

KanCare RFP Consensus Review Evaluation Guide

Care Coordination/Medical Management

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, Inc.	4	Member Experience	Experience, Method of Approach

RFP Technical Question

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

RFP References

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

Response Considerations

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	4

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> The response described the bidder's personal care checklist on the member portal, which is a member specific to-do list tied to the member's unique needs and includes using claims-based information to alert members for potential follow-up. The response described a doctor chat functionality available 24/7 and includes the ability for some prescribing. The response described offering value-added benefits and reward incentives for completing health related tasks. The response described the bidder's outpatient shared savings program for providers to increase member engagement post behavioral health inpatient stay. The response described the bidder's closed loop referral system for SDOH, which generates automatic outreach to a member if the referral is not closed within a certain timeframe. The response described the ability for members to book transportation online. The response indicated the bidder's health application encourages members to participate in their care (ranked #2 in Apple App store). The response highlighted multiple success stories related to partnerships and initiatives for member engagement. The response described how the bidder welcomes new members digitally. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response did not outline a strategy to engage hard-to-reach members in care coordination.

Care Coordination/Medical Management

- The response indicated the bidder's health screening tool has a 91% completion rate and provides a member financial incentive for completion.
- The response described actively investing financially in community organizations in Kansas.
- The response described participating in Kansas community events.
- The response described performing multiple new member calls within the first ten days of enrollment.
- The response described the bidder's member welcome packets available in a variety of languages.
- The response indicated the bidder provides a Wellness Recovery Action Plan (WRAP) planning (BH) workbook for members.
- The response indicates the bidder provides mental health first aid classes open to the general public.

General Notes

- The response described the member's ability to schedule appointments online, however this functionality is new and unproven.
- The response described a successful hypertension initiative from another market, but it is unclear how this is applicable to KanCare.

Rating

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	7

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response indicated the bidder has ten years of experience imbedding care coordination teams in Kansas communities. • The response described hiring 300 staff located in almost all Kansas counties. • The response described utilizing CHWs as care coordination extenders. • The response indicated no members are more than 60 miles away from their care coordinators. • The response described good caseload ratios. • The response described screening for SDOH for 100% of their members. • The response described hiring specialized care coordinators, including four co-located with foster care agencies and nineteen for LTSS. • The response described CommunityCare, their clinical management system that can be used by providers and community partners to share information. • The response described contacting members within one day of admission or discharge to or from an inpatient setting for care coordination and the use real-time ADT data to support this activity. • The response described disease management coordinators who work directly with care coordinators when members are identified as good candidates for disease management. 	<p>Weaknesses were identified that can be easily overcome. [08]</p> <ul style="list-style-type: none"> • The response does not specifically indicate the bidder's care coordination locations. • The response does not address care coordination case closure. • The response lacked detail regarding how the bidder will monitor care coordination gaps. • The response lacked detail regarding who provides care coordination oversight. • The response lacked detail regarding how the bidder's strategies for nonduplication are effective. • The response indicated a proposed partnership for the provision of community care coordination, which raises concerns regarding accessibility and a potential conflict of interest (conflict free case management) with the proposed partner.

- The response described customizable data sharing on the provider portal.
- The response described strategies to relay information for hard-to-reach members, including through their pharmacy, through their primary care provider, or performing in person visits.
- The response described incentivizing members to engage in care coordination.
- The response included data results related to care transitions from the NF to HCBS.
- The response discussed plans to use CMS awarded IT infrastructure improvement funds to enhance system interoperability.
- The response describes motivational interviewing as a strategy for member engagement.

General Notes

Rating

4

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

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

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

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	8

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> The response indicated the bidder currently employs 32 CHWs in Kansas and will hire an additional 24 if awarded. A large percentage of the currently employed CHWs have been Kansas residents for 20 years or longer. The response indicated the bidder has a high retention rate of CHWs exceeding the industry standard. The response described initiatives to increase CHWs and CHRs in the community, including an annual symposium and pledging \$150k towards the CHW/CHR scholarship fund. The response described the bidder's Maternal CHW Pilot Program dedicated to improving health outcomes for moms and babies. The response described a detailed initial CHW training plan along with a mentor assignment. The response described a CHW productivity dashboard. The response provided detailed examples of how they measure and monitor CHW activities and how these activities improve individual outcomes and population health. The response described the bidder's current working relationship with CHRs. The response indicated a strong commitment to working with minority CHWs. The response described a \$1.6M investment to support CHWs serving a specific county in Kansas. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response provided minimal detail regarding how the bidder will promote the use of CHRs. The response was unclear regarding how the bidder will evaluate the effectiveness of ongoing CHW training. The response was unclear regarding the delineation of roles between CHWs employed by the MCO or by providers.

- The response recognized the specific limitations of data indicating an understanding of appropriate measuring, monitoring, and evaluating.

General Notes

- The response indicated a grant awarded from the CDC but did not specify the amount awarded.
- The response described multiple partnerships which could lead to confusion and duplication of efforts depending on the breadth of the initiative.

Rating

4

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

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

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

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	9

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is excellent.</p> <ul style="list-style-type: none"> • The response indicated a good understanding of whole-person care. • The response described the bidder's hot spotting tool, which is used to identify members who need intervention or guidance. • The response provided a variety of statistics related to improving member outcomes, including outreaching to 100% of members to complete the health screening tool. • The response described community investment embedded in multiple whole-person care initiatives. • The response included data results from the bidder's value-based purchasing initiatives. • The response described the use of a risk stratification tool, ImpactPro, used to assign members risk scores. • The response described a focus on health literacy, including a Whole Health Tracker and Personal Care Checklist providing tailored content for members to manage their physical and behavioral health needs. • The response described reaching more members through the expansion of value-added benefits. • The response described providing training and tools to better integrate member care through the value-based purchasing initiative. • The response described incentivizing z-code billing for SDOH. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response did not describe leadership of the local Kansas team. • The response does not describe the use of telehealth in the promotion of whole-person care.

- The response described engaging with the community to drive mental health outcomes, including providing grants to the Mental Health Trade Association enabling providers to broadly provide mental health first aid training.
- The response described training peers to be able to provide a “Seeking Safety” training and the bidder indicated they are the only MCO permitted to provide such training to peers.
- The response described providing continuing education to providers and included data about the number of providers who have participated.

General Notes

- The response overly relied on the reporting of HEDIS measures and did not bridge the gap between high HEDIS scores and whole-person care.

Rating

5

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

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

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

RFP References	
Appendix L: Care Coordination Matrix	Entire Appendix

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	10

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> • The response indicated successful experience with identifying members' SDOH needs. • The response described SDOH training for all member service advocates. • The response described incentivizing the use of z-codes by providers. • The response described a SDOH Clinical Insights dashboard which can be used to identify member disparities around SDOH needs. • The response described current and future financial investments in CBOs related to SDOH. • The response described incorporating identification of SDOH at every member touchpoint. • The response included multiple helpful charts, including one about staff and provider SDOH education and one about staff roles and responsibilities related to SDOH. • The response described a SDOH registry tracker, which includes automated phone outreach to determine if the member's needs are met. • The response described the bidder's Find Help tool, which is available on both the member and provider portals. • The response described utilizing geographic information systems for tracking member impact during natural disasters. • The response included data demonstrating the unique challenges of specific Kansas communities. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> • The response lacked detail regarding how providers would be trained on SDOH screenings and utilizing z-codes. • The response lacked detail regarding member education on value-added benefits. • The response provided limited detail regarding their plan to adjust value-added benefit offerings based on identified gaps in access to SDOH resources.

- The response described employing specialized SDOH staff for each of the five SDOH domains who are available to both providers and internal staff.
- The response described the bidder's approach to supporting CBOs that respond to SDOH needs.

General Notes

- Although the bidder described a closed-loop referral process, it appears to be reliant on multiple systems.
- The response indicated bidirectional sharing of SDOH information with providers but is limited to providers who use Epic as their EHR.

Rating

4

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

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

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

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

Response Considerations
<ul style="list-style-type: none">vi. Limiting the information required from a provider as part of a prior authorization or concurrent review request, including, for example, pulling information from EHRs/HIEs?vii. Providing clear information on what information is required as part of a prior authorization or concurrent review request and promptly and clearly identifying the need for missing or additional information?viii. Waiving or reducing authorization requirements for providers that demonstrate high reliability practice (e.g., meet plan-defined thresholds for prior authorization approval rates or as part of a VBP arrangement)?ix. Offering provider friendly processes for peer-to-peer consultations using qualified peers?x. Providing timely and effective notification to providers of changes to UM policies?xi. Providing providers with access to a HIPAA-compliant, web-based portal with prior authorization tools, information, and a way to electronically and securely submit prior authorization requests?xii. Providing training, communication, and education to providers on utilization management policies and updates?xiii. Proving a forum for providers to provide suggestions for UM policies and procedures?

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	12

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The response indicated the bidder uses provider feedback to make adjustments to their UM criteria, for example changing from MCG to Interqual, which has resulted in reducing provider burden. The response described meeting with and attending conferences that include providers and stakeholders to identify key pain points. The response described integrating with 22 facilities' EMR systems removing the provider burden of faxing or uploading medical records for the 22 facilities. The response described enhancing the bidder's peer-to-peer process by enhancing the provider portal by allowing providers to schedule peer to peer consultations. The response included an easy-to-follow description of the tools and resources used as part of the bidder's UM program. The response indicated the bidder has received 100% on UM external audits the previous two years. The response described enhancing the provider portal to improve the PA process. The response included UM approval times that exceed Kansas requirements. The response indicated that all UM staff, including the Medical Director, are Kansas licensed. The response described removing 190 discrete services from the PA list in the past year demonstrating continuous review and reducing provider burden. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response did not address how the bidder ensures inter-rater-reliability. The response indicated an over-reliance on data analytics that lacked a person-centered approach. The response did not indicate collaborating with the State or other MCOs in efforts to streamline the PA process for DME. The response did not address monitoring access for EPSDT services. The response was unclear if the bidder requires a standard form for PAs and what methods to request a PA are permitted.

- The response described the bidder's Gold Card program (Platinum for BH providers), reducing certain PAs for providers meeting certain criteria.

General Notes

- The bidder provided examples of reducing PA approval times, but did not describe current baseline PA approval times.
- The response described multiple UM tools but does not acknowledge the provider learning curve around the use of multiple tools.

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.

Question Number
13

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is good.</p> <ul style="list-style-type: none"> The response described their inter-rater-reliability as comparable between PH and BH. The response described providing initial and annual mental health parity training for all staff and have a plan to update the training annually based on new requirements. The response described the bidder's joint parity oversight team and a national mental health parity operation team that provides oversight. The response included a comparison chart of BH and PH services. The response included a detailed process for conducting NQTL analysis in relation to compliance. The response was well organized, specifically with the bidder's decision-making hierarchy. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response was unclear if there are processes in place to resolve parity compliance concerns. The response did not describe established monitoring indicators for potential parity concerns, such as appeal rates and provider complaints.
General Notes	
<ul style="list-style-type: none"> The response described the bidder's mental health parity team as having a combined experience of over 100 years, which could be misleading. The response indicated a 99% compliance rate for mental health parity training but is unclear who this compliance rate is applicable to. The response includes multiple committees and teams focused on parity compliance, which seems complex and has potential for duplication and/or inefficiencies. 	
Rating	

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

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

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

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	14

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<p>The response is very good.</p> <ul style="list-style-type: none"> The response described a Kansas-based pharmacy director who is the single point of contact for pharmacy and has an active role in the implementation and oversight of the bidder's pharmacy program. The response included a NF high-risk diversion program for members identified to be at risk of hospitalization or high ER utilization, in which pharmacists and care coordination work towards addressing the member's risk factors. The response described the use of telehealth pharmacy hubs to increase access to services in other markets and plan to implement in Kansas this year. The response described the bidder's hot spotting tool used to identify utilization trends and can filter by population or member level. The response described the bidder's use of ImpactPro for risk stratification to identify members with medicine gaps in order to conduct proactive outreach. The response described gap in care alerts as part of the bidder's retrospective DUR program. The response described their intent to implement DupLimit, a program that identifies duplication in classes of drugs and alerts pharmacists for review. The response described a BH prescription adherence initiative performed by a subcontractor. 	<p>Weaknesses were identified that can be easily overcome.</p> <ul style="list-style-type: none"> The response lacked information about the use of MAT and long term antipsychotic injectables. The response did not address how the bidder monitors for the appropriate use of psychotropic drugs for the foster care and LTSS populations.

General Notes

Rating

4

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

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

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

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

Bidder Name	Question Number
United Healthcare of the Midwest, Inc.	18

EVALUATOR NOTES	
Response Strengths	Response Weaknesses
<ul style="list-style-type: none"> The response indicated the currently offered value-added benefits and the future value-added benefits. The response described the expansion of their education value-added benefit. The response described increased utilization for multiple value-added benefits. The response described increasing value-added adult dental benefits to \$500 annually based on feedback from the member advisory committee. The response described school supplies for foster care members as a value-added benefit. The response described providing a cellphone and service as a value-added benefit. The response described the bidder's decision model used to evaluate and improve value-added benefits. The response described \$145 per month for health food as a value-added benefit for high-risk late term pregnant members. The response included a snapshot of all the value-added benefits offered. The response described the bidder's trauma-informed training, ATTACH, provided to all families with young children. The response described incentivizing post-partum member to participate in home visits. The response described a broad communication strategy for member education on value-added benefits. 	<ul style="list-style-type: none"> The response described a \$60 benefit for eyewear, but this amount seems insufficient to meet member's needs. The response described a \$50 benefit towards air filters, but this amount seems insufficient to meet members' needs. 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. The response lacked information on how the bidder will analyze the impact of value-added benefits.

- The response described on demand breast feeding support as a value-added benefit.
- The response described offering Walmart+ (free delivery) memberships for members with chronic conditions and mobility impairments as a value-added benefit.
- The response described multiple behavioral health related value-added benefits, including Pyx and Supportiv.
- The response described a targeted approach to educating providers on value-added benefits.

General Notes

- The response described life coaching, therapy, and life supports as value-added benefits, but lacked detail on the nature of these services and how they are not duplicative of Medicaid services and other value-added benefits.
- The value of some value-added benefits is unknown.
- The response included a tobacco cessation program with a member reward but lacked detail regarding the nature of the program and effectiveness of the reward.

Rating

N/A