

**KanCare RFP  
Consensus Review Evaluation Guide**

**Care Coordination/Medical Management**

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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
<ol style="list-style-type: none"> <li>Does the response fully address all aspects of the question?</li> <li>Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li> <li>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?</li> <li>Does the bidder’s response describe engagement strategies for both individual and systemic levels?</li> <li>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?</li> <li>Does the response describe strategies to engage hard-to-reach members to participate in care coordination?</li> <li>Does the response describe engagement strategies, such as:</li> </ol>

**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
UCare Kansas, Inc.

Question Number
4

EVALUATOR NOTES	
<p><b>Response Strengths</b></p> <ul style="list-style-type: none"> <li>• The response focused on multiple SDOH elements.</li> <li>• The response described collecting member’s preferred communication channels and prioritizing the member’s preference.</li> <li>• The response described leveraging CHWs, including a description of their role.</li> </ul>	<p><b>Response Weaknesses</b></p> <p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>• The bidder did not describe how the data provided ties to member engagement.</li> <li>• The response lacked concrete examples on member engagement strategies.</li> <li>• The response indicated there is an “unable to reach team” but did not describe how the team will function.</li> <li>• The response lacked strategies describing how the bidder will engage members in HRAs and health screens.</li> <li>• The response did not describe how the bidder will educate members on value-added benefits.</li> <li>• The response included only two targeted disease management programs.</li> <li>• The response does not include a description of a member portal.</li> <li>• The response described a willingness to participate in community events but lacked details regarding the nature of the participation.</li> <li>• The response described the bidder’s partnership with a rural clinic but lacked details regarding the applicability of the example to the State.</li> <li>• The response lacked sufficient detail regarding the role of care coordination in member engagement.</li> </ul>
<p><b>General Notes</b></p>	

**Rating**

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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"> <li>The bidder’s proposed care coordinator staff distribution and location.</li> <li>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).</li> <li>The roles, responsibilities, and functions for staff performing Care Coordination responsibilities.</li> <li>The bidder’s approach and strategies to effectively engaging Members, particularly those who may be more challenging to engage, to participate in Care Coordination.</li> <li>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.</li> <li>Case assignment considerations and how the bidder monitors and manages vacancies to ensure Members’ continuity of care.</li> <li>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;</li> <li>How the bidder’s Care Coordination program interfaces with its disease management resources and activities.</li> <li>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.</li> <li>The bidder’s approach to monitoring and ensuring that KanCare Members receive necessary services, supports, and resources necessary to improve individual and population outcomes.</li> </ol>

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

<b>Response Considerations</b>
<ol style="list-style-type: none"><li>1. Does the response fully address all aspects of the question?</li><li>2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li><li>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"><li>i. The physical location of its care coordinators;</li><li>ii. How the bidder determines appropriate distribution of its care coordinators and ensures geographical proximity to members; and</li><li>iii. How the bidder monitors appropriate distribution of care coordination staff?</li></ol></li><li>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"><li>i. Does the response acknowledge the primary care coordination role of CCBHCs and OneCare Kansas providers/partners?</li><li>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?</li><li>iii. Does the response acknowledge the bidder's ultimate responsibility to ensure members receive the appropriate level of care coordination to address their needs?</li><li>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?</li><li>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?</li></ol></li><li>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"><li>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</li><li>ii. Appropriate oversight of care coordinators?</li></ol></li><li>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"><li>i. Address the cultural and linguistic needs of members;</li><li>ii. Educate members about the availability and benefits of care coordination;</li><li>iii. Use local community resources (e.g., community-based care coordination entities, community health workers) to support outreach and engagement;</li><li>iv. Use multiple methods and attempts to perform outreach and ongoing engagement; and</li><li>v. Have different strategies to engage members across various settings (e.g., inpatient, nursing facility, and community-based settings)?</li></ol></li><li>7. Regarding subpart e, the bidder's proposed care coordination caseload ratios, does the bidder's response describe:<ol style="list-style-type: none"><li>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);</li><li>ii. How the bidder will evaluate appropriateness of caseload ratios; and</li><li>iii. The circumstances that trigger a review or adjustment of caseload ratios?</li></ol></li><li>8. Regarding subpart f, case assignment considerations and managing vacancies to ensure members' continuity of care, does the bidder's response describe:</li></ol>

<b>Response Considerations</b>
<ul style="list-style-type: none"><li>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;</li><li>ii. How the bidder will evaluate appropriateness of caseload assignments;</li><li>iii. The circumstances that trigger a review or adjustment of caseload assignments; and</li><li>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)?</li></ul> <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"><li>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);</li><li>ii. How the bidder will identify the need for temporary or transitional care coordination;</li><li>iii. How the bidder will offer and engage the member in temporary/transitional care coordination; and</li><li>iv. How the bidder will address case closure?</li></ul> <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"><li>i. How respondent supports information sharing and exchange among parties involved in the care and treatment of the member; and</li><li>ii. The bidder's electronic care management system and capabilities for using its data systems to share and exchange information timely?</li></ul> <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"><li>i. How the bidder will identify and follow up on member-specific and systemic opportunities for improvement;</li><li>ii. How the bidder will monitor and evaluate performance/outcomes for its care coordination program at the individual and population level; and</li><li>iii. How the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts?</li></ul>

Bidder Name
UCare Kansas, Inc.

Question Number
7

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> <li>The response described how care coordinators and member engagement specialist attempt to contact hard-to-reach members.</li> <li>The response included a description of data sources used to identify hard-to-reach members.</li> <li>The response described low caseload ratios for care coordination which is desirable to the State.</li> <li>The response described a localized approach, working with local providers.</li> <li>The response included helpful visuals of the care coordination team.</li> <li>The response described using a single point of contact for the member's care team.</li> <li>The response indicated twenty years of experience in care coordination.</li> <li>The response included a description of their Guiding Care platform, that can be accessed by both care teams and providers.</li> <li>The response described their care coordinator turnover rate of 3.2% as an industry leading low turnover rate.</li> <li>The response described hiring beyond state requirements, including a full-time social service director and a member engagement specialist(s).</li> <li>The response described three member advocates, one for LTSS, one for BH, and one for HCBS.</li> </ul>	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> <li>The response described hiring a specific number of staff, but the geographic distribution of care coordinators was vague.</li> <li>The response did not describe how the bidder will monitor the geographic distribution of care coordinators.</li> <li>The response did not describe the triggers or how adjustments will be made to caseload ratios.</li> <li>The response did not include a process for members to self-identify a need for care coordination.</li> <li>The response was unclear regarding how the bidder will ensure individual members are receiving the appropriate level of services and/or resources.</li> <li>The response lacked information and sensitivity around the role of peer specialists in the care coordination process.</li> <li>The response did not address cultural and linguistic competencies of the care coordination staff.</li> <li>The response did not clearly delineate the roles of community care coordinators and MCO care coordinators.</li> </ul>

- The response described a social services care team focused on SDOH.

#### General Notes

- The response indicated the bidder currently has a Kansas City location (not specified whether Missouri or Kansas) and will expand if awarded.
- The response indicated all staff will be Kansas residents but fails to recognize that Kansas City encompasses both Kansas and Missouri.

#### Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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"> <li>Utilizing and promoting the use of certified CHWs/CHRs as MCO staff and/or Providers located within local communities across Kansas.</li> <li>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.</li> <li>Measuring, monitoring, and evaluating whether certified CHWs/CHRs are effectively fulfilling their roles and responsibilities to improve Member care, individual outcomes and population health.</li> </ol>

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"> <li>Does the response fully address all aspects of the question?</li> <li>Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li> <li>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"> <li>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?</li> <li>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)?</li> <li>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?</li> </ol> </li> </ol>

<b>Response Considerations</b>
<p>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:</p> <ul style="list-style-type: none"><li>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);</li><li>ii. Describe how the bidder will provide necessary training to CHWs/CHRs to successfully perform their roles and responsibilities; and</li><li>iii. Describe how the bidder will evaluate the effectiveness of the training and modify training to improve the effectiveness as necessary?</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>i. Describe the roles and responsibilities of MCO staff CHWs/CHRs versus provider CHWs/CHRs;</li><li>ii. Describe how the bidder will use quality improvement processes to develop, measure, and adjust (when necessary) its improvement efforts;</li><li>iii. Describe additional support it will provide to CHWs/CHRs in addition to training;</li><li>iv. Describe how the bidder will support CHWs/CHRs to integrate and interface with the bidder's organization and</li><li>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?</li></ul>

Bidder Name
UCare Kansas, Inc.

Question Number
8

**EVALUATOR NOTES**

Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> <li>The response indicated sixteen years of experience working with CHWs.</li> <li>The response described embedding CHWs into provider locations.</li> <li>The response described a rural hub initiative, which acknowledges tailoring initiatives to the underserved nature of rural and frontier areas.</li> <li>The response described ongoing CHW training, including a detailed plan.</li> <li>The response indicated the bidder pays for interpreter certification for CHWs.</li> <li>The response indicated a strong understanding of the benefit of CHWs located in the community they serve and recognized the cultural background of Kansas members.</li> <li>The response described their health improvement team model, which is their CHW model and included a brief description of the model's success.</li> </ul>	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response described using Pathways to identify 21 different SDOH issues but did not provide sufficient detail regarding the impact and relevance of results.</li> <li>The response lacked sufficient information regarding working with CHRs.</li> <li>The response did not address how they will build CHW capacity or the methods to retain the workforce.</li> <li>The response included a description of initiatives however lacked detail regarding how the initiatives would be replicated and scaled to the State.</li> <li>The response did not adequately describe a comprehensive approach on how they will measure and evaluate CHWs/CHRs for effectively fulfilling their roles or a system used to track these activities.</li> <li>The response did not indicate how the bidder will assess the effectiveness of their CHW training.</li> <li>The response did not delineate the roles of CHWs employed by the MCO and a provider.</li> </ul>

**General Notes**

- The response indicated employing CHWs who were past members but did not provide detail regarding the genesis of this hiring practice.

**Rating**

2

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

**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
UCare Kansas, Inc.

Question Number
9

EVALUATOR NOTES	
<p><b>Response Strengths</b></p> <ul style="list-style-type: none"> <li>The response described their fully integrated care strategy for dual eligible members. The bidder indicated they operate a FIDE D-SNP and described positive outcomes achieved through the model, including a HRA completion rate of over 90%.</li> <li>The response described the bidder’s commitment to investing in developing the care coordination workforce for dual eligible members.</li> <li>The response described the provision of grant funding through a subsidiary of the behavioral health trade association to support BH workforce development.</li> <li>The response described multiple value-added benefits, including a post-discharge medication reconciliation service with a pharmacist for members leaving IP or NF settings.</li> <li>The response described a staffing model for special populations to integrate care.</li> <li>The response described operating a BH triage line.</li> <li>The response described utilizing IntellectAbility for the completion of the HRST for IDD members.</li> </ul>	<p><b>Response Weaknesses</b></p> <p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response did not address member cultural or linguistic needs.</li> <li>The response did not provide sufficient detail for the bidder’s initiatives.</li> <li>The response described their value-based purchasing strategies in other markets but indicated no plan to implement value-based purchasing until year two of the contract.</li> <li>The response did not provide sufficient detail regarding the bidder’s roadmap for implementing a Kansas specific value-based purchasing strategy beyond their intent to work with providers in the development of the strategy.</li> <li>The response indicated the bidder will provide grant funding to CBOs and work with CBOs to measure, monitor, and evaluate grant funds but did not provide any details on how this will be achieved.</li> <li>The response descriptions of initiative monitoring and evaluation activities were limited.</li> <li>The response indicated the bidder has a relationship with an ACO serving members with disabilities but does not provide any detail regarding the number of Kansas members who will be covered under this initiative.</li> </ul>
<p><b>General Notes</b></p>	

**Rating**

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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"> <li>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).</li> <li>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.</li> <li>The bidder's approach to making SDOH resource information available to its staff and Providers responsible for addressing Members' SDOH needs.</li> <li>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).</li> <li>The bidder's efforts to engage, collaborate with, and support SDOH resource Providers.</li> </ol>

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"> <li>1. Does the response fully address all aspects of the question?</li> <li>2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li> <li>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)?</li> <li>4. Regarding subpart a, how the bidder will identify and track SDOH needs for members, does the response:             <ol style="list-style-type: none"> <li>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);</li> <li>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</li> <li>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?</li> </ol> </li> <li>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"> <li>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);</li> <li>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);</li> <li>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</li> <li>iv. Does the response describe the process for connecting members to available resources?</li> </ol> </li> <li>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"> <li>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</li> <li>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)?</li> </ol> </li> <li>7. Regarding subpart d, methods and tools the bidder will use to track Member access to necessary resources:             <ol style="list-style-type: none"> <li>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)?</li> </ol> </li> <li>8. Regarding subpart e, efforts to engage, collaborate with, and support SDOH resource providers:             <ol style="list-style-type: none"> <li>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</li> </ol> </li> </ol>

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

Bidder Name
UCare Kansas, Inc.

Question Number
10

**EVALUATOR NOTES**

Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> <li>The response described specialized staffing, such as having a housing specialist on staff.</li> <li>The response described offering providers CEU events with topics based on feedback from stakeholders and providers.</li> <li>The response indicated the bidder provides no cost SDOH training to providers.</li> <li>The response included efforts to collaborate with SDOH resources, including eviction prevention support by partnering with housing organizations and a mobile medical clinic that includes food resources and shower access.</li> <li>The response described a success example of tracking referrals in the Unite Us closed-loop referral platform.</li> <li>The response described incorporating member feedback into the bidder’s board meetings.</li> <li>The response included helpful visuals for the design of the core staffing model.</li> <li>The response described a designated social services team who will lead SDOH initiatives, which includes the director of social services.</li> <li>The response described using the consumer member advisory committee and disability advisory council as the bidder’s guide on the member engagement process for SDOH.</li> </ul>	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response described encouraging providers to use z-codes but did not provide details on how this will occur.</li> <li>The response lacked a plan to educate members on SDOH resources and value-added benefits.</li> <li>The response described initial SDOH training for internal staff but did not describe ongoing training.</li> <li>The response described committing grant funds to SDOH resource providers but does not include detail regarding how this will be operationalized in Kansas.</li> <li>The response lacked a Kansas specific description on how the bidder will outreach to hard-to-reach members, identify underserved individuals, or address cultural and linguistic needs.</li> </ul>

**General Notes**

- The response described using the Guiding Care platform with detailed scripting, however the use of detailed scripting is not person-centered.

**Rating**

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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"> <li>1. Does the response fully address all aspects of the question?</li> <li>2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li> <li>3. Does the response describe how the bidder will ensure appropriate utilization of services, such as:               <ol style="list-style-type: none"> <li>i. Establishing coverage policies that meet RFP requirements?</li> <li>ii. Complying with the State’s medical necessity and appropriateness criteria and prior authorization requirements, where established?</li> <li>iii. Monitoring to ensure timely authorization of services?</li> <li>iv. Monitoring to ensure consistent application of review criteria for authorization decisions (i.e., inter-rater reliability testing)?</li> <li>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?</li> <li>vi. Monitoring to ensure access to EPSDT services?</li> <li>vii. Monitoring over and underutilization and outliers to analyze utilization of services?</li> </ol> </li> <li>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"> <li>i. Collaborating with other MCOs, the State, and Providers to streamline and standardize service authorization processes and forms?</li> <li>ii. Collaborating with other MCOs, the State, and Providers to streamline and standardize the process for accessing DME, assistive services, and home modifications?</li> <li>iii. Requiring providers to use standardized authorization forms?</li> <li>iv. Allowing multiple methods for submitting authorization requests?</li> <li>v. Targeting the services that require prior authorization or concurrent review?</li> </ol> </li> </ol>

**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
Ucare Kansas, Inc.

Question Number
12

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> <li>The response described an approach to move away from transactional relationships and towards strategic partnerships with providers.</li> <li>The response described their gold card program to exempt high performing providers from certain PA requirements.</li> <li>The response described standardizing PA processes with the State and other MCOs.</li> <li>The response described standardizing the PA process for DME.</li> <li>The response referenced a pharmacy PA auto-approval process for certain medications which reduces provider burden.</li> <li>The response described how the bidder has access to provider’s electronic health record portal, reducing provider burden by directly accessing member health records.</li> <li>The response described monitoring complaints and appeals when reviewing UM trends.</li> <li>The response described quarterly and annual provider satisfaction surveys.</li> <li>The response described the education process for providers on how to engage the peer-to-peer process.</li> <li>The response described elements of the electronic PA process, such as only presenting relevant questions to the provider and accepting file attachments.</li> <li>The response provided a visual describing of the bidder’s Kansas based provider services team which is desirable to the State.</li> </ul>	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response did not include sufficient details about how the effectiveness of the bidder’s UM strategies will be monitored, for example the timeliness of PA completion.</li> <li>The response indicated they will gather provider feedback but did not describe how the feedback will be used to inform the UM program.</li> <li>The response lacked detailed case studies demonstrating the effectiveness of the bidder’s proposed UM strategies.</li> <li>The response did not discuss inter-rater-reliability testing or how the bidder will monitor the consistent review of PAs.</li> <li>The response does not reference monitoring to ensure access to EPSDT services.</li> <li>The response is not clear regarding if various methods of PA submission is permitted.</li> <li>The response did not provide sufficient detail regarding activities to reduce provider PA burden.</li> <li>The response did not describe how changes to the UM program would be communicated to providers.</li> </ul>

#### General Notes

- The response had a focus on claims processing timeliness, which is unrelated to UM activities.
- The response indicated the bidder evaluates provider pain points for Kansas providers however it is unclear if this is specific to the KanCare population.
- The response did not adequately address how the bidder's peer-to-peer process would be provider friendly.

#### Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare 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"> <li>4. Does the response fully address all aspects of the question?</li> <li>5. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?</li> <li>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)?</li> <li>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?</li> <li>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"> <li>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);</li> <li>ii. Monitoring for adherence to written UM policies, procedures, and processes determined to be parity-compliant; and</li> <li>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)?</li> </ol> </li> <li>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?</li> <li>10. Does the response describe how the bidder will document its activities to demonstrate compliance with MHPAEA requirements as required in the RFP?</li> </ol>

Bidder Name
UCare Kansas, Inc.

Question Number
13

**EVALUATOR NOTES**

Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> <li>The response described the bidder’s parity workgroup, which is overseen by compliance.</li> <li>The response described the bidder’s Health Services Management Council, which sets ratios and analyzes data regarding parity.</li> <li>The response indicated BH benefits will be managed in-house to ensure compliance with parity.</li> <li>The response indicated a good understanding of MHPAEA requirements and core tenants.</li> <li>The response included a parity specific risk assessment process.</li> <li>The response outlined the bidder’s utilization hierarchy that will be used in utilization review criteria.</li> </ul>	<p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response did not describe a process to follow when a parity or compliance concern is identified.</li> <li>The response demonstrated a lack of understanding of the requirements related to following the KanCare specific formulary.</li> <li>The response indicated an over-reliance on technology solutions that lacked a person-centered approach and can cause parity gaps.</li> <li>The response does not provide clear measures to assess the bidder’s compliance with parity requirements.</li> </ul>

**General Notes**

- The response does not provide detail about the parity workgroup composition or activities.
- The response referenced the concept of a quintuple-aim but did not describe how this relates to parity.

**Rating**

2

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

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

Bidder Name
UCare Kansas, Inc.

Question Number
14

EVALUATOR NOTES	
<p><b>Response Strengths</b></p> <ul style="list-style-type: none"> <li>The response described the bidder’s Opioid Performance Plan and included data results stratified by certain populations.</li> <li>The response described the bidder’s COVID Vaccine Equity program, which highlighted their commitment to DEI and included a financial incentive for members.</li> <li>The response described a transition of care program for members discharged from a hospital setting with multiple medications and included data driven results showing improved outcomes for members.</li> <li>The response described the bidder’s agreement to a single PBM.</li> </ul>	<p><b>Response Weaknesses</b></p> <p>The response is minimally acceptable.</p> <ul style="list-style-type: none"> <li>The response did not include detail regarding the pharmacy director role.</li> <li>The response did not describe how psychotropic medication would be handled for certain populations.</li> <li>The response did not describe the location of the bidder’s examples and it is unclear if their experience is comparable to the KanCare population.</li> <li>The response did not include any description of the use of MAT in their Opioid Performance Plan.</li> <li>The response did not describe a process for standardizing UM processes.</li> <li>The response lacked information regarding Fraud Waste and Abuse prevention.</li> </ul>
<b>General Notes</b>	
<b>Rating</b>	

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

Bidder Name
UCare Kansas, Inc.

Question Number
18

**EVALUATOR NOTES**

Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> <li>• The response described providing back to school supplies as a value-added benefit.</li> <li>• The response described incentivizing preventative health services as a value-added benefit.</li> <li>• The response described providing an over-the-counter allowance of \$60 per quarter as a value-added benefit.</li> <li>• The response described the bidder’s health club and fitness kit as a value-added benefit for adults.</li> <li>• The response described providing a cell phone and 350 minutes per month as a value-added benefit.</li> <li>• The response describing providing two home-delivered meals per day for members discharged from a weeklong or longer NF stay as a value-added benefit.</li> <li>• The response described the bidder’s PyxHealth program to address loneliness as a value-added benefit.</li> <li>• The response described providing two routine footcare visits annually for members with diabetes as a value-added benefit.</li> <li>• The response described \$500 for adult dental services as a value-added benefit.</li> <li>• The response described providing a car seat and related safety education as a value-added benefit.</li> <li>• The response described transportation for parenting support activities as a value-added benefit.</li> <li>• The response described a Quit For Life tobacco cessation program, which includes financial incentives as a value-added benefit.</li> </ul>	<ul style="list-style-type: none"> <li>• The applicability of some value-added benefits may be limited due to the targeting of very specific populations.</li> <li>• The response described \$60 annually for enhanced eyewear as a value-added benefit, which may be insufficient.</li> <li>• The response described breast pump and lactation consultations as a value-added benefit, however these are already Medicaid benefits.</li> <li>• The response did not describe how the bidder will evaluate the impact of the value-added benefits.</li> <li>• The response included care-giver support, however the bidder did not describe the benefit.</li> <li>• The response described a fitness kit, however the value of a fitness kit for children is not demonstrated.</li> <li>• The response included duplicate descriptions of value-added benefits.</li> <li>• The response described providing \$250 annually for pest control services as a value-added benefit, however this is limited to waiver members (and waitlisted members) who own their home.</li> </ul>

- The response described conducting annual surveys on value-added benefits and the ability for members to utilize the value-added benefits.

**General Notes**

- The response described how they will monitor value-added benefit appeals; however value-added benefits cannot be appealed.

**Rating**

N/A