and monitor the effectiveness of their CHW training plan. The response lacked a description of CHW support for members with SUD.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	9	Integrated, Whole-Person Care	Method of Approach

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

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	9

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The response indicated strong partnerships with FQHCs, CCBHCs, and other community partners. The response described the use of peer supports and CHWs in the integration of care. The response included value-based initiatives for the LBGTQI+ community. The response included a practice transformation team to assist providers with onboarding. The response discussed provider education and training, as well as sustainable reimbursement models. The response indicated they are committed to going live with value-based purchasing with a variety of provider types, including smaller providers. The response included an innovative value-based purchasing structure tailored to meet providers where they are, allowing for incremental improvement. The response described soliciting feedback from providers on provider concerns. The response described enhancing access to care coordination through extenders. The response described a commitment to collaborating with community organizations. The response described a commitment to integrating all SDOH platforms. 	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> The response did not include sufficient detail for evaluating and monitoring their three strategies. The response lacked detail on how the bidder will utilize telehealth services, including cultural and linguistic capabilities via telehealth. The response did not include sufficient detail regarding how leadership supports integrated care. The response described investing in community organizations but did not include sufficient detail regarding the nature of such investments or how these investments will be evaluated and monitored. The response described collaborating with IDD providers but lacked sufficient detail on anticipated outcomes and how they will be evaluated. The response described providing assistance for establishing a physical location for Minds Matter, which raises HCBS settings rule concerns.

General Notes

- There was a lack of cohesion within some areas of the response.

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	10	Integrated, Whole-Person Care	Method of Approach, Capabilities

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

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

RFP References	
Appendix L: Care Coordination Matrix	Entire Appendix

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	10

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The response described their use of a proprietary risk stratification modeling platform, which also includes a closed-loop referral system. The response described the functionality of the SDOH platform included in the provider portal. The response described incentives for providers to utilize CHWs. The response described actively engaging with providers and office staff regarding SDOH. The response included a closed-loop program in which they provide training and support to CBOs on SDOH. The response included initial and ongoing SDOH training plans for internal staff. The response indicated support of the Housing First model and Billable To Zero model, which is appealing to the State. The response highlighted their pay for quality program for providers' use of z-codes. The response described screening members annually for SDOH. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response included engaging and collaborating with SDOH resource providers with targeted outreach but did not provide sufficient detail. The response did not include a description of a provider training plan for SDOH. The response did not include any descriptions of value-added benefits to encourage members to participate in their healthcare. The response lacked detail on the specific metrics used to evaluate SDOH and how they would use data to inform actionable next steps at both an individual and systemic level. The response did not identify who follows up with members regarding SDOH for members not enrolled in care coordination.
General Notes	
<ul style="list-style-type: none"> The evaluation team expected additional information regarding outcomes related to the use of their proprietary risk stratification modeling platform. 	

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	12	Utilization Management and Services	Method of Approach

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

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

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

Response Considerations
<ul style="list-style-type: none">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
Molina Healthcare of Kansas, Inc.	12

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response described including providers in their UM committee. • The response indicated provider satisfaction as a measure that is included in their UM evaluation. • The response described an online platform to schedule peer reviews at convenient times for the provider and within 24 hours. • The response described a strong provider portal, which integrates all services and allows for immediate response on certain prior authorizations. • The response described evidence-based, easy to access clinical criteria, including MCG sites and the use of ASAM criteria for guidance and transparency. • The response indicated the UM committee meets quarterly and will evaluate removing PAs if nearing 100% approval thus reducing provider burden. • The response described the bidder's transparency tool, which helps streamline the PA process. • The response indicated they will submit their UM plan and evaluation to the State annually. • The response included a comprehensive UM strategy. • The response discussed training UM reviewers on criteria for referrals to care coordination. • The response indicated all UM activities are performed in house. • The response described honoring PAs for the first 90 days for in - network and out-of-network providers. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response does not describe how EPSDT access will be assured. • The response did not specify how they will train and educate providers on the PA process.

- The response indicated they have a 99% rate of inter-rater-reliability for PAs.
- The response included a detailed description of their UM reviewers.
- The response indicated the bidder exceeds provider call center standards, including hours of operation and response time.
- The response described using clinical information contained within their system to complete pharmacy PAs to reduce provider burden.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	13	Utilization Management and Services	Method of Approach

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	13

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The response provided a comprehensive outline of their compliance with parity requirements and emphasized a whole-person approach. The response indicated the bidder has no negative parity findings across their affiliates. The response described the development and pending implementation of a mental health parity specific dashboard, which is an internal tool to help monitor the bidder's parity compliance. The response described proactively soliciting feedback from the KanCare member advisory committee and provider advisory committee regarding parity performance. The response described parity experience across 18 Medicaid health plan affiliates. The response described a cross functional behavioral health team across multiple markets that examines behavioral health best practices. The response described an integrated clinical system available to all providers, which reinforces the whole-person care approach. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response primarily focused on mental health and lacked detail regarding SUD. The response indicated only key personnel would undergo annual parity training. The response did not outline how they will monitor non-quantitative treatment limitations. The response did not describe how they would remediate any policies that do not align with parity requirements. The response had a heavy emphasis on the number of resources and number of referrals made, rather than focusing on referral entities that would meet the member's need.
General Notes	
<ul style="list-style-type: none"> The response lacks clarity on how in-house UM activities for behavioral health increases transparency and accountability. 	

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	14	Utilization Management and Services	Experience, Method of Approach, Capabilities

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

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	14

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response indicated the bidder performs UM activities in-house, which is desirable to the State. • The response indicated they exceed the contract standard for loading PDL timeframes. • The response indicated they will analyze pharmacy utilization data to drive improvements. • The response described identifying trends, implement targeted interventions, and monitor performance and outcomes, and provided an example from another market. • The response described two initiatives, including an initiative for long-acting injectable anti-psychotics for members with medication adherence issues which produced positive results. The example included a detailed timeline outlining the progression of the initiative. • The response indicated their CEO is knowledgeable in pharmaceutical topics and has previous experience as the executive director of the Kansas Pharmacy Association. • The response described a single point of contact for pharmacies. • The response included an example of identifying and improving prescribing patterns. • The response described pharmacy data from the PBM is fully integrated into their clinical system. • The response described a proactive approach to introducing new initiatives aimed at improving clinical outcomes. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response included multiple examples, however the examples lacked innovation. • The response touched on the appropriate use of psychotropic drugs, however lacked sufficient detail regarding the use for LTSS members. • The response did not address polypharmacy. • The response indicated collaboration with state agencies and other stakeholders but lacked detail on the type and frequency of collaboration.

General Notes

- The response indicated the bidder does not currently have a Kanas specific pharmacy manager.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Molina Healthcare of Kansas, Inc.	18	Utilization Management and Services	Method of Approach

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

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

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

Bidder Name	Question Number
Molina Healthcare of Kansas, Inc.	18

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The response included a value-added benefit of \$800 annually for dental services. The response included comprehensive pregnancy and post-partum value-added benefits, such as \$100 for a crib. The response described an SDOH platform accessible to members at no cost. The response described a value-added benefit of \$5000 for transition assistance for members transitioning out of a NF to a community setting. The response included multiple transportation value-added benefits, including unlimited transportation for youth in foster care to attend extracurricular activities. The response described providing a youth bike and helmet as a value-added benefit. The response described up to \$350 to cover costs related to obtaining a GED or getting criminal records expunged as a value-added benefit. The response included a smoking cessation program. The response described incentivizing well-child visits. The response described the Molina health tracker for oversight and tracking of value-added benefits. The response described a value-added benefits committee that tracks and monitors value-added benefit outcomes and makes adjustments to the array of value-added benefits offered as a result of tracking and monitoring. 	<ul style="list-style-type: none"> The response indicated one pair of glasses for adults, however this is already a Medicaid benefit. The response included lactation consultants as a value-added benefit, however, did not provide sufficient detail in how this benefit is different than the service already provided through the Medicaid program. The response described providing funds for a healthy foods program but did not provide specific detail regarding dollar amounts. The response described their MyMolina application for members as a value-added benefit, but this is not considered a value-added benefit.

- The response described behavioral health caregiver therapy as a value-added benefit for care givers.
- The response described providing funding for age-out foster care transitions.
- The response described providing funds for a vocational education program.
- The response described a free phone, service, and pre-installed Molina Care Coordination application.
- The response included a large list of value-added benefits which benefit a broad range of the population.

General Notes

Rating

N/A