

**KanCare RFP
Consensus Review Evaluation Guide**

Care Coordination/Medical Management

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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
<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 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? Does the bidder’s response describe engagement strategies for both individual and systemic levels? 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? Does the response describe strategies to engage hard-to-reach members to participate in care coordination? Does the response describe engagement strategies, such as:

Response Considerations

- i. Using member incentive programs;
 - ii. Educating members about the availability of incentives, value-added benefits and in lieu of services;
 - iii. Using MCO care coordination resources to promote outreach and engagement;
 - iv. Using community resources (e.g., leveraging PCPs, community-based care coordination entities, community health workers) to support outreach and engagement;
 - v. Incorporating member and family health literacy and linguistic/cultural considerations into outreach and engagement strategies;
 - vi. Educating members through publication of member information in multiple formats (e.g., online, written materials, texts);
 - vii. Using the secure member web portal for member engagement and health care participation; and/or
 - viii. Using the member call center to engage members and families.
8. Does the response describe the use of quality improvement processes to identify barriers, implement interventions, measure efficacy, and revise member engagement strategies as necessary?
 9. Does the bidder's example include a measurable impact of the approach on outcomes?
 10. Does the bidder provide an example of a strategy that is relevant and transferrable to KanCare?

Bidder Name
Sunflower State Health Plan, Inc.

Question Number
4

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response was comprehensive and included a high-tech and high-touch approach. • The response described how they engage members and perform outreach with various methods, including member surveys for feedback, life share navigators, community health workers, and an agent assist to chat option for the portal. • The response included previous experience with KanCare, incentives for completing the HRA, and success stories. • The response provided specific intervention examples and showed improved outcomes, including an increase in well-child visits, prenatal visits, diabetes testing, and PCP visits. • The response described an award won by the MCO for their First Year of Life program and how the program measures impact. • The response described multiple programs, including a SUD program for pregnant women that uses SUD case management and their disease management program that uses health coaches to educate members. • The response described honoring member engagement preferences. • The response included multiple value-added services, including Start Smart for Baby and My Health Pays. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response should provide more details, including impact data for the first year of life program. • The response lacked a description of ILOS. • The response lacked information regarding quality improvement strategies for member engagement. • The response provided small examples but lacks information on using data to identify member engagement strategies from a holistic approach.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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 1915(c) HCBS Waiver and have a temporary or transitional need for Care Coordination; How the bidder’s Care Coordination program interfaces with its disease management resources and activities. The bidder’s processes and systems that will be used to share and exchange information with those involved in the care and treatment of the KanCare Member to optimize integrated, longitudinal, whole-person care. The bidder’s approach to monitoring and ensuring that KanCare Members receive necessary services, supports, and resources necessary to improve individual and population outcomes.

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

Response Considerations
<ol style="list-style-type: none">1. Does the response fully address all aspects of the question?2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?3. Regarding subpart a, the bidder's care coordinator staff distribution and location, does the bidder's response describe:<ol style="list-style-type: none">i. The physical location of its care coordinators;ii. How the bidder determines appropriate distribution of its care coordinators and ensures geographical proximity to members; andiii. 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; andii. 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; andv. 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; andiii. 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; andiv. How the bidder will monitor and address care coordination vacancies (e.g., temporary reassignment of cases within the bidder's care coordination team, leveraging community care coordinator and care coordination/case management entities, notifications to the member)? <p>9. Regarding subpart g, identifying and supporting the needs of members who are not on a 1915(c) HCBS Waiver and have a temporary or transitional need for care coordination, does the bidder's response describe:</p> <ul style="list-style-type: none">i. Temporary or transitional member needs or circumstances in which the member would benefit from time-limited care coordination (e.g., follow-up care from ER visit, hospital discharge that requires in-home care, linkages to community resources);ii. How the bidder will identify the need for temporary or transitional care coordination;iii. How the bidder will offer and engage the member in temporary/transitional care coordination; andiv. 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; andii. 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; andiii. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts?

Bidder Name
Sunflower State Health Plan, Inc.

Question Number
7

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response provided many Kansas-specific examples of success. • The response described multiple staff locations, including a layered heat map, multiple care coordination locations, and how staff distribution meets member needs. • The response described low turnover rates for care coordinators and having backup care coordinators to fill absences. • The response described working with providers on non-duplication of case management, communication with the provider network to limit duplicate services, and how care coordination case load ratios are established. • The response described providing community care coordinators with dashboard reports, including actionable data. • The response described a care management platform to support care management efforts, limit duplication, and clearly define roles and interaction with other roles. • The response described multiple positive outcomes resulting from their care coordination model, including an increase in PCP visits. • The response described using peer specialists for their hard-to-reach populations and providing life share navigator for members not in care coordination. • The response included a description of three levels of care coordination. • The response included a strong prevention standpoint. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response lacked a description of utilization of individuals “with lived” experience. • The response lacked information regarding how members/providers refer themselves/members to care coordination. • The response lacked innovation for engaging hard to reach members.

- The response described enrolling pregnant members in Smart Start program.
- The response described interfacing with providers, including acknowledging and supporting providers with varying technical capabilities.
- The response provided impact statistics for care coordination.
- The response included a person-centered approach (e.g. Life Sharing model).
- The response included a well-rounded process for delegation of community care coordination, including sharing an IT system.

General Notes

- The evaluation team requests clarity on caseload ratios.
- The evaluation team requests more detail on what triggers movement between the three levels of care coordination.

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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:
 - i. Identify and describe appropriate roles and responsibilities for CHWs/CHRs (screening for health-related social needs and barriers, health promotion and coaching, health system navigation and resource coordination, health education, care planning);
 - ii. Describe how the bidder will provide necessary training to CHWs/CHRs to successfully perform their roles and responsibilities; and
 - iii. Describe how the bidder will evaluate the effectiveness of the training and modify training to improve the effectiveness as necessary?
5. Regarding subpart c, measuring, monitoring, and evaluating whether certified CHWs/CHRs are effectively fulfilling their roles and responsibilities to improve Member care, individual outcomes and population health, does the response:
 - i. Describe the roles and responsibilities of MCO staff CHWs/CHRs versus provider CHWs/CHRs;
 - ii. Describe how the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts;
 - iii. Describe additional support it will provide to CHWs/CHRs in addition to training;
 - iv. Describe how the bidder will support CHWs/CHRs to integrate and interface with the bidder's organization and
 - v. Describe how the bidder will use quality improvement processes to develop, measure, monitor, and adjust (when necessary) the roles and responsibilities of CHWs/CHRs to improve member care, individual outcomes, and population health?

Bidder Name
Sunflower State Health Plan, Inc.

Question Number
8

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The response indicated they employ 15 CHWs and will hire 5 additional CHWs and a tribal liaison. The response described their closed loop referral database, including a workflow for prompting follow-up responses and informing further programmatic improvements. The response included their CHW certification process, specialized training, and contributing to a CHW scholarship. The response provided detail regarding the roles of CHWs. The response described CHW liaisons available in hospitals in underserved areas and shared data regarding the number of people touched each month. The response described an example of maternal CHWs assisting a pregnant member. The response described evaluation metrics to determine impact. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response lacked detail regarding retaining and recruiting CHWs. The response was vague regarding the CHR/tribal liaison roles. The response should have provided more explicit examples utilizing CHWs/CHRs and related outcomes. The response lacked detail regarding how partnerships with CBOs are developed and maintained. The response lacked detail regarding the efficacy and value of the closed loop referral platform, the Find Help platform. The response did not specify how they monitor the effectiveness of their CHW training. The response did not differentiate between an MCO CHW and provider CHW.

General Notes
<ul style="list-style-type: none"> The response described their process, tools, and quality improvement activities, but could have provided specific examples demonstrating the effectiveness of the process, tools, and activities.

Rating

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Does the response demonstrate an understanding of integrated, whole-person care? 4. Does the response describe three strategies for advancing integrated, whole-person care? 5. Does the response describe strategies that: <ol style="list-style-type: none"> i. Address cultural, linguistic, and health literacy considerations; ii. Implement value-based purchasing arrangements and other financing strategies that incentivize integrated, whole-person care;

Response Considerations

- iii. Promote and utilize health information technology and systems to share health care data and information with those providing care to the member;
 - iv. Deliver holistic care coordination that identifies, coordinates, and addresses whole-person needs, including social determinants of health;
 - v. Contract with and support providers and care coordination entities that offer integrated settings and models (e.g., CCBHCs, Health Homes);
 - vi. Provide staff and provider training to enhance and promote models of integration;
 - vii. Leverage the use of telehealth or other virtual care platforms and shared practice spaces to integrate care and
 - viii. Include key MCO leadership coordinating and driving integration, whole-person care efforts?
6. Does the response describe strategies that are likely to be successful and result in measurable improvements to integrated, whole-person care for members?
7. Does the response describe the process the bidder will use to measure, monitor, and evaluate the effectiveness of its integrated, whole person care strategies, including:
- i. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts; and
 - ii. How the bidder will use performance measure data to track and manage overall health outcomes and population health improvements?

Bidder Name
Sunflower State Health Plan, Inc.

Question Number
9

EVALUATOR NOTES

Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> • The response described three levels of strategies, integrating members, providers, and systems. • The response described integration at the provider level related to their Foster Care Center of Excellency, which describes how they will integrate whole person care. • The response described the Life Share framework expanded to all members. • The response described having Life Share navigators, who are experts in Life Share for consultation with internal staff, providers, and members. • The response included a care coordination single point of contact, as well as various liaisons. • The response described the use of the SBIRT screening tool used by providers. • The response described offering technical assistance to providers focusing on integrated care. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not include a plan to assist members with health literacy issues or linguistic barriers. • The response did not indicate any leadership oversight for reaching their goal of whole-person, holistic care. • The response did not include details regarding operationalizing provider strategies for whole person care, including provider financial incentives (VBP strategies). • The response included measures but did not include enough detail on the evaluation process for effectiveness or how adjustments will be made to strategies based on results. • The response lacked detail on monitoring and how oversight will occur.

General Notes

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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
Sunflower State Health Plan, Inc.

Question Number
10

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response described a SDOH dashboard that aggregates screening, assessment, and claims data. • The response described their life stage model and the composition of their SDOH team. • The response indicated their care coordination staff has an average tenure of five years. • The response described performing outreach to all new members five times within the first 30 days to complete a health screening, as well as completing a mini screen at every interaction with the member. • The response included examples that provided evidence of members utilizing services and benefiting from SDOH activities. • The response described using Project SEARCH to assist IDD members in job-finding, which is expanding to multiple employment sites. • The response described their mobile application targeting social isolation, to be implemented in the future, which has shown efficiencies in other markets. • The response described identifying health equity neighborhoods within the State and partnering with communities for health-related events or initiatives. • The response included multiple examples that demonstrated the commitment to SDOH, at an individual and population level. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response described a peer liaison as part of the care coordination model, but lacked details about how peer support is integrated into the model to support SDOH. • The response lacked detail regarding measuring outcomes for the various initiatives listed, including evaluation of pilot programs. • The response does not include how staff will be educated or trained on SDOH tools. • The response does not include how members will be educated on value-added benefits or how they will use the member functionality within the closed-loop referral system.

- The response described their SDOH rewards program, which rewards providers financially for using z-codes and provides a z-code dashboard.
- The response described their closed-loop referral system.

General Notes

- The response is very broad and could take away from more targeted approaches with more measurable impacts.

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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

- 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
Sunflower State Health Plan, Inc.

Question Number
12

EVALUATOR NOTES

Response Strengths
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response reflected a multidisciplinary approach focusing on whole-person care, including a focus on the provider experience. • The response provided examples of decreasing preventable hospital admissions/readmissions due to participating in hospital rounds. • The response described monitoring data for inappropriate service utilization. • The response described meeting with providers with high denial rates for education on prior authorizations. • The response described the bidder’s integrated platform for utilization management and care coordination. • The response described a dedicated inbox for EVV concerns. • The response included a committee structure for quality improvement activities. • The response included specific performance metrics for prior authorizations. • The response indicated 100% alignment in inter-rater reliability testing. • The response indicated there is a review process for prior authorization reduction and that emergency services do not require prior authorization. • The response demonstrated review and oversight of provider call center performance.

Response Weaknesses
<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not describe using data from appeals or State hearings to identify UM concerns. • The response lacked a description of a formal training or education plan to educate providers on the prior authorization process. • The response lacked detail regarding how stakeholders are engaged within the UM process.

- The response included auth digital assistance which allows for some instant authorization approvals.
- The response described streamlining behavioral health prior authorization for PRTFs in collaboration with other MCOs.
- The response included a description of an evidence-based, structured UM process.

General Notes

- The response indicated ongoing collaboration with other MCOs in support of UM activities. What activities are occurring and how do they impact the bidder's UM operations?

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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
Sunflower State Health Plan, Inc.

Question Number
13

EVALUATOR NOTES

Response Strengths
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response described the use of evidence-based assessment tools as part of their medical necessity determination. • The response described alignment of behavioral health and SUD standards with physical health standards. • The response described scoring 100% on annual parity audits. • The response described their 14-point priority assessment, which includes prioritizing court-ordered and involuntary treatment. • The response indicated they have a top compliance rating. • The response provided a bio on their Director of Behavioral Health Services that evidenced their behavioral health experience. • The response indicated the UM committee completes an annual parity assessment and reports findings to the health plan and the State. • The response indicated that UM leadership submits a number of cases sent for MD review and feedback from MD review is shared among staff. • The response indicated robust staff training. • The response described integrated case rounds, reinforcing an integrated approach. • The response described a designated parity officer, who completes annual assessments.

Response Weaknesses
<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response lacked a process outline regarding what action will be followed if a policy is not followed or out of compliance. • The response described the process for analyzing the provider network, however it lacked a description of remediation activities when deficiencies are identified.

General Notes

- Statistics regarding the number of parity concerns addressed in the past would be good to know.
- Is the parity audit referenced at 100% an internal or external audit?

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Does the response describe the Pharmaceutical Director’s role for clinical and administrative pharmacy activities? 4. Does the response describe how the bidder will support pharmaceutical best practices and collaborate with the State on designing, implementing, and evaluating, pharmaceutical initiatives that are relevant to the KanCare program and populations, such as: <ol style="list-style-type: none"> i. Ensuring the appropriate use of psychotropic medications, particularly for members who are in foster care, nursing facilities, or receiving LTSS? ii. Identifying and addressing polypharmacy and contraindications to avoid adverse outcomes? iii. Standardizing utilization management requirements and processes? iv. Increasing pricing transparency and cost savings, and preventing/remediating fraud, waste, and abuse? v. Monitoring prescribing practices and outcomes, and providing data and best practice education to prescribers? vi. Contributing to the State’s quarterly pharmaceutical meetings? vii. Providing data and support to the State in addressing questions about the efficacy, safety, and cost of new and existing therapies? viii. Proactively introducing initiatives aimed at improving clinical outcomes for members and populations? 5. Regarding the bidder’s response to describing an innovative clinical initiative: <ol style="list-style-type: none"> i. 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
Sunflower State Health Plan, Inc.

Question Number
14

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is excellent.</p> <ul style="list-style-type: none"> • The response provided multiple examples of how they participate in pharmacy initiatives, including collaboration with the State and/or other MCOs. Examples include anti-psychotic use in NFs, 90-day policy, high-dollar rare disease drugs, and oncology related drugs. The initiatives resulted in savings related to an initiative, reduced member burden, and reduced use of anti-psychotics in NFs. • The response described sharing data with the State for informing policy making, including data for MAT, anti-obesity medications, continuous glucose monitors, and approval and denial rates. • The response described active engagement with stakeholders within the State. • The response included clinical initiatives, such as comprehensive medical reviews and targeted medical interventions. • The response described their ability, willingness, and experience using a single pharmacy benefit manager. • The response described value-based purchasing for pharmacies that meet certain HEDIS measures. • The response described a program to internally review prescriptions for youth members prescribed multiple psychotropic drugs to mitigate risk of adverse drug reactions. • The response described two interactive programs to streamline the PA process and increase efficiency for providers. 	

- The response described their lock-in process in compliance with the RFP and included evidence of decreased ED and IP utilization.
- The response outlined the experience and qualifications of the Pharmacy Director, as well as their local staff.
- The response indicated they support local pharmacies by contracting with independent pharmacies and recruiting MAT practitioners in underserved areas.

General Notes

- While the response indicates they will comply with RFP requirements, they did not specifically state they would use the State PDL.
- The response does not address the use of long term injectable anti-psychotic drugs.

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, 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"> 1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Do the proposed value-added benefits align with the benefits MCOs are “encouraged” to provide? 4. Does the response describe how the bidder identified the proposed value-added benefits, including any data or research to support their value to the applicable KanCare populations? 5. Does the response describe benefits that are not already covered under the State plan? 6. Does the response describe benefits that are designed to meet KanCare member’s needs and support the goals of KanCare? 7. Does the response describe benefits that will benefit all members and are available statewide? 8. Are any benefit limitations proposed by the bidder reasonable? 9. Do the bidder’s proposed value-added benefits add value to the KanCare program, address member needs, and improve health outcomes? 10. Does the response describe how the bidder will measure and analyze the impact and value of the value-added benefits?

Bidder Name
Sunflower State Health Plan, Inc.

Question Number
18

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The response described a mobile dental van for preventative services and a benefit of \$500 for preventative dental services. The response described a welcome home program for members transitioning from another setting. The response described utilizing their integrated care team to ensure no duplication of services. The response included a tobacco cessation reward. The response described a traditional healing benefit for American Indian/Alaskan Native members. The response included a variety of value-added benefits that align with the goals of KanCare and the RFP. The response described a value-added benefit of providing car seats for mothers. The response described providing hospital companionship for hospitalized members. The response clearly delineated new and current value-added services, including data related to the use and outcomes for current value-added services. The response described post-discharge meals for members identified at risk for readmission after discharged from an IP stay. The response described training on mental health first aid for members and providers. The response described paying for internet services for members receiving HCBS services. 	<ul style="list-style-type: none"> The response did not identify the composition of the performance improvement committee tasked with evaluating the value-added benefits. The response did not describe provider education for value-added benefits. The response did not describe where their value-added benefit data is tracked.

General Notes

- The response included value-added benefits whose value is unclear.

Rating

N/A