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Via Hand Delivery & Email

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**Re: Bid Protest by Molina Healthcare of New Mexico, Inc.
RFP # 18-630-8000-0001**

Dear Secretary Earnest:

In accordance with NMAC 1.4.1.81, NMSA 1978, § 13-1-172, and Section 2.2.15 of RFP #18-630-8000-0001 ("the RFP"),¹ Molina Healthcare of New Mexico, Inc. ("Molina"),² respectfully submits this bid protest ("Bid Protest"), challenging the New Mexico Human Services Department's ("HSD") non-award of a contract to Molina in response to Molina's proposal to the RFP for Managed Care Organization Contractors for Centennial Care 2.0

According to HSD, the following contracts (individually "Contract" or collectively "Contracts") were awarded on or around January 18, 2018:

Blue Cross/Blue Shield: PSC 18-630-8000-0033 CC 2.0
Presbyterian Health Plan: PSC 18-630-8000-0034 CC 2.0
Western Sky Community Care, Inc.: PSC 18-630-8000-0035 CC 2.0

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¹ The RFP is attached as Exhibit A to this Bid Protest.

² Pursuant to Rule 7.1.6.10(B), Molina states that its address is 400 Tijeras Blvd. NW, Albuquerque, NM 87102. Molina requests that all correspondence related to this Protest be directed to the undersigned counsel for Molina at 500 Fourth Street NW, Suite 1000, Albuquerque, NM 87102 or via email to jkh@modrall.com.

See January 19, 2018 Notice of Award, attached as Exhibit B. On information and belief, those contracts are not yet effective, and lack signatures and approvals necessary for them to be enforceable. See Contracts, available at <http://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division.aspx>.

Molina respectfully requests that HSD either (1) award a contract to Molina; (2) reject all bids and resolicit bids for Managed Care Organization Contractors for Centennial Care 2.0; or (3) eliminate the cost proposal component of the RFP and award a contract to Molina based on the rankings for bidders' technical proposal and referral scores only. The reasons for these requests are many: (1) HSD utilized bid evaluation criteria that were not disclosed in the RFP and thus violated the law; (2) HSD acted arbitrarily and capriciously when it scored Molina's Technical Proposal; (3) the capitation rates HSD set for the RFP were not actuarially sound and thus arbitrary and capricious; (4) HSD's practice of setting MCO's rates on numerous services at similar dollar amounts renders HSD's inclusion of a price score arbitrary and capricious; (5) HSD's scoring of the price proposals was arbitrary and capricious as the scores are grossly disproportionate to the differences between bids; (6) HSD's decision to not hold oral presentations, an additional scored component, was arbitrary and capricious; (7) HSD's decision to reduce the number of MCO's was arbitrary and capricious and will harm the citizens of New Mexico; (8) Mercer, the entity that administered the RFP and made decisions for HSD has a financial tie to Western Sky, one of the successful bidders; (9) the prices proposed by Western Sky and the other successful bidders are not sustainable and thus not in the best interests of the public; and (10) HSD's decision to eliminate Molina as an MCO in New Mexico is not in the best interest of the public.

Molina notes that it has not yet received all information necessary to fully and completely address the errors in HSD's procurement of the RFP. In an effort to ascertain the reasoning behind HSD's decision, Molina has submitted multiple Inspection of Public Records Act ("IPRA") requests seeking documents that should provide details about NMHSD's decision-making process. HSD, in response to Molina's IPRA requests, stated that it would provide responses to the majority of Molina's requests on or before January 31, 2018. HSD did not meet that deadline (with the exception of Proposals which were sent on January 26, 2018). Instead, HSD provided over fifteen-thousand pages of documents at 4:00 p.m. on Friday, February 2nd, knowing full well Molina's obligation to submit its bid protest by Monday, February 5th and the fact that the protest must be delivered, in person, by 5:00 p.m. on February 5th. Molina has had insufficient time to fully analyze the just received information to even determine whether HSD provided everything it was required to provide under IPRA, much less to assess the information and determine whether additional evidence related to this protest was included in HSD's production. Molina thus reserves its rights to supplement this protest with any additional information gleaned from documents provided by HSD in response to Molina's IPRA requests. See Rule 1.1.1.82(B)(4) NMAC (requiring "supporting exhibits, evidence or documents to substantiate any claim unless not available within the filing time in which case the expected available date shall be indicated"). Molina expects to have completed review and analysis of the just received information by February 17, 2018.

This protest is being filed within 15 days of Molina's receipt of notification that the Contracts had been awarded, and is thus timely. Any supplement will be submitted within 15 days of Molina's receipt of information from HSD, and thus will be timely.

BACKGROUND

A. Background of Molina's Critical Role in the Provision of Healthcare to New Mexicans

Molina is a subsidiary of Molina Healthcare, Inc. ("MHI")—a multi-state healthcare organization, which arranges for the delivery of healthcare services to nearly 4.5 million individuals and families in twelve states plus the Commonwealth of Puerto Rico, primarily through Medicaid and Medicare, as well as Exchanges, also known as Marketplaces, established by the Affordable Care Act ("ACA"). With its acquisition of Cimarron Health Plan in 2004, which had served New Mexico's families since 1997, Molina became a critical part of the care of more than 40,000 New Mexicans. *See* Declaration of Daniel Sorrells ¶ 4, attached as Exhibit C ("Sorrells Decl."). By 2005, the number of New Mexicans assisted by Molina had grown to 61,000 members. *See id.*

Molina is one of four incumbent, or current, Managed Care Organizations ("MCOs") providing managed care to New Mexicans under New Mexico's Centennial Care Medicaid program. Managed care is similar to insurance but more comprehensive, providing extensive networks of medical and behavioral health providers, managing care and services, processing claims, and similar services. Molina's contract to provide such services ends December 31, 2018, but HSD could have extended the contract (and still can) for an additional period or periods. *See* Section 7.4.2 of Molina's contract with HSD, attached as Exhibit D ("HSD reserves the right to extend this Agreement for an additional period or periods of time").

Molina was awarded the MCO Centennial Care contract in New Mexico in 2014. *See* Sorrells Decl. ¶ 5. Now, Molina provides services to nearly 260,000 New Mexicans as follows: approximately 224,000 New Mexicans through Medicaid (about 26% of all New Mexico Medicaid members and just under ten-percent of New Mexico's estimated population), approximately 5,500 New Mexicans through Medicare, and approximately 29,000 New Mexicans through the Marketplace, created by the ACA (which is about 58% of all New Mexico Marketplace members). *See* Sorrells Decl. ¶ 6. Molina has a medical and behavioral health provider network of 14,000 providers, the largest in New Mexico. *See* Sorrells Decl. ¶ 7. Consumer Reports ranked Molina's Medicaid services as the best in New Mexico from 2013 through 2016, and second best in 2017.

Molina serves more of New Mexico's most vulnerable Medicaid populations than any other MCO in the State. *See generally* Sorrells Decl. ¶¶ 8-9. Molina cares for over 22,000 New Mexicans with serious mental illnesses, over 2,300 New Mexicans in opioid treatment programs, over 103,000 New Mexicans with diagnosed chronic conditions, and over 12,500 New Mexicans who receive durable medical equipment ("DME") such as wheelchairs, oxygen supply equipment, patient lifts, and diabetic equipment. Molina serves over 5,800 New Mexicans in long term care such as nursing facilities or community based care, over 3,300 New Mexicans receiving personal care services, and 1,950 New Mexicans with disabilities on waiver services. By not selecting Molina to continue as an MCO beyond 2018, HSD will force these vulnerable populations to select new health plans. Their plans of care will also have to be restarted and, in many cases, they will be moved to new healthcare providers.

Molina also provides Medicaid managed care to over 10,000 Native Americans in New Mexico and is an MCO with the demonstrated ability to provide culturally competent services to Native populations in New Mexico and other states. *See* Sorrells Decl. ¶¶ 10-16. Molina's extensive services include: collaboration with tribal officials to provide health education and literacy to Native Americans; consultation with Native officials to provide better services to incarcerated Native Americans; grants to other providers, such as \$145,000 to Pine Hill Clinic; and assisting with the installation of telemedicine

infrastructure at First Nations, whose locations are in Albuquerque, Farmington, and Gallup. Molina was the first MCO in New Mexico to provide a Traditional Healing Benefit to Native American members for traditional customs and ceremonies.

HSD's decision to end Molina's Medicaid managed care contract places at risk all of Molina's operations in New Mexico, including the Marketplace and Medicare lines of business. HSD's decision also places at risk a significant portion of the State's healthcare and behavioral health infrastructure in which Molina plays an integral role.

B. Background of the RFP Process

Rather than extend the contracts of the incumbent MCOs, and for reasons unknown to Molina, HSD issued the RFP and accelerated that process as it has proceeded. At the time that HSD issued the RFP, it was well-aware that the current administration would be changing in January 2019, and HSD thus deviated from standard practices of not making significant changes as an existing administration is winding down. HSD's procurement will saddle the new administration with changes that were not requested by the citizens of New Mexico, that are unnecessary, and that the new administration will have deal with despite having had no say in whether the procurement was even appropriate. HSD issued the RFP on or about September 1, 2017, despite the fact that HSD had an option to extend the contracts of the current Centennial Care MCOs. As required by applicable regulations, the RFP included "specifications for the services ... to be provided" and "a statement of the relative weights to be given to the factors in evaluating criteria." NMAC 1.4.1.16 (emphasis added). Molina timely submitted a responsive bid on November 3, 2017. *See* Declaration of Kelly Good ¶ 3, attached as Exhibit E ("Good Decl."). Seven other companies submitted responses to the RFP (individually "Proposal" and collectively "Proposals"), including all of the incumbent MCOs. *See id.*

HSD contracted with a third-party, Mercer, to provide services related to the RFP, including drafting the RFP, training or "coaching" HSD subject matter experts on how to evaluate Proposals, and conducting "consensus scoring meetings," through which individual scores from individual evaluators were "blended" or adjusted into one consensus score. *See* Good Decl. ¶ 12.³ Mercer also drafted the scoring summary and provided a memorandum recommending award of the Contracts, *see* Mercer December 20, 2017 Executive Committee Evaluation ("Mercer Memo"), attached as Attachment 1 to the Sorrells Decl. On January 19, 2018, about two months before the date set forth in the RFP, HSD announced the MCOs that were awarded contracts. *See* Notice of Award.

Mercer's services also included setting the "cost structure" or "cost table" for the RFP. *See* Sorrells Decl. ¶ 17. The cost table is a range of "capitation rates," from a minimum to a maximum, within which each bidder offers a price. The pricing is set at dollars per member per month ("PMPM"). The pricing varies considerably depending on the "category" of member—a member known to require behavioral health services, or living in a nursing facility, is considerably more expensive than the pricing for a healthy adult or child. *Id.*

Additionally, Mercer is the entity that has set the rate structure for the incumbent MCOs for several years. *See* Sorrells Decl. ¶ 26. In other words, for years Mercer has set the rates MCOs received, and then Mercer was allowed to set the rates upon which bidders would be scored in the RFP process. During the

³ Contracts available at <http://www.hsd.state.nm.us/LookingForInformation/medical-assistance-division.aspx>.

years that Mercer has set capitation rates, Molina has challenged Mercer's rates and persuasively demonstrated (though Mercer has not agreed) that Mercer's rates are not actuarially sound,⁴ and, as a result, not sustainable. *See id.* ¶¶ 29, 33-37. In the short term, these unsound rates mean losses for MCOs providing Medicaid coverage. In the long term, this means that the services promised to New Mexicans may not be provided and MCOs might leave New Mexico. *Id.* ¶¶ 33-37. Mercer appears to have an interest in ending Molina's Medicaid contract because Molina vocally and assertively challenged Mercer's rates as unsustainable and not actuarially sound. *See* Letters regarding Mercer rates, attached as Exhibit F.

HSD's procurement process did not include important stakeholders such as: the New Mexico Department of Health; the New Mexico Department of Education, which oversees School Based Health Centers and Medicaid School Based Services; the New Mexico Children, Youth and Families Department; or the Office of Superintendent of Insurance. *See* Good Decl. ¶ 11. These agencies, unlike Mercer, are all critical for the delivery of Medicaid services in New Mexico and should have had a seat at the table. Yet, HSD failed to include them and instead rubber stamped Mercer's biased and flawed recommendations.

Beginning with its decision to issue an RFP rather than exercising its option to extend the contracts of the incumbent MCOs, HSD has sought to accelerate the procurement process without a basis, or at least without an articulated basis. Examples include: the decision to announce the award of contracts in January, 2018, rather than March as set forth in the RFP; the decision to proceed with the procurement during the protests periods despite the absence of findings, reasons, basis, or support demonstrating the need to do so; and the written refusal to stay the procurement process after a written request from Molina to do so. HSD had the option to hear oral presentations from the bidders as part of the RFP process, but decided not to do so. This decision is questionable, in part because HSD selected a new MCO without a formal meeting with its principals.

HSD, via Mercer, used three separate scores to determine a bidder's total score and thus the ranking of bidders: a Technical Proposal Score (1390 possible points), a References Score (300 possible points), and a Cost Proposal Score (400 possible points). Molina was awarded a total of 1,350 points—942 on the Technical Proposal, 288 on References, and 120 on Cost Proposal. Scoring Results Summary at 12-13, attached as Exhibit G. Molina was thus ranked 6th based on the total scores even though it was tied for first on the References Score and fifth on the Technical Proposal Score.

Despite having initially indicated that it would select up to five MCOs, HSD, on the recommendation of Mercer, only awarded three contracts, two to incumbent MCOs, and one to a new MCO, Western Sky. Molina thus was not awarded a contract.

⁴ According to the Actuarial Standards Board's Actuarial Standards of Practice (ASOP) on Medicaid Manage Care Capitation Rate Development and Certification, a capitation rate is "'actuarially sound' if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs." ASOP NO. 49 at Section 2.1, *available at* http://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf. Under Medicaid, actuarially sound rates are rates that are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO for the time period and the population covered under the terms of the contract, and developed in accordance with applicable federal Medicaid requirements. 42 C.F.R. §438.4. In other words, a rate is only actuarially sound if it and other sources of revenue are sufficient to ensure that the care subject to the rate can actually be provided.

C. Mercer's and Western Sky's Conflict of Interest

There appears to be a serious impropriety that has infected HSD's procurement of the RFP. This impropriety stems from the connection between three companies: Mercer, Western Sky, and Envolve. Mercer is the company that HSD retained to manage all aspects of the procurement. Mercer created the RFP, trained the evaluators and came up with evaluation factors, and made critical "recommendations" that HSD adopted without analysis or explanation. Western Sky is a Centene subsidiary and was one of the three MCOs awarded a Contract through the RFP. Envolve is a specialty health services company (providing services such as pharmacy benefit delivery) that, like Western Sky, is also a Centene subsidiary. Western Sky intends to use Envolve for numerous services in connection with its Contract.

In October 2016—well before the RFP was issued—Mercer issued a press release noting that it had formed an "alliance[] with Envolve Pharmacy Solutions."⁵ While Western Sky disclosed its relationship with Envolve in its Proposal, Western Sky did not disclose the relationship between Centene and Mercer in the Proposal. *See* Good Decl. ¶ 7. It is also unknown whether Mercer disclosed to HSD that its own finances are apparently interwoven with one of the bidders it chose to receive a contract. Western Sky's Proposal heavily references Envolve and details its plans utilize Envolve for many specialty services, *see id.* ¶¶ 8-9—a utilization that will likely enrich Mercer or at a minimum enrich Mercer's business partner and thus curry favor with Mercer. Mercer thus appears to have a significant conflict of interest and should not have had any involvement in the procurement process. HSD's use of a biased contractor to perform almost all aspects of the procurement requires solicitation with a fair and impartial decision maker that has no stake in the outcome of the procurement.

DISCUSSION

A. New Mexico law required HSD to only utilize evaluation criteria that were disclosed in the RFP

The New Mexico Procurement Code is unequivocal: "The invitation for bids shall set forth the evaluation criteria to be used. *No criteria may be used in bid evaluation that are not set forth in the invitation for bids.*" NMSA 1978, § 13-1-105 (emphasis added). This legal standard was incorporated into HSD's own regulations, which require that bids be evaluated "based on the evaluation factors and relative weights set forth in the request for proposals." Rule 1.4.1.16 NMAC. This legal standard is also incorporated into the RFP itself: "Each proposal shall be evaluated to determine whether the requirements as specified in this RFP have been met." *See, e.g.*, RFP § 4.3.1.

The New Mexico Supreme Court has reiterated the importance of following the procurement process strictly: "[W]hen statutes and regulations define the rules of competitive bidding, these statutes and regulations will be strictly construed against the government entity that solicited the bids." *Planning & Design Solutions v. City of Santa Fe*, 1994-NMSC-112, ¶ 6, 118 N.M. 707, 885 P.2d 628. "While it is

⁵ *See* Plan Sponsors Zero In on Specialty Rx Costs, Retail 90 Networks in 2017 Benefits, November 4, 2016, attached as **Exhibit N**, retrieved from <https://aishealth.com/archive/ndbn110416-02>; and *see* October 5, 2016 Mercer Press Release, attached as **Exhibit O**, retrieved from <https://www.mercer.com/newsroom/merc-announces-new-innovative-approach-to-help-contain-specialty-pharmacy-costs.html>.

true that a [governmental agency] has ‘wide discretion’ to accept or reject offers, *that discretion does not include unlawful departure from its own rules and state procurement statutes.*” *Id.* ¶ 19 (emphasis added).

When HSD solicits bids, it thus must comply with its regulations and the New Mexico Procurement Code. Failure to comply with regulations, the Code and the RFP evaluation factors is a violation of law and is arbitrary and capricious. *Planning & Design Solutions*, 1994-NMSC-112, ¶¶ 7, 19, 22-23. HSD may not introduce new evaluation factors after the RFP is issued or during the bidding process. To evaluate a bid or offer based on evaluation factors outside of the RFP is a violation of law and arbitrary and capricious. *Planning & Design Solutions*, 1994-NMSC-112, ¶¶ 16-17, 24. By soliciting bids, HSD entered an implied contract to comply with its regulations, the Procurement Code, and its RFP. Moreover, HSD made an implied contract that bids would be evaluated and accepted based on the evaluation factors in the RFP and no other factors. *Planning & Design Solutions*, 1994-NMSC-112, ¶¶ 27, 29.

B. HSD Utilized Evaluation Criteria That Were Not Disclosed in the RFP.

Despite the fact that strict compliance with its own RFP is mandatory, HSD repeatedly departed from the criteria listed in its RFP when evaluating Molina’s Proposal and relied on undisclosed criteria to deduct points from Molina, which tainted the procurement such that re-solicitation is required. The prejudice to Molina cannot be understated. This is not a situation in which a single deviation from the RFP occurred. Rather, as outlined below, HSD on numerous occasions relied on undisclosed evaluation criteria to reduce Molina’s score. These undisclosed evaluation factors resulted in a decrease in Molina’s overall score, and likely colored the evaluators’ view of Molina such that Molina lost additional points that are not explicitly tied to the undisclosed evaluation criteria. HSD failed to abide by the Procurement Code, regulations, and factors in the RFP, and by that failure HSD has created at least an appearance of impropriety, and jeopardized the integrity of competitive bidding. *Planning & Design*, 1994-NMSC-112, ¶ 25. Further, HSD’s unlawful and prejudicial conduct may deter qualified MCOs from bidding in the future, leading to fewer and lower quality choices in insurance and healthcare for New Mexicans. *Id.* ¶ 33.

HSD’s utilization of undisclosed evaluation criteria is even more egregious given the role that Mercer played in the evaluation process and Mercer’s conflict of interest (which results from its financial stake with one of the successful bidders). Mercer played a central role in creating the scoring criteria (including the undisclosed criteria that were improperly added by HSD) and trained the evaluators on how to assess the Proposals. *See* Exh. G, Scoring Summary p. 1 (“Mercer provided training to subject matter experts (SMEs) from HSD’s Medical Assistance Division (MAD) and Behavioral Health Services Division (BHSD).... During the training, evaluators were provided a review of the RFP process and goals, instructions for using and completing the evaluator worksheets, scoring methodology, RFP questions, and the consensus scoring process.”). Given that Mercer had a financial stake in the results of the procurement, the fact that Mercer “trained” the various subject matter experts is highly questionable.

Specific questions to which HSD applied undisclosed criteria as documented in the score sheets are listed below. Molina notes that the below list may not encompass all areas where HSD used undisclosed criteria, as Molina has not yet received all information related to bid evaluations, and there is a likelihood that some undisclosed criteria were not reduced to writing such that Molina will never know what HSD considered that was outside the scope of the RFP.

HSD’s reliance on undisclosed bid criteria is especially egregious given that bidders were required to limit the number of pages submitted in response to each section of the Technical Proposal. On account of

these page limitations, Molina focused its responses⁶ to the information *actually asked by HSD* and did not waste space addressing questions that were unasked. Molina could have squarely addressed the issues that HSD improperly considered if HSD had disclosed the criteria prior to awarding contracts or during oral presentations, had HSD held them as permitted by the RFP.

a. Section 6.1, Question 5

This question sought “a statement of whether there is any pending or recent . . . litigation against your organization, Directed Corrective Action Plans [(CAPS)], or sanctions levied.” RFP at 42. CAPs are notices from a state regulatory agency identifying actual or potential violations of the Contract. MCOs then prepare and implement a remediation plan to address the violations. Molina submitted information on its CAPs but did not submit information regarding remediation plans because the RFP question did not request information on such remediation plans. *See* RFP at p. 42. Molina tracks CAP remediation plans, and would have provided this information had it been requested. Good Decl. ¶ 24. Despite the absence of any request for information about remediation plans, the evaluators faulted Molina for not including a discussion of CAPS remediation. Score Sheet.⁷ HSD thus relied on undisclosed evaluation criteria to the detriment of Molina. Moreover, while HSD stated that: “There is evidence of a repeated pattern (late reporting, inaccurate reporting, and failure to meet requirements, failure to report, reports incomplete) across the board in many states resulting in CAP and fines,” Molina received almost no penalties for reporting violations in 2016 or 2017 in New Mexico. Good Decl. ¶¶ 25-26. HSD thus not only utilized an undisclosed evaluation criterion, but it also failed to consider accurate information about Molina. Instead, it appears that HSD relied on information about MHI without providing Molina an opportunity to address that information. HSD’s inaccurate findings likely biased the evaluators against Molina as they reviewed and considered other components of Molina’s Proposal.

b. Section 6.1, Question 8

This question sought copies of Molina’s “most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which your organization is responsible.” RFP at p. 43. The evaluators indicated that they were “concerned about change in corporate leadership, huge losses reported for Puerto Rico and reducing workforce by 10%. There are specific risks and uncertainties noted in the response. If contracted, the State will need to discuss additional protections for NM. The team is concerned that the financial stability of the company puts the NM line of business at risk.” Score Sheet for Question 8.

This comment is troubling (and evidence of the arbitrary and capricious nature of HSD’s actions) for several reasons. First, the evaluators’ comments make clear that HSD relied on undisclosed evaluation criteria. Question 8 did not seek information about corporate leadership or workforce reductions, nor did it seek information about the financial state of Molina’s parent corporation, MHI. Molina is a New Mexico corporation, it submitted its own audited financial statement, and HSD’s reliance on extrinsic information about MHI was an undisclosed criteria that Molina had no opportunity to address. Had HSD

⁶ Molina notes that Blue Cross Blue Shield exceeded page limits on multiple occasions, was not penalized by HSD for doing so, and thus was able to achieve higher scores by virtue of having improperly included more information than allowed.

⁷ The score sheets are not numbered. All citations to “Score Sheet” are to the page of the score sheet for Molina (or other bidders where relevant) that corresponds with the section and question at issue.

disclosed that it would be considering MHI's finances, MHI's workforce reduction, MHI's Puerto Rico operations, or the changes in leadership at MHI, Molina would have been able to explain that those issues had no bearing on the financial stability of Molina. Molina did not provide HSD with information about MHI (because such information was not responsive to the RFP). HSD's references to such information establishes that HSD improperly relied on extrinsic information that was not referenced within the RFP question and has no bearing on the viability of Molina's proposal.

Second, the comments make clear that the HSD evaluators were acting and making decisions without a complete understanding of the information. The evaluators expressly noted that they needed additional information, yet recommended that HSD decline to conduct oral presentations in which such information could have been explained. Had HSD followed up on its admitted lack of information, HSD would have learned that its criticism of Molina is unfounded. MHI's debt remained at investment grade levels throughout 2017 even in the wake of financial losses, MHI retained an investment grade Ba1 credit rating, and MHI's stock is trading at an all-time high. Any concerns regarding changes in corporate leadership are subjective and speculative at best. And, in any event, despite the changes in corporate leadership, Molina's performance in New Mexico improved in each quarter in 2017, as measured by Molina's Administrative and Medical Cost Ratios. *See Sorrells Decl.* ¶ 52. MHI's workforce reductions were prudential actions to right size the company and were designed to align the company's cost structure with the administrative allowances built into its capitation rates in each state. *Id.* ¶ 53. In sum, had Molina been asked, Molina would have fully demonstrated MHI's financial stability, that the change in corporate leadership did not impact Molina's services in New Mexico, and that MHI's workforce reduction was a necessary, and wise, business decision.

With respect to the statements regarding Puerto Rico, the reviewers clearly went outside Molina's Proposal and relied upon news and other media sources to obtain information about Molina's parent company and sister plans. Sources that are external to the offeror's response are not appropriate for consideration as HSD afforded Molina no opportunity to explain the skewed information presented by media sources or otherwise address HSD's concerns. Beyond that, the Medicaid program in Puerto Rico is substantially different than the Medicaid program in New Mexico. Losses to the Puerto Rico health plan⁸ in no way effect the operation or performance of the New Mexico health plan, and the evaluator exaggerated the impact of those losses. *See Sorrells Decl.* ¶¶ 48, 54.

Third, the comment regarding "risks and uncertainties" surrounding Molina is especially concerning in light of the history of Centene, Western Sky's parent corporation, pulling out of Medicaid markets that are not profitable. While this issue is discussed in more detail below, HSD declined to award a contract to Molina in part because of inaccurate concerns about Molina's financial stability, but disregarded the fact that one of the winning MCOs has *actually* left Medicaid markets due to financial issues. While the disregard of this is perhaps unsurprising on account of the conflict of interest between Mercer and Western Sky, the failure to HSD to consider serious concerns about Western Sky while at the same time essentially fabricating concerns about Molina establishes that HSD acted arbitrarily and capriciously, abused its discretion, and failed to comply with applicable law.

c. Section 6.2, Question 13

Question 13 indicated that HSD would "assess for approval all proposed delegated/subcontracted functions" and asked bidders to "[p]rovide a list of those functions . . . your organization proposes to

⁸ Molina Healthcare of Puerto Rico made a profit in Puerto Rico in Q3 2017.

delegate.” RFP at p. 44. HSD criticized Molina’s decision to use delegated subcontractors for certain utilization management and behavioral health functions, stating that “Generic information, lack of detail about vendors and MCO approach to oversight. Lots of vendors with minimal NM experience/presence.” Score Sheet. But, all of Molina’s vendors in New Mexico have been reviewed and approved by HSD for Molina’s current operations to serve its New Mexico members. Good Decl. ¶¶ 27-28. That is, as an incumbent MCO, Molina has *already* been using the vendors identified in its response to Question 13, HSD has *already* approved those vendors, and those vendors have *already* been providing quality care to New Mexicans. HSD’s disregard of its existing approval of Molina’s designated vendors was arbitrary and capricious and an abuse of HSD’s discretion.

d. Section 6.2, Question 15

Section 6.2, Question 15 asked bidders to “Describe your organizations strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contacting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs)_ and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas.” RFP at 45. The evaluators faulted Molina for not including a discussion of Native American Advisory Boards in its response to Question 15. Score Sheet. Since Question 15 did not seek any information regarding Native American Advisory Boards, HSD utilized an undisclosed evaluation criterion when it deducted points for the absence of information about such boards. Beyond that, had Molina been requested to provide that information, its response would have highlighted its work with Native American Advisory Boards. Good Decl. ¶ 23.

e. Section 6.3, Question 21

This question asked Molina to describe its “process for monitoring prescribing practices of providers, as it relates to prescription drugs.” RFP at 46. HSD’s evaluators were instructed to consider whether the “response address[es] cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions.” Score Sheet. HSD criticized Molina for providing only “limited details regarding cultural considerations,” but Question 21 did not request information on the cultural considerations or alternative remedies that HSD instructed its evaluators to consider. Score Sheet; *and see* Good Decl. ¶ 21. HSD’s deduction of points for Molina’s alleged failure to address cultural considerations constituted an undisclosed evaluation criterion.

f. Section 6.3, Question 24

This question posed a hypothetical question, and then asked bidders to describe how they “will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.” RFP at 46. HSD instructed its evaluators to consider whether the “response describe[d] the role of the care coordinator,” but Question 24 did not seek any information regarding a care coordinator. *See* Score Sheet. HSD thus relied on undisclosed criteria.

g. Section 6.3, Question 25

In Section 6.3, Question 25, HSD asked: “The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how

your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State." RFP at p. 46-47. Molina's score was reduced for failing to provide information about workforce development, admission timeframes, or justice involved members; such information was not sought in Question 25. *See* Good Decl. ¶ 17; *and* Score Sheet.

h. Section 6.3, Question 27

This question asked "[d]escribe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes." RFP at 47. HSD instructed its evaluators to consider whether the response "include[d] creative approaches for providing access to services in rural/frontier/Tribal areas (e.g. use of existing community resources." Score Sheet. HSD concluded that Molina's response was deficient because it "did not address rural or frontier areas." *Id.* Since the question did not seek information about rural or frontier areas—information that Molina could have readily provided had HSD—HSD used undisclosed bid criteria in violation of the law.

i. Section 6.3, Question 29

This question asked bidders to describe "the staffing and organizational structure of your organization's care coordination unit" and included some specific information that should be included. RFP at 47. HSD instructed its evaluators to consider , among other things, "Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training" and "Does the offeror plan to have staff who are bilingual" Score Sheet. HSD criticized Molina for not providing "details" regarding the use of bilingual staff and for not discussing how Molina would "evaluate[] the effectiveness of training." Score Sheet. But, neither of those factors were disclosed by HSD and HSD thus improperly relied on undisclosed evaluation criteria.

j. Section 6.4, Question 30

In Section 6.4, Question 30, HSD asked "Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives." HSD reduced Molina's score for failing to provide "Details regarding integration of behavioral health lacked details." RFP at p. 48. Although behavioral health integration information was not listed in the question requirements, HSD directed its evaluators to score bids based on whether "the Offeror describe(s) any initiatives focused on behavioral health or integration strategies?" This undisclosed evaluation factor resulted in a decrease in Molina's overall score. Good Decl. ¶ 19; Score Sheet.

k. Section 6.4, Question 31

HSD asked bidders to describe their "strategies for reaching Members to engage in care coordination activities" and included a list of twelve different types of Members that were to be included. RFP at 48. HSD found Molina's response to be deficient because Molina's "use of bilingual staff lacked details" and because Molina's "efforts to engage difficult to reach members lacked innovation." Score Sheet. The RFP did not seek details about the use of bilingual staff or request innovative methods to contact hard to reach members. HSD thus used undisclosed bid criteria.

l. Section 6.4, Question 35

This question sought information regarding how bidders would “assess and evaluate effectiveness of its care coordination processes.” RFP at 49. The evaluators were instructed to consider whether the response described “potential activities to implement based on results of evaluation,” and Molina was faulted because its response “lacked details in how ideas are operationalized.” Score Sheet. Since Question 35 did not ask for information about implementation or operationalization, HSD relied on undisclosed evaluation criteria.

m. Section 6.4, Question 37

Question 37 was based on a hypothetical scenario involving a homeless veteran with PTSD. *See* RFP at 49. Bidders were asked to describe the care coordination process that would be implemented for the hypothetical member, and 9 separate evaluation factors were disclosed. *Id.* Evaluators were told to consider whether the response indicated “effective strategies to locate and maintain contact with the member” and Molina was faulted for not providing sufficient information about how Molina would “find member.” But, finding, locating, or maintaining contact were not within the nine disclosed evaluation criteria. HSD thus acted unlawfully when it considered this undisclosed criteria.

n. Section 6.4, Question 39

This question disclosed the same evaluation factors as Question 37, but used a different hypothetical member who lives in a pueblo community. HSD criticized Molina for not addressing the “frontier nature of member’s home”—an evaluation factor that was not disclosed by HSD.

o. Section 6.4, Question 42

Question 42 sought information about “proposed innovations in care coordination” and asked for “examples of successful innovations implemented in New Mexico and/or other states” as well as “opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services.” RFP at 50. The scoring criteria developed by Mercer asked the evaluators to consider, when scoring responses, “do you like it?” Score Sheet. The evaluators criticized Molina because “some innovations in response included elements that are not offeror products or did not demonstrate innovative nature.” *Id.* Nothing in the RFP disclosed that a criterion of evaluation would be whether Molina’s proposed innovations were its own products. Thus, HSD used an undisclosed criterion when deducting points from Molina. And, nothing in the RFP disclosed that a completely subjective standard of “do you like it?” would be used by HSD when evaluating Molina’s Proposal. This subjective criteria was improper, as Molina has no way to determine what any evaluator may or may not like, and thus had no way in which to address this element of the RFP when formulating its proposal. Reviewing Proposals based upon an evaluator’s personal preference is based on “information” outside the RFP process and is not permitted by the RFP. *See* Good Decl. ¶ 22.

p. Section 6.5, Question 47

Question 47 posed a hypothetical scenario involving a request for an increase in personal care service (PCS) hours for a member and asked how bidders would “address this situation with the Member, the representative and involved agencies” as well as an “explanation of your organization’s processes associated with both approval and denial of this request for increased PCS hours.” RFP at 52. HSD’s

evaluators were instructed to evaluate whether the response addressed “the possibility of alternative solutions such as authorizing appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance.” Molina was criticized for not providing details about community resource options. Question 47 did not seek information about alternative solutions, and HSD thus relied on undisclosed bid criteria.

q. Section 6.5, Question 49

This question asked bidders to “describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality.” RFP at 52. HSD instructed the evaluators to consider whether the response indicated “how the Offeror will monitor implementation of updated technology and measure effective and successful implementation.” Score Sheet. Molina was faulted because its “response lacks details on how interventions will be implemented.” *Id.* The question did not seek information about how interventions would be implemented or monitored and HSD thus used an undisclosed evaluation criteria.

r. Section 6.6, Question 55

Question 55 asked bidders to “describe the physical architecture and elements that will ensure that the requirements . . . for system and information security and access . . . are met.” RFP at 54. Evaluators were instructed to consider whether the response “adequately address[ed] physical security” and Molina was criticized for not providing “detail regarding physical security.” Question 55 did not seek details about physical security, and HSD thus used an undisclosed evaluation criteria.

s. Section 6.7, Question 62

This question sought a description of “any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for (a) non-emergency medical transportation services; (b) care coordination and/or case management services; (c) behavioral health services, including the treatment of substance abuse; and (d) Any other Medicaid-covered services provided outside of a clinic or hospital.” RFP at p. 55. The evaluators stated that Molina’s response was deficient in part because Molina did not provide detail about how it would “handle disputes for transportation.” The evaluator’s reasoning was that Molina did not “describe enough about how equipment [for telehealth] would be purchased” and that Molina only provided information about its plans to expand peer support “in one small remote area.” Score Sheet. The RFP did not seek information about how Molina would handle disputes related to transportation, it did not seek information about the purchase of telehealth equipment, and it did not seek information about peer supports, much less information about plans for expansion (something that is not even a contracting strategy and thus would not be responsive to the question). HSD thus relied on an undisclosed criterion when deducting points from Molina.

t. Section 6.7, Question 65

This question in part asked Molina to describe the process it would use to “ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget” as well as how Molina would “allow Native American Members to seek care from any I/T/U, whether or not the provider is a contract provider.” RFP at 56. The evaluators asserted that Molina “did not address payment of claims when OMB

rate changes” and that Molina “did not adequately address how members and providers are informed about the ability to choose providers other than member handbook.” The question did not seek information about OMB rate changes. To the contrary, the question was expressly limited to “the rate currently established.” In addition, while the question asked how Molina would *allow* Native Americans to seek care from any I/T/U, the question sought no information about how “members and providers are informed about ability to choose”—the criteria that HSD relied on when deducting points from Molina. HSD thus used undisclosed criteria to evaluate Molina.

u. Section 6.7, Question 66

Question 66 asked bidders to “describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contacts with Tribal organizations for” four types of services. RFP at 55. The evaluators were asked to consider whether the examples were “feasible for the Native American populations in New Mexico.” Score Sheet. Molina was criticized because the evaluators thought that “plans to expand incarcerated outreach program does not seem feasible on tribal land. Need to explain how the Offeror will get access and data.” *Id.* Feasibility was not a disclosed evaluation criteria, and had HSD requested information about the feasibility of the proposed solutions and the sources of data, Molina would have provided that information in its response.

v. Section 6.8, Question 72

This question sought a description of how Molina “will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider.” HSD stated that Molina’s response “lacked detail in payment and billing for rider services,” but the question did not seek information regarding payment and billing. Instead, the question sought only how Molina would *offer and manage* separate benefit riders. HSD thus relied on undisclosed criteria.

w. Section 6.8, Question 74

Question 74 asked Molina to “describe your organization’s proposed innovations in Member and provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies.” Similarly to Question 42, the evaluators were asked to decide “do you like it?” when determining the responsiveness of bidders. Score Sheet. HSD stated that Molina had failed to provide information about “lessons learned”—a criterion that was not disclosed in the RFP. HSD’s use of a completely subjective criterion (do you like it?) and an undisclosed criterion (inclusion of lessons learned) was improper. *See Good Decl.* ¶ 22.

x. Section 6.9, Question 75

This question asked: “Describe your organization’s single case agreements and prior authorization (PA) process. Include, at a minimum: a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member’s life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria.” RFP at p. 58. Molina’s response was marked as deficient because the “Response did not address exemption of ITU services from prior authorization.” Score Sheet. Although the question did not request information on the prior authorization requirements

for ITU's, the evaluators were directed to score the response based on whether "the response indicate[d] an understanding that emergency services and services provided by I/T/Us do not require PA?" *Id.* The undisclosed evaluation factor resulted in a decrease in Molina's overall score. *See* Good Decl. ¶ 20.

y. Section 6.11, Question 87

This question sought information about Molina's "experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies." RFP at p. 60. HSD stated that Molina had not provided information about the results of its strategies, but Question 87 did not ask for information about the results of Molina's strategies. Thus, HSD relied on undisclosed criteria when deducting points from Molina.

z. Section 6.12, Question 91

Question 91 sought a description of "your organization's experience implementing VBP arrangements with providers in New Mexico or other states" and disclosed three specific evaluation criteria. RFP at 61. HSD's evaluators were instructed to consider whether "the response include[s] technical assistance that is sensitive to the needs of New Mexico providers and include[s] methods to build provider readiness for valuebased purchasing arrangements." Score Sheet. Molina was faulted for not providing "details on how provider readiness is determined." *Id.* Provider readiness was not one of the three disclosed evaluation criteria and HSD's reliance on this undisclosed criterion was thus a violation of law.

aa. Section 6.12, Question 93

This question asked bidders to "[d]escribe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes." RFP at 61. The evaluators were instructed to consider whether the response included an "evaluation of cost, quality, and utilization of services as part of the evaluation" and Molina was criticized for not providing details about outcomes and cost evaluation. Score Sheet. Evaluation of cost and specific outcomes were not disclosed as bid criteria—Question 93 asked only for information about how Molina evaluated the *effectiveness* of models, not the cost of different models or the outcomes of different models. HSD thus used undisclosed evaluation criteria.

bb. Section 6.12, Question 94

This question stated: "New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract. . . . Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels." RFP at p. 61-62. HSD stated that Molina had "only include[d] contract year 1 and lacks detail on process and implementation." Score Sheet. The question did not seek information about multiple contract years. HSD thus relied on undisclosed criteria when it deducted points for Molina having only addressed one contract year.

C. HSD's Use of Undisclosed Bid Evaluation Criteria Requires Re-Solicitation of Bids.

The above anomalies in the evaluation process demonstrate that the procurement process as a whole was tainted and that the Contract awards were in violation of the law. HSD's evaluation of the Proposals

violated NMSA 1978, § 13-1-105 as HSD considered criteria outside the RFP itself. In other words, HSD “changed the rules in the middle of the game” by creating and applying bid criteria that were not disclosed in HSD’s RFP. *Planning & Design*, 1994-NMSC-112, ¶ 17. In addition, HSD’s reliance on undisclosed scoring factors is arbitrary and capricious because HSD “departed from the explicit statutory standards of the [Procurement Code and HSD regulations] and was not governed by any fixed rules.” *Planning & Design*, 1994-NMSC-112, ¶ 23 (quoted authority omitted). Molina submitted its Proposal in reliance on the criteria and evaluation factors that HSD disclosed in the RFP, and HSD was prohibited from changing those factors when evaluating Proposals under New Mexico law. HSD, as evidenced by the many areas in which it and Mercer applied new and undisclosed evaluation criteria as well as irrelevant external information, “acted without an adequate determining principle.” *Planning & Design*, 1994-NMSC-112, ¶ 23. “By unlawfully introducing, considering, and relying on a criterion not listed in the [RFP], [HSD] breached an informal contract that it would follow the Code and the Purchasing Manual in considering each bid.” *Id.* ¶ 30. HSD’s inclusion of undisclosed bid criteria *alone* justifies a reversal of HSD’s Contract awards and either an award to Molina or re-solicitation of bids with full disclosure of all criteria that will be considered.

Because of the breadth of HSD’s use of undisclosed bid evaluation criteria, it is difficult to determine the extent to which Molina’s Technical Proposal Score would have increased but for HSD’s unlawful conduct. But, under settled New Mexico law, it is not necessary for Molina to establish exactly how its score would have changed or what its score would have been had HSD not used undisclosed evaluation criteria. New Mexico does not require Molina to show that it would have been awarded a contract but for HSD’s conduct. *See Planning & Design*, 1994-NMSC-112, ¶ 25 (noting that even an appearance of impropriety is consequential and “has very serious implications”). HSD’s use of undisclosed criteria “defeated the object and integrity of the competitive bidding process” and has detrimentally impacted Molina as well as the citizens of New Mexico who rely on Molina as their MCO. If HSD had disclosed all of the criteria it relied on to deduct points from Molina, Molina would have submitted a different proposal. All of the areas where Molina lost points were areas where Molina readily could have provided the information at issue *had the need for that information been disclosed by HSD*. Molina was thus prejudiced by HSD’s violation of law and arbitrary actions, HSD’s actions impacted the entirety of the procurement process, re-solicitation of bids with full disclosure of all evaluation criteria or an award to Molina is appropriate.

D. HSD’s Scoring of Molina’s Technical Proposal Was Arbitrary and Capricious.

In addition to the numerous uses of undisclosed bid criteria which constitutes a violation of law, HSD also acted arbitrarily and capriciously when it evaluated Molina’s Technical Proposal.⁹ There are numerous instances in which HSD failed to consider information Molina provided in response to questions, engaged in disparate scoring of Molina and other bidders, deducted points for issues unrelated to the questions at issue, and otherwise failed to act with any guiding principle or with any rational and articulable basis. Because Molina believes that the undisclosed evaluation criteria listed above and the issues addressed below require either an award to Molina or re-solicitation of the RFP, Molina is not including the lengthy list of arbitrary and capricious scoring issues in the body of this protest, but is instead attaching the list as Attachment 1. Molina’s inclusion of that list as an attachment is a recognition

⁹ Because that proposal is in HSD’s possession, Molina incorporates it by reference and will not attach as a separate exhibit hereto. The record of this bid protest includes the proposal of Molina as well as the proposals of all other bidders on the RFP, but those Proposals are not being attached hereto since they are in the possession of HSD.

that the issues addressed in Attachment 1 are not relevant if HSD reverses the Contracts on account of the other issues addressed in the body of this Protest, but is not in any way a waiver of those issues or an indication that the issues raised are not material.

Collectively, the arbitrary and capricious scoring issues identified in Attachment 1 show that (1) Molina's score would have been substantially higher if HSD had not acted arbitrarily and (2) that the procurement was so flawed that re-solicitation is required if HSD does not award a Contract to Molina.

E. HSD's Rates Were Not Actuarially Sound And Thus Should Not Have Been A Bid Criterion As The RFP Improperly Rewarded Bidders Who Accepted A Non-Viable Rate.

In addition to the services Mercer provided related to the RFP that are outlined above, Mercer's services also included setting the "cost structure" or "rate table" for the RFP. The rate table is a range of rates, from a minimum to a maximum, within which each bidder offers a price. The pricing is set at dollars PMPM. The pricing varies considerably depending on the "category" of member, as a member known to, for example, require behavioral health services, or living in a nursing facility, requires significantly more medical services than a healthy adult or child.

As an example, one category was physical health services for children whose parents receive Temporary Assistance for Needy Families (TANF) benefits who are 0 to 2 months old. *See* Sorrells Decl. ¶ 28. The rate range (rounded) was \$5,004 to \$5,281 PMPM. Each bidder then offered a price within that range; if accepted by HSD, the bidder would *in theory* receive that amount per member in the category, regardless of whether services were provided (this rate is termed a "capitation rate"). Lower prices offered by bidders resulted in higher scores on the cost factor.

In its proposal, Molina generally offered prices in the 70th percentile of the rate table. Thus, if the range was 0-100, Molina's offered price was about 70. Molina's pricing offer is actuarially sound and ensures that it can provide managed healthcare services to New Mexicans.

Molina is an incumbent MCO that provides healthcare services to 224,000 New Mexicans through the Medicaid program. Thus, Molina knows what it costs to provide quality healthcare to New Mexicans with Medicaid and priced its bid accordingly. By contrast, HSD admitted during the RFP process that the rate table created by Mercer and utilized for rates by bidders was not actuarially sound. In response to Question 38, submitted during the pre-bid Question & Answer process, HSD provided the following answer, which is public information:

The min/max capitation rates provided as part of this RFP are not the actuarially sound capitation rate range. These are the range of rates HSD is willing to accept in response to the RFP. RFP Section 7.3, as well as the Data Book Narrative, outline elements that have been excluded from the min/max rates that will be adjusted following the contract award. (emphasis added).

See Sorrells Decl. ¶¶ 33-37. While the precise point at which the RFP rates become unsound is ultimately a determination for the certifying actuary, Molina has estimated that the RFP rates below the 50th percentile are unsound and unsustainable. *See* Declaration of Evan Swalheim, attached as Exhibit H. But, numerous bidders (and all three of the successful bidders) bid rates below this threshold and have those proposed rates that will not be approved by the certifying actuary or that, if approved, will be unsustainable.

The fact that the capitation rates set by Mercer are not actuarially sound makes the cost evaluation factor a violation of law, arbitrary and capricious, lacking in an evidentiary foundation, and fraudulent or in bad faith. Bidders were able to bid rates that HSD *knew* were unsustainable, and received a significant competitive advantage for bidding rates that simply will not allow an MCO to function in New Mexico. More importantly, the inclusion of unsound rates resulted in Proposals that, if actually implemented, will likely harm New Mexicans by forcing them to change MCOs (and likely health and behavioral healthcare providers) and will undermine the sustainability of Medicaid health coverage in New Mexico.

Given HSD's admission and Molina's own analysis, the rates bid by the successful bidders will not be deemed actuarially sound by the certifying actuary. The rates will thus have to be adjusted, and the rates *bid* will be unconnected to the rates actually paid. HSD's use of rates that it knew were unsound and would have to be adjusted was an abuse of discretion, a violation of law, and an arbitrary and capricious act. Since HSD chose to use unsound rates, rates and the bidders' scores on Cost Proposals should be eliminated from the RFP process.

F. Pricing Should Not Have Been A Factor in the Evaluation of Proposals Because the Prices Are Subject to Change, and HSD's Consideration Of Pricing Was Thus Arbitrary And Capricious.

While bidders were required to bid specific rates within the ranges that HSD has admitted were not actuarially sound, HSD's comments to questions regarding the RFP and Molina's knowledge of HSD's past practices indicate that pricing should not have been a factor in HSD's consideration of bids. HSD admitted in response to a bidder's question that rates "will be adjusted following the contract award." Thus, the rate that a bidder includes in its Proposal is, by HSD's own admission, not the rate that will actually govern the contractual relationship between HSD and a successful bidder. In its contract with Western Sky, for example, HSD makes clear that it "reserves the right to modify these Capitation Rates" and that its "decision to modify the Capitation Rates under the circumstances described above is binding on the CONTRACTOR." HSD Contract with Western Sky at 6.1.4, relevant portion attached as Exhibit I. HSD has several other contractual means to alter the rates. *See id.* at Sections 6.6. Negotiation of rates is also within the scope of the RFP. RFP at §2.2.13 ("HSD reserves the right to negotiate with successful Offerors regarding provisions that are in addition to or different from those contained in this RFP"); RFP at 28 ("HSD reserves the right to accept all or a portion of an Offeror's proposal").

On information and belief, HSD's past practices regarding rates have resulted in MCOs receiving substantially the same rate for many services such that any differences in rates between MCO's are not material. Molina is awaiting a response from HSD to IPRA requests seeking rates for the new MCOs selected during this RFP as well as historical rates for all MCOs, and will supplement this protest upon receipt of that information. If, as Molina believes, the rates actually included in the Contracts are similar, then HSD's decision to use costs and rates as a scoring factor is arbitrary and capricious as bid rates have no bearing on the actual costs to HSD. Bidders like Blue Cross Blue Shield, which received the maximum number of price score points on account of having bid the minimum (and unsound) rate across the board, should not receive a scoring benefit by virtue of their low bids if HSD, as it repeatedly reserved the right to do, adjusts the actual rates paid under the contracts. Molina bid with integrity and bid rates that it knew were sustainable and could actually be implemented in a Contract rather than unsustainable rates that will have to be adjusted either in the initial Contract or in subsequent years.

Eliminating the cost scores, which is necessary on account of the fact that the rates included in the Proposals have no bearing on actual rates paid, reorders the bidders such that Molina would have ranked third overall *even with* the numerous evaluation issues referenced above and the involvement of a biased third-party in the evaluation process. HSD's arbitrary and capricious use of a cost score thus materially impacted the order of bidders and the outcome of the RFP.

G. HSD's Scoring on Price Proposals Was Arbitrary and Capricious as the Scores Assigned Are Grossly Disproportionate to The Price Difference Between Bids.

The manner in which HSD assigned scores for bid pricing was also arbitrary and capricious. The dollar differences between the bidders' proposed prices were minimal, but the *score* differences stemming from those prices are completely disproportionate to the variation in pricing.

HSD sought price proposals in four separate categories: Physical Health, Long Term Services and Supports (LTSS), Behavioral Health, and Other Adult Group. While Molina's bid prices were consistently higher than those of the United Healthcare (the lowest bidder), the actual difference in price was minimal. *See Cost Proposal Score Sheet.* On Physical Health, Molina offered a weighted average bid price of \$295.68. The lowest bidder offered a bid price of \$286.25—a difference of only \$9.43, or 3.29%. On LTSS, Molina bid \$1,620.20. The lowest bidder bid \$1,565.23—a difference of only \$54.97 or 3.51%. On Behavioral Health, Molina bid \$50.84. The lowest bidder bid \$49.25—a difference of only \$1.59 or 3.23%. And on Other Adult Group, Molina bid \$409.03. The lowest bidder, United Healthcare, bid 395.92—a difference of only \$13.11 or 3.31%. Molina's total bid price (a number calculated by HSD) was \$477.29—only \$13.79 (2.98%) less than the lowest bidder's total bid price of \$463.50.

But while Molina's bid prices were just percentage points away from the lowest bidder's prices, the scoring impact was grossly disproportionate to the actual price differences. On each of the five categories (including the HSD calculated total bid price), Molina's score was 233.33% lower than the lowest bidder's score. While Molina's bid prices were only dollars less than the lowest bidders, Molina only received 120 points on each of the price categories while the lowest bidder received 400. HSD has offered no explanation for this significant disproportionality, and HSD's significant deduction of points for minor price differences was arbitrary and capricious. There simply is no legitimate reason that Molina's pricing score would be so significantly lower than other bidders given the minimal price differences at issue.

It in fact appears that HSD's price scoring was completely unrelated to the differences between bidders' pricing, the viability of bidders' pricing (as explained above in the discussion on HSD's admission that the rates were not actuarially sound), or the benefits of different prices to the State or recipients of healthcare services. Instead, it appears that HSD simply assigned a score that was the inverse of the percentile at which a bidder bid. Molina's price bids, almost across the board, were at the 70th percentile of the permitted price range. And, Molina was awarded only 120 points of the possible 400 points for the cost proposal—30% of available points. Bidders willing to bid the unsound low end of the range were given a full 400 points, and bidders who bid at the top of the range were given no points. *See Cost Proposal Score Sheet.* HSD's decision to tie scores not to the relative merits of bidders' pricing but instead to simply the percentile in which the price fell is arbitrary and capricious. There is absolutely no rational basis for this decision which disproportionately rewarded bidders that bid rates that HSD has admitted are unsound and disproportionately penalized bidders who attempted to bid actuarially sound rates. Moreover, the price differentials between different bidders could have been readily resolved by HSD simply asking bidders at oral presentations if they would negotiate price—something that HSD expressly and repeatedly reserved the right to do. In other words, it should be the price that HSD actually

intended to include in the Contracts and bidders' willingness to accept those prices that governed price scores, not HSD's arbitrary deduction of points for bids that are not tied to what HSD would ultimately include in Contracts.

That HSD's cost scoring methodology is arbitrary and capricious is best evidenced by a comparison between Molina and Presbyterian's bid prices for LTSS. Such a comparison is provided in the table below. There were 11 categories within this tier. Molina, which bid all 11 categories with a rate in the 70th percentile, was only awarded 120 points. Presbyterian, which bid either the *highest* or the *lowest* rate in the range on all 11 categories (0 or 100th percentile), was awarded 360 points. This was because rather than look at the merits of a bidders' pricing, HSD arbitrarily assigned points based on the percentile of the bid. By bidding several rates at the bottom of the price range (a range that HSD admits is unsound and thus unsustainable), a bidder could thus ensure that several "400s" were built into the point average thus increasing the bidder's score. But for a bidder like Molina that bid prices based on (1) its knowledge of the New Mexico market (2) what rates are actuarially sound and sustainable and (3) rates intended to reflect Molina's actual expectations instead of point generating rates that would require negotiation, scores were lowered for no legitimate reason merely because the rates fell within a particular percentage range.

| Program | Min. Rate | Max. Rate | Molina Bid | Molina Bid Percentil e | Molin a Score | PHS Bid | PHS Bid Percentil e | PHS Scor e |
|--|----------------------|----------------------|-----------------------|---|------------------------------|----------------|------------------------------------|---------------------------|
| Dual Eligible – NF LOC Nursing Facility (Region 1, 3, 4) | \$4,993.04 | \$5,239.41 | \$5,165.5 | 70.0% | 120 | \$4,993.04 | 0 | 400 |
| Dual Eligible – NF LOC Community Benefit (Statewide) | \$1,831.92 | \$1,917.40 | \$1891.76 | 70.0% | 120 | \$1,831.92 | 0 | 400 |
| Dual Eligible – NF LOC Nursing Facility (Region 2) | \$6,015.61 | \$6,312.08 | \$6,223.14 | 70.0 % | 120 | \$6,015.61 | 0 | 400 |
| Dual Eligible – NF LOC Nursing Facility (Region 5) | \$5,657.37 | \$5,934.16 | \$5,851.12 | 70.0% | 120 | \$5,934.16 | 100 | 0 |
| Dual Eligible – Self Direction | \$358.47 | \$374.41 | \$369.63 | 70.0% | 120 | \$374.41 | 100 | 0 |
| Healthy Dual | \$183.21 | \$192.89 | \$189.99 | 70.0% | 120 | \$192.89 | 100 | 0 |
| Medicaid Only – NF LOC | \$7,979.81 | \$8,355.01 | \$8,242.45 | 70.0% | 120 | \$7,979.81 | 0 | 400 |

| | | | | | | | | |
|--|------------|-------------|------------|-------|-----|-------------|-----|-----|
| Nursing Facility (Region 1, 3, 4) | | | | | | | | |
| Medicaid Only – NF LOC Community Benefit (Statewide) | \$2,948.84 | \$3,108.50 | \$3,060.60 | 70.0% | 120 | \$2,948.84 | 0 | 400 |
| Medicaid Only – NF LOC Nursing Facility (Region 2) | \$9,532.98 | \$10,012.10 | \$9,868.36 | 70.0% | 120 | \$10,012.10 | 100 | 0 |
| Medicaid Only – NF LOC Nursing Facility (Region 5) | \$8,979.08 | \$9,397.40 | \$9,271.90 | 70.0% | 120 | \$9,397.40 | 100 | 0 |
| Medicaid Only –Self Direction | \$1,799.52 | \$1,896.05 | \$1,867.09 | 70.0% | 120 | \$1,896.05 | 100 | 0 |

If there was only one person in each of the 11 categories, the monthly payment to Molina (the total of all 11 categories) would be \$52,001.54. And if there was only one person in each of the 11 categories, the monthly payment to Presbyterian (the total of all 11 categories) would be \$51,576.23---only \$425.31 dollars less than what Molina would receive. This minor difference in the total bid amounts has absolutely no rational relationship to the manner in which pricing was scored. Presbyterian and Molina’s total bid amounts were not significantly different, but the scores each received are vastly different. By bidding very low on some areas and very high on others, Presbyterian was able to obtain a significantly better score than Molina, even though the totals between the two companies are substantially similar.

As evidenced by the gross disparity between bid differences and score differences, HSD’s price scoring was arbitrary and capricious. Bidders like Molina that attempted to bid sustainable rates across the board were unduly penalized while bidders willing to bid unsustainably low rates were handsomely rewarded. HSD created a price scoring system that failed to generate pricing that will satisfy the best interests of the state, but that instead generated manipulation and gamesmanship. HSD’s conduct on pricing *alone* justifies a reversal of its decisions.

H. HSD’s Decision to Not Conduct Oral Presentations, an Additional Scored Component of The RFP, Was Arbitrary And Capricious.

According to the plain language of the RFP, HSD had the option to use a fourth scored component—oral presentations. *See* RFP at 17. While holding oral presentations was discretionary, HSD has failed to provide any explanation for its decision to forego oral presentations. This lack of explanation alone establishes that HSD’s decision was arbitrary and capricious and an abuse of discretion. *See Phelps Dodge Tyrone, Inc. v. New Mexico Water Quality Control Com’n*, 2006-NMCA-115, ¶10 (“‘An action is arbitrary or capricious if it is unreasonable, irrational, willful, and does not result from a sifting process’ or ‘if there is no rational connection between the facts found and the choices made.’”). Oral presentations

would have given HSD an opportunity to inquire about the financial integrity and provider/benefit issues that Centene has had in other states. *See* Sorrells Decl. ¶ 38. And, oral presentations would have allowed Molina to address the numerous undisclosed evaluation criteria, respond to extrinsic information about MHI that HSD apparently considered, address HSD's unfounded concerns about MHI's financial stability, and address issues regarding the unsound rates that HSD utilized in the RFP. HSD's procurement was well-ahead of schedule, so HSD certainly had adequate time to schedule and hold oral presentations without interfering with the anticipated March 15, 2018 contract award date. HSD's decision to not hold oral presentations, coupled with Mercer's involvement in the procurement, suggests that perhaps HSD and Mercer were concerned that the scores from oral presentations would change the bid order in a way that was unfavorable to Western Sky (and thus Centene, Envolve, and Mercer) or alternatively, favorable to Molina. Bidders could be awarded up to 400 points from the oral presentations, and a high score or a low score at oral presentations would significantly impact the order of bidders. *See* RFP at 21.

I. HSD's Decision to Reduce the Number of MCOs to Three Was Arbitrary and Capricious.

The RFP contemplated that up to five MCOs would be awarded contracts. The RFP stated that "HSD's intent is to contract with three to five MCOs unless it is in the State's best interest to do otherwise." RFP at 11. Inexplicably, HSD only awarded contracts to three MCOs—two incumbents and a third new MCO with a potentially serious conflict of interest. To date, HSD has provided no information justifying how its decision to depart from its stated intent to contract with up to five MCOs is in the State's best interest. It is difficult to imagine how reducing the number to eliminate Molina from Centennial Care is in the State's best interest, given the detrimental impact this change will have on member access to care and given Molina's service to the State and its citizens over the past 13 years. Reducing the number of MCOs from four to three will significantly constrain the options of persons who rely on MCOs, will result in *less* care, and will adversely impact the very people that HSD is responsible for protecting. But, reducing the number of MCOs is certainly in the best interests of Western Sky, Centene, Envolve, and Mercer, as Western Sky will have the ability to enroll a significantly larger number of New Mexicans if it only has two competitors in the state rather than four. Given the lack of explanation from HSD regarding its decision to reduce the number of MCOs to three, Mercer's involvement in HSD's decision, and the negative effect that the reduction will have on the State, HSD acted arbitrarily and capriciously and abused its discretion when it reduced the number of MCOs in the State.

The absence of an explanation from HSD *alone* renders HSD's decision arbitrary and capricious, as HSD was obligated to explain *how* its decision was in the best interest of the state. *See* 1.4.1.1.43(A) NMAC ("The procurement officer shall make a written determination showing the basis on which an award was found to be most advantageous to a state agency based on the factors set forth in the RFP."). It appears that rather than exercise its own discretion, HSD simply accepted wholesale the recommendations made by Mercer. By failing to explain its decision and by relying on a contractor to make decisions for it, HSD necessarily acted without a guiding principle or rational reason and its decision was thus arbitrary and capricious.

J. A Significant Financial Conflict of Interest Between Mercer And Western Sky Has Tainted The Procurement to Such An Extent That Re-Solicitation Is Required.

Western Sky, one of the three successful bidders, is a wholly-owned subsidiary of Centene. Centene has another subsidiary, Envolve, which is a specialty health services company (providing services such as pharmacy benefit delivery). *See* Western Sky Proposal at pg 1, attached as Exhibit J. Mercer has a

substantial contractual relationship with Envolve; based on information and belief, Mercer and Centene, through Envolve, have a billion or multi-billion dollar contractual business relationship.

Centene/Western Sky's Proposal makes clear that Envolve will be heavily utilized by Western Sky in New Mexico. Mercer has a vested interest in the success of Envolve, and apparently will benefit from any revenue and profit Envolve obtains from operations in New Mexico.

In its Proposal, Centene/Western Sky references Envolve often, and details its plans to utilize Envolve for many specialty services. When Centene/Western Sky referenced the use of Envolve's services, many of HSD's evaluators scored the bid particularly high. In addition, HSD evaluators made 17 comments¹⁰ for superior elements¹¹ when evaluating two questions focusing on pharmacy benefits. *See* Score Summary for Western Sky Question Nos. 21 and 22. Mercer's partnership with Envolve focuses specifically on pharmacy services, and the Mercer trained evaluators' high marks for Envolve services thus directly implicates Mercer and its finances.

Because Mercer has a direct interest in the success of Envolve, and because Envolve is an integral part of Western Sky's Proposal, Mercer possibly¹² stands to gain financially from Western Sky's selection as an MCO in New Mexico and by the reduction in the number of MCO's in the State (since fewer MCOs means more enrollees for each MCO). There is nothing inherently wrong with a company benefitting from its business relationships—that is the very point of forming joint ventures, obtaining financial interests, and doing business. But, there is something inherently wrong when a company with a direct financial interest in the outcome of a procurement process is so interwoven in the process that it is, in effect, the procuring agency.

Mercer was centrally involved in developing, managing, and evaluating the RFP. Mercer created the RFP. Mercer analyzed the RFP and bidders' responses. Mercer trained the HSD employees who evaluated responses. Mercer made recommendations regarding what should be considered. Mercer made recommendations regarding the number of awards that should be given. Mercer made recommendations regarding scoring. Mercer made recommendations regarding which companies should receive awards. Mercer recommended that scoring stop once Western Sky was a top-three bidder. And, Mercer likely has substantially more involvement that will not be revealed (if ever) until HSD fully responds to Molina's IPRA requests. Not surprisingly, the only bidder in which Mercer has a financial connection was one of the three MCOs awarded a Contract and the only new MCO selected by HSD.

Mercer's conflict and its influence on the procurement process and the award results is perhaps best evidenced by Mercer's December 20, 2017 memorandum to Dan Clavio, HSD's Procurement Manager. Dec. 20, 2017 Memo, attached as Exhibit K. In that memo, Mercer recommends that HSD award contracts to the "top three highest-scoring Offerors and initiate negotiations with Presbyterian Health

¹⁰ Other bidders received the following number of superior comments on those questions: 0 (Amerihealth), 2 (UHC) 3 (Molina and Wellcare), 9 (Amerigroup and Blue Cross Blue Shield), and 20 (Presbyterian).

¹¹ The score sheets include bullet-point comments in three separate sections—"Elements of the Response that Met RFP/Contract Requirements," "Superior Elements," and "Elements of the Response that are Deficient OR RFP Requirements Not addressed in Response." Molina refers to these as "superiors" or "superior marks" and "deficiencies" or "deficient marks" in this Protest.

¹² There is, at a minimum, an appearance of impropriety which requires Mercer's withdrawal from the procurement and re-solicitation of bids.

Plan, Inc., Western Sky Community Care, and Blue Cross Blue Shield of New Mexico.” Without any detailed explanation, Mercer recommends that HSD only select three MCOs. And, without any explanation whatsoever, Mercer recommends “that no oral presentations will be required.” *Id.* HSD accepted these recommendations without discussion or explanation.

The significance of Mercer’s unexplained recommendations is that Mercer, not HSD, made the decision to forego an additional point-generating component of the procurement process at a stage when the company with which it has a financial connection was one of the top three bidders. Mercer was likely unwilling to take the risk that the oral presentations would move Western Sky from a top position to a position in which it would not be awarded a contract. Having achieved the result it wanted---selection of Western Sky---Mercer cut-off further point generation and thus ensured that Western Sky remained in the top three. HSD has provided no explanation for its decision to forego oral presentations. There was more than adequate time in HSD’s proposed timeline to hold oral presentations, oral presentations would have given HSD important information about each of the bidders, and oral presentations were necessary for HSD to assess whether each bidder’s proposal was in the best interests of the State. Given Mercer’s connection to one of the top bidders, Mercer’s decision to prevent any point shifting creates, at the very minimum, an appearance of impropriety that requires cancellation of bids and re-solicitation.

Mercer’s contract with HSD for the RFP prohibits Mercer from “any interest, direct or indirect...which conflict in any manner or degree with ... services provided.”¹³ Mercer has a clear conflict of interest, and should have played *no* role in the RFP. The conflict of interest is exacerbated because Mercer annually sets New Mexico’s rates paid to MCOs for Medicaid services. Thus, Mercer will have the ability to raise the rates Centene’s subsidiary will be paid, profiting Centene/Western Sky, Envolve, and Mercer itself. Because Mercer has set rates that Molina knows are not sustainable, this appears likely to occur. In other words, Mercer created the rates that allowed Western Sky to bid low, and Mercer has the ability to *increase* the rates that Western Sky is actually paid to ensure that Western Sky (and thus Envolve and Mercer) can make a profit. This impropriety has infected the procurement to such an extent that it cannot be undone.

It is not known at this time whether Mercer disclosed to HSD its substantial business relationship with Centene/Envolve/Western Sky. Mercer had a contractual obligation to disclose that business relationship. If Mercer did not disclose the business relationship, then Mercer acted in a biased manner, fraudulently or in bad faith, and in violation of law. If the business relationship was disclosed, then HSD had the right to terminate, and should have terminated, Mercer’s contract related to the RFP. Mercer’s contract was not terminated. If HSD knew of Mercer’s relationship with Envolve, then HSD should have recognized that Mercer had a conflict of interest due to its business relationship with a Centene subsidiary. If HSD allowed Mercer to proceed with the RFP, knowing about the business relationship with Centene, then the RFP was conducted in a biased manner, fraudulently or in bad faith, and in violation of law. Either way, Mercer’s conflict of interest creates, at the very least, an appearance of impropriety that requires re-solicitation of bids. *See Planning & Design*, 1994-NMSC-112, 25 (“The Code and the Procurement Manual are designed to preclude even the *appearance* of impropriety” (emphasis in original)); *Medco Behavioral Care Corp. v. Iowa Dep’t of Human Servs.*, 553 NW2d 556, 568 (Iowa 1996) (upholding

¹³ HSD/Mercer Contract (PSC 15-630-8000-0014) at Section 12, available at <http://www.hsd.state.nm.us/uploads/files/Looking%20For%20Information/General%20Information/Contracts/Medical%20Assistance%20Division/Actuarial%20Services/Actuarial%20%26%20Consulting%20Services%20-%20Mercer%20Contract.pdf>.

district court's conflict of interest finding and disqualification of successful bidder finding when the parties who worked on the RFP development process had a direct or indirect, undisclosed business relationship with a subsidiary of the successful bidder); NKF Eng'g v. United States, 805 F.2d 372, 373-74; 376-78 (Fed. Cir. 1986) (upholding agency disqualification of bidder based on "an appearance of impropriety" when individual who developed portions of the RFP, including the evaluation plan and cost ranges, had an employment relationship with the bidder and noting that "whether or not the inside information [regarding costs] was actually passed" from the employee to the bidder, "the appearance of impropriety was certainly enough for the CO to make a rational decision to disqualify" the bidder); Filtration Dev. Co., LLC v. United States, 60 Fed. Cl. 371 (2004) (Actual organizational conflict of interest was proper basis for enjoining procurement until further analysis of the conflict of interest was performed); Jacobs Tech. Inc. v. United States, 100 Fed. Cl. 198 (2011) (injunction barring award of contract until further organization conflict of interest analysis was performed); NetStar-1 Gov't Consulting, Inc. v. United States, 101 Fed. Cl. 511 (2011), aff'd, 473 F. App'x 902 (Fed. Cir. 2012) (Potential organizational conflict of interest was not effectively mitigated, justifying preliminary injunctive relief); Axiom Res. Mgmt., Inc. v. United States, 78 Fed. Cl. 576 (2007) (contacting officer abused his discretion in not developing an adequate plan to mitigate organization conflict of interest).

K. The Prices Proposed by Western Sky Are Not Sustainable and, If Centene's Past Practices Hold True, Will Result in Western Sky Pressuring the State for Additional Funds Or Leaving the State.

Western Sky/Centene scored 254 points on the cost evaluation factor. Generally, it offered prices in the 40th percentile. As explained above, the prices or rates offered by Western Sky/Centene in New Mexico (and by other bidders that bid the low end of the price range or the bottom of the range) were not actuarially sound. These unsound rates will result in either Western Sky seeking additional funds from the state or Western Sky abandoning the New Mexico market. There is significant precedent for this by Centene and its subsidiaries.

Centene appears to consistently bid low in response to state requests for proposals, and then pressures a state for more money once established in the state. Centene and its subsidiaries have a history of failing to provide the services promised for the price offered. For instance, in 2013 a Centene subsidiary abruptly ceased providing managed care to Medicaid members in Kentucky when Centene began to experience adverse financial consequences from unsustainable rates. Although all of the MCOs in Kentucky at that time experienced similar losses due to the unsustainable rates, Centene was the only company to terminate its contract and leave Kentucky. This left Kentucky, its citizens, and the other MCOs to absorb the losses and solve the issue. The Commonwealth of Kentucky and its agencies estimated that Centene's exit from Kentucky cost the state upwards of \$40,000,000. A settlement was eventually reached. Kentucky Spirit Health Plan, Inc. v. Commonwealth of Kentucky, Case # 12-CI-01373 (Franklin County Court; filed Oct. 22, 2012). We have not located an estimate of the cost to Kentucky's citizens.

It also appears that Centene fails to provide an adequate provider network as a means to lower costs. In December, 2017, another Centene subsidiary agreed to a fine of \$1,500,000 imposed by the Insurance Commissioner of the State of Washington which was in part for Centene's failure to provide an adequate medical provider network to its Marketplace members. Prior to imposing the fine, the Insurance Commissioner provided Centene with a notice of suspension of its certificate of registration.

Then, on January 11, 2018, Centene and two of its subsidiaries were sued in federal court in the Eastern District of Washington. *Harvey v. Centene Corp., et al.*, No. 18-cv-00012. The Complaint is a 15-state class action alleging that Centene failed to provide an adequate medical provider network for members in the following states: Arkansas, Arizona, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Mississippi, Missouri, New Hampshire, Nevada, Ohio, Texas, and Washington. *See Harvey*, No. 18-cv-00012, Complaint [Doc. 1], ¶ 26.

As alleged in the Washington class action, Centene denies valid claims from medical providers as a means of off-setting its low pricing, and therefore cannot sustain an adequate medical provider network. *Harvey*, No. 18-cv-00012, Complaint [Doc. 1], ¶¶ 12-21, 49-58.

Finally, another Centene subsidiary, Centurion, has been a defendant in, approximately 17 lawsuits in New Mexico for failing to provide adequate care to persons in New Mexico's prisons. *See Lawsuits claim inmates still getting poor healthcare*, Jan. 28, 2018, attached as Exhibit L. http://www.santafenewmexican.com/news/local_news/lawsuits-claim-inmates-still-getting-poor-health-care/article_a8f804d7-14a7-505e-81ab-9c47a8624b4a.html.

Based on Molina's review of documents thus far, Molina cannot confirm whether Western Sky reported these issues in the compliance history part of its Response to the RFP because that information has been redacted by HSD. These issues are substantial enough to warrant consideration for suspension or debarment. *See NMSA 1978*, § 13-1-178. Molina requests that HSD produce unredacted copies of Western Sky's compliance history so that Molina can assess the extent to which Western Sky disclosed these serious issue and whether HSD considered this significant information. Given the strong emphasis HSD put on MHI when evaluating Molina's Proposal, HSD's apparent failure to consider the serious harm Centene has caused in other states establishes that HSD acted arbitrarily and capriciously.

The fact that Mercer has a business relationship with Centene also calls into question the validity of the rates Mercer set for the RFP. Mercer is HSD's contractor for the RFP and for pricing rates for incumbent Medicaid MCOs. Centene, including through its subsidiaries, has a history of offering low prices for Medicaid contracts and other healthcare coverage, but being unable to provide the services promised. Mercer and a Centene subsidiary have a substantial business relationship and aligned business models regarding pricing. Despite that it was or should have been aware of these issues, HSD continued to contract with Mercer to manage the RFP and awarded a Contract to Western Sky, a Centene subsidiary. As the entity setting New Mexico's Medicaid pricing rates, Mercer will have the ability to raise the rates that Western Sky will be paid, profiting Centene, Envolve, and possibly Mercer itself depending on the nature of Mercer's "alliance" or partnership with Envolve.

The cost evaluation factor used in the RFP is not actuarially sound, as HSD has admitted, and is not sustainable. It was developed by Mercer and adopted by HSD despite the business relationship between Centene and Mercer, and Mercer's benefit from Envolve's proposed entry into New Mexico. Mercer had a conflict of interest in the RFP due to the bid by Centene/Western Sky. Mercer also developed a rate table and cost evaluation factors that benefitted Centene/Western Sky, and caused material harm to Molina. Likely more importantly, the cost factor has resulted in an award that will result in unsustainable pricing and impair services to New Mexicans. As such, Mercer's rate table, cost evaluation factor, and the award are not in the best interest of HSD, fraudulent and in bad faith, arbitrary and capricious, in violation of law, without substantial evidence, and outside the scope of HSD's authority.

L. HSD's Decision Is Not in the Public's Best Interest.

Unlike some procuring agencies, HSD is not obligated to award a contract to the lowest responsible bidder. Instead, HSD was only required to award contracts to bidders "whose proposals and scores are most advantageous to HSD." RFP Section 4.1. HSD is a state agency, and thus a representative of the citizens and the State of New Mexico. Thus, what is "most advantageous to HSD" equates to what is most advantageous to the citizens and the State of New Mexico. HSD's decision is not advantageous. To the contrary, HSD's decision will result in profound detriments to the citizens who rely on MCOs, to the state, and to HSD itself.

HSD intends to eliminate two incumbent MCOs: Molina and United Healthcare. HSD proposes to introduce a new MCO, Western Sky. And, HSD proposes to reduce the number of MCOs in New Mexico from four to three. Because of HSD's decision not to award a contract to Molina, Molina's members served under Molina's current contract, approximately 224,0000 New Mexicans, will be forced to seek a new MCO and health plan. Each will undergo the time, expense, and anxiety of changing plans, learning a new system, and trying to form new relationships with the MCO and new providers. Those New Mexicans will be forced to scramble for care, care which is currently and professionally provided by Molina, in a new medical provider network and a new behavioral health network. They will be forced to seek one or more new medical and behavioral health providers as a direct result of HSD's decision. Some or many may find an inadequate medical provider and behavioral health network, similar to the experience of people in Washington and, as alleged, in 14 other states. Persons who rely on Medicaid are often some of the most vulnerable, and forcing them to undergo significant changes is not in their best interests.

New Mexicans who are Medicaid members of Molina and currently in treatment will be forced by HSD to transition providers during treatment. This is difficult for any person, and is worse for members receiving behavioral health services and substance abuse services. Many of these members receiving behavioral health services had to change providers in 2013, when HSD suspended Medicaid payments to up to 15 behavioral health centers. As a result, many people went without behavioral health services at that time, and may suffer the same outcome as a result of HSD's decision with respect to Centennial Care. In New Mexico, 103,205 Molina members receive behavioral health services, and 35,036 Molina members receive substance abuse services. These members are particularly vulnerable to transitions in services and providers. The healthcare infrastructure that Molina has developed and provides to these members will be lost. That infrastructure includes detention center programs, investment in community based care, behavioral health, substance abuse programs, peer wellness centers, behavioral health telehealth equipment and supplies, paramedicine programs, and support for behavioral health providers. New Mexicans receiving behavioral health services will also likely face long wait times to receive needed treatment. New Mexico's other vulnerable populations will be particularly hard pressed to find the time, expertise, and resources to change MCOs and providers. New Mexicans receiving DME will likely face long wait times to receive needed equipment.

Moreover, as a result of HSD's decision, 10,000 Native American New Mexicans will lose an MCO with the demonstrated ability to provide culturally competent services to Native populations in New Mexico and other states. Such services were called out in the RFP as necessary in New Mexico.

Molina provides funding and services to other providers and local public agencies that will also be jeopardized by HSD's decision. For instance, Molina contracts with peer wellness centers to provide support services as an extension of its coordination and internal peer support services. Those centers

include Inside Out, Albuquerque Center for Hope and Recovery, First Nations Community Healthsource, Catron County Grass Roots, Pine Hill Health Center and Hozho Wellness. Those centers have been able to hire staff and/or expand their services and outreach as a result, and will be harmed by the elimination of Molina as an MCO in New Mexico. *See e.g.* Feb. 1, 2018 Letter from Inside Out Recovery, attached as Exhibit M. Molina has funded local public programs including the Bernalillo County Department of Substance Abuse Program (\$200,000), the Dona Ana County Health and Human Services Department (\$394,875), and the American Medical Response, Santa Fe Fire Department and Las Cruces Fire Department (\$600,000 for paramedicine programs). Continued funding for these programs and maintaining their current staffing services is at risk due to HSD's decision.

As a result of HSD's decision, up to 1,119 New Mexicans currently employed by Molina likely will be forced to seek a new job, with new pay and benefits; and undergo the time, expense, and anxiety of trying to locate new employment, which assumes that the New Mexico market can absorb these employees, which is unlikely. Consequently, if Molina leaves New Mexico, many Molina employees may have no choice but to move outside the State.

HSD's decision is thus not in the best interests of the citizens of New Mexico, and HSD's conclusion to the contrary is arbitrary and capricious as HSD has not set forth any rational benefit that will flow from its decision.

HSD's decision to eliminate two incumbent MCOs, and add a new one, will create unnecessary administrative costs for HSD. Established business relationships, from technical to personal, will end or be changed. HSD will have to end its processes with two incumbent MCOs, Molina and UHC, as it establishes processes with the Centene subsidiary. Administrative costs will also be incurred as a result of the forced change in MCOs for at least a quarter¹⁴ of New Mexicans with Medicaid coverage. Approximately 852,000 New Mexicans have health insurance through Medicaid. http://www.hsd.state.nm.us/uploads/FileLinks/587930e6bdd0402c9d4990a78c041734/Nov2017_MSR.pdf. Molina provides healthcare services for approximately 224,000, or about 26% of New Mexicans with Medicaid. Molina is the single largest Medicaid MCO for New Mexicans. Eliminating Molina from Centennial Care will end the economy of scale that Molina has developed. Molina has been able to provide high quality services to New Mexicans, despite unsustainable pricing rates by Mercer/HSD, due to these economies of scale. The loss of this economy of scale will place greater price pressure on Medicaid MCOs, HSD, and New Mexicans.

HSD does not seem to recognize the disruption its award will create. HSD has not recognized or addressed Molina's stability, economy of scale, or status as the largest provider of managed Medicaid healthcare services. HSD has provided no assessment or analysis regarding how the scope of Molina's services will be replaced, or whether any other MCO will be able to match Molina's provider networks, stability, and scale. HSD's decision to reduce the number of Medicaid MCOs will reduce HSD's negotiating power with the remaining MCOs. MCOs will have greater leverage to threaten to leave the state market, as a Centene subsidiary did in Kentucky. The quality of services to New Mexicans will suffer as a result. HSD's failure to articulate any rational basis for elimination of Molina, the reduction of MCOs, or its conclusion that the RFP and its results are in the best interest of the State evidences that HSD's actions were arbitrary and capricious and an abuse of HSD's discretion.

¹⁴ HSD's elimination of United Healthcare will also have a significant impact on the State.

M. HSD Improperly Considered the Same Reference Source As Two Separate Sources When Evaluating Presbyterian's Bid.

The reference scoring sheets that HSD has provided indicate that HSD allowed Presbyterian to use the same reference twice. The reference scoring sheets indicate that Presbyterian received 96 points for reference number 3, City of ABQ Public Schools, and 100 points for reference number 2, ABQ Public Schools. While this issue would likely have been immediately recognized if HSD had not used a third-party contractor to assess the Proposals, Mercer apparently was unaware that there is only one public school district in Albuquerque—Albuquerque Public Schools. It thus appears that Presbyterian received 96 additional points on account of having used the same reference twice. Allowing a bidder to use the same reference twice is a violation of the RFP.

N. If HSD Declines to Award a Contract to Molina, Cancellation of the Three Awarded Contracts And Re-Solicitation of Bids is the Appropriate Remedy.

Rule 1.4.1.88 NMAC governs the remedies available to Molina. Pursuant to that section, “the contract may be terminated, and the business awarded the contract shall be compensated for the actual expenses reasonably incurred under the contract plus a reasonable profit or equivalent thereto prior to termination.”

For the reasons stated above, moving forward with the Contracts as currently awarded is not in the best interests of HSD, and consequently not in the State's best interest. The procurement process was fatally flawed, and the interests of the public and of HSD require a *fair* and *impartial* procurement in which all evaluation factors are fully disclosed and in which no person or entity with a financial stake in the outcome of the process is permitted to participate in the decision-making or evaluation process. The very integrity of HSD's procurement process is at stake, and justice requires cancellation of all bids and re-solicitation of the RFP.

On information and belief, the Contracts between HSD and the three MCOs have not yet been approved by all stakeholders, and the effective dates are still sometime in the future. Work under the contracts does not commence until January 2019. Thus, cancellation of the contracts will have no impact on the three MCOs which likely have incurred little or no expenses in reliance on the contracts.

The New Mexico Supreme Court has instructed that cancellation and re-solicitation is appropriate when undisclosed evaluation factors are utilized, provided that the contract at issue has not been completed. *See Planning & Design*, 1994-NMSC-112, ¶ 31. Here, the contracts have not even commenced. Cancellation and re-solicitation is thus still an appropriate remedy, and HSD should remedy its errors by starting over so that all bidders have a full and fair opportunity to address the evaluation criteria and so that an impartial evaluator can determine which MCOs best meet the needs of New Mexico and HSD.

Alternatively, HSD should find that an award to Molina is in the best interests of the State and award an MCO Contract to Molina.

CONCLUSION

The defects in HSD's procurement of the RFP are legion. The impact on the State and its citizens is immense. HSD acted arbitrarily and capriciously by relying on numerous undisclosed bid criteria. HSD allowed a contractor that stands to gain from the outcome of the RFP to control nearly every aspect of the procurement. These actions have poisoned the procurement to such an extent that the only appropriate

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963.**remedy is to start over. Molina's scores were materially affected by HSD's arbitrary and capricious actions, and Molina thus requests that HSD either (1) cancel all Contracts that resulted from the RFP, issue a new RFP without the involvement of Mercer, and consider the actual best interests of the State and its citizens; (2) award a Contract to Molina as such an award is in the best interests of HSD and the people of New Mexico; or (3) eliminate the cost proposal component of the scoring sheets and award a Contract to Molina.

Molina requests a hearing on these issues with a neutral decision maker.

Respectfully Submitted,



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ATTACHMENT 1: LIST OF ARBITRARY AND CAPRICIOUS SCORING ISSUES

This list is based on the Score Sheet, Molina's Proposal, and where indicated, the Proposals of other bidders. All of these documents are in HSD's possession and a part of the record of this bid protest either as an attached exhibit to Molina's Bid Protest or incorporated by reference.

Question 6.1, Section 9: HSD faulted Molina for the "Use of "to the best of our knowledge" when discussing findings. The team believes the MCO should know definitively if there were findings?" Molina's use of "to our knowledge" does not reflect whether Molina knew of such findings. Instead, it reflected the uncertainty about the premium tax audit that has been an on-going and highly visible issue. Faulting Molina for using the phrase "to the best of our knowledge" is arbitrary and capricious. And, any concerns about Molina's use of that language could and should have been raised at an oral presentation.

Question 6.1, Section 13: "Generic information, lack of detail about vendors and MCO approach to oversight. Lots of vendors with minimal NM experience/presence." As discussed above, HSD has *already* approved all of Molina's vendors since Molina is an incumbent MCO, and faulting Molina for using pre-approved vendors is arbitrary and capricious.

Section 6.2, Section 14: HSD asserted that Molina was "Weak on details on addressing needs of children and adolescents." This is arbitrary and capricious because Molina's response provided detailed information about how Molina addresses needs of children and adolescents. Molina's proposal discussed Molina's "long-established statewide network of PCPs, including: pediatricians; family practice, general-practice, and certified-nurse practitioners; school-based health centers (SBHCs); Indian Health Services (IHS) providers; BH providers; specialists; and facilities to treat the various needs of New Mexico's children and adolescents." Molina also cited its 10 year-long partnership with Envision New Mexico, an extension of the University of New Mexico's Project ECHO, to address pediatric members with complex and/or chronic healthcare needs. Molina is also starting to fund All Faiths Children's Advocacy Center for their High Fidelity Wrap-around Services program, which will provide services such as intensive case management to members in the State's custody to create long-term community based natural supports for children and young people who have a history of complex behavioral health needs.

Section 6.2, Question 15: HSD faulted Molina as follows: "For LTSS only noted about VBP for NF providers. MCO only notes its existing experience – does not discuss challenges of building a network." This criticism is arbitrary and capricious because Molina did, in fact, include specific information about NFs in rural and frontier areas and was not limited to the NF VBP. Molina's answer was responsive and HSD's criticism of Molina not discussing challenges of building a network is arbitrary and capricious. In any event, Molina did provide a response regarding the strategies it has used for meeting the challenge of building a provider network, including "fostering close and collaborative working relationships, timely outreach to new providers, developing innovative programs that increase member access, and implementing VBP arrangements that support our rural and frontier providers." The response also faulted Molina for not discussing advisory boards, yet the RFP question did not ask for information on advisory boards.

Section 6.2, Question 16: HSD faulted Molina as follows: "MCO does not note what it has learned from monitoring initiatives. Does not address how results will drive future plans and strategies. More

detail on cost sharing is needed. MCO does not provide comprehensive discussion of current strategies such as data sharing.” HSD’s criticism of Molina is arbitrary and capricious because the RFP question did not ask for a description of what was learned, only strategies for monitoring and addressing contract issues.

Section 6.2, Question 17. HSD faulted Molina as follows: “Emphasis primarily on paraprofessionals rather than making the pipeline bigger for clinical providers. Funding not made available to frontier, rural and tribal areas.” Contrary to HSD’s statement, Molina did provide several examples of expanding services provided by licensed behavioral health practitioners. In addition, Molina provided several examples of funding to rural and frontier providers, including ITUs. HSD’s disregard of Molina’s responsive answers is arbitrary and capricious.

Section 6.2, Question 18: HSD criticized Molina’s proposal as follows: “No mention of health homes either existing or efforts to expand to delegate care coordination.” To the contrary, Molina acknowledged Centennial Care 2.0’s goal of increasing care coordination at the provider level, and noted that it was entering into VBP and other arrangements in which Molina is transferring some of its care coordination activities to providers.

In addition, the evaluators asserted that Molina had not mentioned Health Homes. Health homes are not a component of behavioral health (the subject of the question), and Molina thus had no reason to address Health Homes. HSD thus deducted points from Molina for either an undisclosed evaluation criterion or due to a misunderstanding of the scope of behavioral health services.

Section 6.2, Questions 19 and 20: Molina addressed all elements of the question, including receiving superior elements for question 20, and received a score of 4 for each question. Presbyterian also received a 4 for each question, but for questions 19 and 20, Presbyterian had two deficiencies, and no superior elements. HSD thus arbitrarily assigned scores that are unconnected to its written findings.

Section 6.3, Question 21: As with other questions, HSD faulted Molina’s proposal for providing limited or no information on specific items not identified in the RFP but set out as evaluation criteria in the scoring sheet. For example, the RFP question itself did not ask for cultural considerations; instead it asked Molina to ensure that medicines were appropriate to the “diagnosis, symptoms and age of child/adolescent” – those are demographical and clinical considerations – not cultural. In addition, Molina was criticized for failing to identify monitoring processes for specific drugs such as opioids, when, in fact, all of the monitoring practices Molina described would include opioids (and any other controlled substance) as a target for Molina processes.

Section 6.3, Question 22: HSD faulted Molina: “Response lacked detail on poly-pharmacy auto-denials to assess proposal.” The RFP did not mention poly-pharmacy, so it was arbitrary for HSD to reduce Molina’s score on this basis. This comment is especially confusing because there is no mention of poly-pharmacy in the response considerations either.

Section 6.3, Section 25: HSD commented; “Description does not expand the system – based on current approaches. For instance, there is no reference to work force development.” This criticism is arbitrary because the RFP question did not reference “work force development.”

Section 6.3, Question 26: HSD criticized Molina's proposal as follows: "Not clear how Offeror collaborates with providers for improved outcomes. Not clear how PCMH will conduct care coordination. Difficult to determine if PCMH model supports Integrated service delivery. Not clear that existing contract requirements are addressed such as: How community resources will be used. How HEDIS measures are used. No details regarding telemedicine approaches. Response did not address collaboration with other MCOs to reduce burden on providers." This criticism is arbitrary and capricious because the response considerations deviated from the RFP question, to which Molina responded.

Section 6.3, Question 27: HSD concluded: "Response overall was average. Response did not address rural or frontier areas. Discussion of nursing facility transitions did not appear relevant to the question. Response noted value added benefits but the examples provided are not value added benefits." To the contrary, Molina explicitly addressed rural areas, including challenges arising from providing services in rural areas and ways to address those challenges. Molina noted

As Molina deliberated on a project to address the needs of high-risk mothers, we recognized many needed bed rest and were living in rural areas. In some situations, the nearest access to care was three hours away. This issue led us to embark on a home visiting program for pregnant mothers by expanding our contract with a company called Alere to provide medications for preterm labor.

Molina also provided many examples of benefits it considers "value added," including: Gestational Hypertension Program; Preeclampsia Program; Obstetrical Diabetes Management; Subcutaneous Insulin Infusion; Home Infusion Therapy; Continuous Ondansetron Infusion Therapy; Hydration Therapy; Continuous Metoclopramide Infusion Therapy; Lactation Consultation. HSD's failure to consider these portions of Molina's response was arbitrary and capricious.

Section 6.4, Question 29: HSD faulted Molina as follows: "Details regarding dually eligible members was lacking. Use of bilingual staff lacked details. Evaluated the effectiveness of training was not discussed. Acronyms used were not defined within the response section." This is another example of when the response considerations deviated from the RFP—the RFP question did not ask for information regarding dually eligible members and did not ask how the Offeror would utilize bilingual staff. The RFP question did ask how the Offeror will ensure diverse and culturally sensitive staff which Molina addressed in its response to this question. The RFP question did not ask to include an evaluation plan regarding the effectiveness of training for care coordination, rather it asks the Offeror how it will ensure training for complex members which Molina addressed in its response. HSD's assertion that Molina did not define all acronyms is simply wrong--all acronyms were defined except for BH, PH and IPoC, which was defined within the introduction, rather than within the question. In other words, Molina's score was reduced for failing to define a single acronym, which is arbitrary and capricious.

Section 6.4, Question 30: HSD faulted Molina as follows: "Details regarding integration of behavioral health lacked details." Nevertheless, the evaluators were tasked to consider whether "the Offeror describe[s] any initiatives focused on behavioral health or integration strategies?" The RFP question asked Molina to identify measurable results, and not behavioral health integration. As with the other examples Molina has noted, the fact that Molina did not include details regarding behavioral health integration should not have been considered a deficiency.

Also, Western Sky, whose proposal did not address behavioral health at all, scored a 4. HSD's assignment of points was thus arbitrary and capricious—not addressing a required topic at all should not result in the same point deduction as insufficient detail.

Section 6.4, Question 31: HSD faulted Molina's response to this question as follows: "Use of bilingual staff lacked details. Some areas lacked detail in actual operations. Efforts to engage difficult to reach members lacked innovation," yet the evaluators noted that Molina's "outreach innovations" were scored in the superior elements category.

Section 6.4, Question 33 and 34: HSD faulted Molina for referring to exhibits not included in question response. Although Molina did refer to exhibits not included in the question response, Molina's response was complete without the reference to the exhibits, and consequently, it was arbitrary for HSD to penalize Molina for including the exhibits.

Section 6.4, Question 36: HSD faulted Molina's response to this question as follows: "No efforts to obtain Medicaid under another category. Care coordination assignment is lacking. Response does not fully address needs of baby and mother. Response lacked details to fully evaluate the approach. Back-up plan insufficient." To the contrary, Molina's response to this question adequately addressed needs of baby with REQT D, E, F, G and H, and includes how the Operator will monitor improvements and member outcomes in addition to resolution for conflict or crisis to ensure any issues are fully resolved. HSD's criticism regarding Molina's back-up plan is arbitrary because it was not required in the RFP. Given the page constraints, there was no way Molina would have been able to mention or address all contract requirements within the narrative.

Section 6.4, Question 37: HSD faulted Molina's response as follows: "Overall response lacked details. Engagement of member was insufficient including how offeror will find member. Member outcomes in response lack understanding of challenges of homeless population and process to achieve the outcomes lacked details. Response does not demonstrate how to apply methods described in proposal." While Molina addressed all *RFP* requirements, the evaluator stated, incorrectly, that "[s]ome elements of the question were addressed." Due to the page limitations, it was not possible for Molina to mention or address all *contract* requirements within the narrative. Molina received a score of 2 on this question, even though Molina addressed each element of the question. HSD's scoring was thus arbitrary and capricious.

Section 6.4, Question 38, 39, 40: HSD faulted Molina's response failing to address elements of the RFP question, for lacking detail, and for issues with Molina's back-up plan unaddressed. Information about the back-up plan was not required by the RFP. Although it is a part of the contract, Molina could not mention or address all contract requirements within the narrative, because of the page constraints. In addition, Molina was very clearly compliant with the RFP requirements, addressing all of them. While Molina addressed all RFP requirements, the evaluators stated, incorrectly, that "[s]ome elements of the question were addressed." This was arbitrary and capricious.

Section 6.5, Question 43: HSD faulted Molina's response as follows: "Community benefit is not adequately addressed. Response indicates a lack of understanding of Medicaid eligibility. Unclear how housing need is addressed. Limited follow up to ensure BH services are provided." To the contrary, Molina, fully addressed these elements. For example, Molina answered the Medicaid eligibility item in the first paragraph of our response and Molina answered the housing item in the

diagram, “Collaborate with NF discharge planner and housing specialist to find affordable, accessible housing (e.g., MFP, reintegration housing, etc.). Molina addressed housing in Figure 5.1. HSD’s disregard of that figure was arbitrary and capricious and HSD had no rational basis to ignore plainly responsive information.

Section 6.5, Question 45: HSD faulted Molina’s response as follows: “Response lacks detail on types of reports used. Response lacks detail on fraud and abuse process and responsible staff. Use of EVV for self-direction lacks details to fully evaluate the approach. Response indicates a lack of understanding of use of EVV with self-direction.” Penalizing Molina for alleged lack of detail on reporting is arbitrary because the RFP question asks how information from the system will be used, and is not specific to reports. This is another instance where the response considerations also do not align with the criticism of Molina’s response because the response considerations also make no mention of reports.

Section 6.5, Question 47: The evaluators noted that Western Sky provided incorrect information, yet Western Sky still scored a 4. HSD’s decision to give a bidder with incorrect information almost full points is inexplicable, and shows the arbitrary nature of HSD’s scoring.

Section 6.6, Question 51: Molina received superior marks, but was only given four points. Presbyterian received superior marks, but was given 5 points. HSD’s application of points was thus inconsistent and arbitrary.

Section 6.6, Question 52: Molina received a 4, which was the same score given to WellCare. But, Wellcare received a 4 in spite of having been marked deficient for not including a project plan. Inclusion of a project plan was a disclosed evaluation factor, and although WellCare was found deficient for not including one, the evaluators indicated that “all elements of the question were addressed”—a plainly incorrect conclusion. The scoring was thus inconsistent amongst bidders.

Section 6.6, Question 53: Molina was only awarded 3 points, and the evaluators commented “General lack of detail in the response.” This was incorrect. Molina addressed each of the topics listed in the question, and described in detail who it worked with HSD on CM processes. Presbyterian, like Molina, was found to have one deficiency mark, but somehow received a 4 instead of a 3.

Section 6.6, Question 54: Molina’s response was given two superior marks, but Molina was only awarded 4 points. Blue Cross, also with two superior marks, was given a 5. And Presbyterian, which received two deficiency marks, was given the same score as Molina (4). This disparate scoring establishes that HSD acted arbitrarily and capriciously as its scores were not rationally connected to its findings.

Section 6.6, Question 55: Molina was awarded only three points, and the evaluators commented that Molina’s response to the question had a “lack of detail regarding physical security.” Score Sheet. This was incorrect. Molina’s responses addressed physical security multiple times: first in response to Question 54 (“Our Albuquerque-based Data Center and Network Operations Center provides 24/7 support for all systems and network infrastructure; industry standard safeguards include physical security measures such as card access systems, locked storage to secure equipment, 24/7 surveillance, and enforcement of policies and procedures for Data Center visitors (e.g., full time escort)”) and then

again in response to Question 55 (“Our System and Information Security Matrix restricts systems access on a ‘least privilege’ basis. The matrix restricts user access to specific system functions and information based on an individual user profile. Users are granted the appropriate level of security access options appropriate to their function within the company.”). This fully addresses the question and requirements found in Sample Contract, and meets and exceeds all standards and is fully HIPAA Compliant. HSD appears to have failed to consider Molina’s actual response.

Section 6.6, Question 56: HSD stated that Molina’s response did not sufficiently address SSNRI, ICD-10 and COBA. To the contrary, Molina stated in its response that it already fully complies with SSNRI, ICD-10, and COBA by supporting SSNRI, ICD-10, and COBA now and continuing to do so in the future. Molina currently supports SSNRI, ICD-10, and COBA by processes that monitor for new emerging standards. Molina also noted that it had been compliant since 2014, and that it monitors for emerging standards. HSD thus disregarded Molina’s response.

In addition, United Health Care was given three deficiency marks but scored higher, and Wellcare received a deficiency mark for HIPAA transactions but somehow was given 4 points. HSD’s scoring of Molina and other bidders was arbitrary and capricious.

Question 6.6, Question 57: Molina was awarded 3 points and the evaluators commented that Molina’s response had a “lack of detail regarding HIE, EHR and PHR.” But, Molina’s response addressed all aspects of the question (and was given superior marks). Molina’s response explained that

An essential foundation for improving healthcare quality and reducing the cost of care, HIEs can support risk-based contracts through effective, patient-centric views of care, including tools and reporting to assist in achieving and measuring improved outcomes. Recognizing the value of PHRs and EHRs to the care and service of our members, we actively work with contracted providers that are utilizing EHRs to promote interoperability with our systems, New Mexico’s HIE, and EDIE. We continually educate providers about the benefits of EHRs as the platform to improve communication between the members and providers.

New Mexico Health Information Collaborative (NMHIC). We support NMHIC’s desire to grow to include all hospitals in New Mexico and the surrounding areas as well as a majority of provider practices, including behavioral health (BH), long-term care, home care, social services, first responders, and criminal justice. We continue to work and partner with NMHIC and providers to define critical quality measures required, including new meaningful use quality measures and the Merit-based Incentive Payment System (MIPS). We also support HSD in its efforts to apply for HITECH 90/10 federal matching money that could provide the necessary capital to expand and further enhance the State’s HIE, with the ultimate goal of connecting all medical providers and health systems statewide. Molina also is leading an effort with NMHIC and the state of Colorado to integrate and share data with the Colorado Regional Health Information Organization (CORHIO).

PreManage EDIE. In recognition of an HIE’s important role as a central coordinating entity for high value data services that connect various provider and healthcare stakeholders, we have leveraged a best practice from our sister health plan in Washington State by leading an initiative to launch an EDIE in New Mexico. To support this initiative, we have partnered with Collective Medical Technology (CMT), which works with more than 1,400 ACOs, health plans, hospitals,

clinics, and other ambulatory settings in 13 states. CMT serves most of the largest national U.S. health plans and many of the most sophisticated health systems in the country. PreManage EDIE is an ED-based collaborative care management tool leveraged by hospitals that reduces the avoidable risks of complex high-cost and high-needs patients who may frequent multiple points of care.

PreManage EDIE has produced significant quantified results; for example, our sister plan in Washington is a key partner in the ER is for Emergencies program in Washington State, which achieved the following outcomes that we also plan to target in New Mexico:

- 9.9 percent decline in ED visits for the Medicaid population
- 27 percent reduction in rate of Opioid related overdoses
- 24 percent decrease in rate of visits resulting in a scheduled drug prescription
- 14 percent decrease in rate of ED visits with a low acuity diagnosis across the Medicaid population

PreManage Community connects risk-bearing healthcare stakeholders, including Managed Care Organizations (MCOs), ACOs, FQHCs, and RHCs. The solution not only provides real-time visibility into the comings and goings of a member, group or patient panel, but more importantly, it facilitates encounter-based risk stratification of the member population—down to the patient level and at the point of care; subsequently, it enables care collaboration across differential organizations united through their shared relationships with the patient.

Molina leads a collaborative effort with NMHIC and EDIE to avoid duplication of services, eliminate redundant connections to common clients/stakeholders, and add speed to value. To support a more robust and collaborative health information exchange, we diligently pursue this partnership and integration opportunity, which would have more significant and positive impact on the health of all New Mexicans.”

Molina thus provided the detail that the evaluators assert was lacking.

Section 6.6, Question 58: Molina received 4 points, and the evaluators asserted that Molina did “not address reconciliations of paid claims and encounters.” While Molina did not use the term “reconciliations” (it was not part of the question), Molina expressly addressed the topic by noting that it performs daily audits using a claims tool that assesses billed and approved amounts. Molina also noted that its audits include verification of payment accuracy. Molina thus provided the information that HSD’s evaluators claims was lacking.

Section 6.6, Question 59: While Molina was found to have addressed all elements of the question and received three superior marks, it was not scored consistently with other similarly performing bidders. Molina was only awarded 4 points while Presbyterian was awarded 5.

Section 6.6, Question 60: Molina was only given 2 points for its response to this question, despite the evaluators having concluded that “nearly all elements of the question were addressed.” It is unclear why HSD scored Molina so low, as Molina’s response provided detailed information regarding how Molina responds to data requests:

Molina is experienced in responding to regular and ad hoc data requests from the State, including but not limited to claims reports, telemedicine reports (e.g., costs of telemedicine services), care

coordination levels by membership and cohort, ED data, pharmacy data (e.g., drug usage), and nursing facility level of care data. We always prioritize data requests from the state contractors and auditors over internal operational reporting.

We use several reporting systems to generate these reports, including QNXT, mClinical, Molina Operational Data Store (ODS), and the Enterprise Reporting Repository (ERR). From an operational perspective, we have dedicated teams, such as our analytics team and care coordination team, which work in concert to address State data requests.

From a drug rebate program perspective, we receive reports from the State's vendor related to pre-audits, audits, and disputes and review the requests for recoupments and re-submissions. We continually monitor and invest in QNXT to ensure all claims requirements are met before the claim is paid. In the case of claims being eligible on the CMS rebate file and subsequent retro terminations, we recoup payments made on those claims. We contact the provider to explain the issue regarding terminated National Drug Codes (NDCs) and the intent to recoup payment on those claims. In cases where certain claim elements are incorrect (e.g., when the provider bills the correct units but incorrect volume), claims are re-processed.

As described, we initiate steps to address/resolve Drug Rebate program disputes, and we continue to enhance tracking mechanisms to comply with the requirement for a two-week response for pre-audits and audits and a three week response for disputes."

Section 6.6, Question 61: Molina was awarded 4 points for its response to this question, and received 3 superior marks. But Presbyterian received the same score despite having received a deficiency mark and Wellcare was awarded 5 points despite only having received 2 superior marks. The scoring was thus inconsistent.

Section 6.7, Question 62: Molina was only awarded two points for its response to this question, but HSD failed to appropriately consider Molina's response. For example, while HSD faulted Molina for "Plan to expand peer support but only in one small remote area," HSD apparently construed Navajo to mean a location, not a language, as Molina's response discussed two Native American staff who specialize in Native American cultural approaches to recovery and who provide services to all of Molina's Native American members. While Molina mentioned that the services can be delivered in Navajo, that was a reference to the *language* that Molina's staff members speak, not a "small remote area." It appears that HSD's evaluators might have construed the response as referencing Navajo, NM—a small area in McKinley County. And while HSD faulted Molina for not providing "enough detail," HSD apparently ignored that Molina set out in detail Molina's telehealth expansion via grants and mentioned specific providers that had received grants and how the money was used.

Section 6.7, Question 63: Molina was only awarded 3 points for its response to this question. The evaluators faulted Molina for only identifying one staff member for claims and billing rather than the two required by contract. But, claims and billing had no relationship to this question and it appears that HSD either included an evaluation criteria that was not disclosed or incorrectly included a comment for another question (or another bidder) in this section. Molina should not have been penalized for that error. The evaluators also claimed that Molina's cultural sensitivity plan was too general and did not address hiring and providing Native American care coordinators, address interpreter services, address assessments or identification of language preferences for member, and did not address provider training. But, Molina's response did address these issues. HSD

acknowledged that Molina received an NCQA award in 2016 for Multicultural Health Care Distinction. But, HSD did not consider the meaning of that award (despite Molina having explained the significance). Molina noted that “The award certifies that our plan is culturally and linguistically sensitive and provides outstanding services in the following: collection of race/ethnicity and language data” [which refutes the comment that Molina does “not address assessments or identification of language preferences for members”]; “provision of language assistance” [which addresses HSD’s concern about interpreter services]; “cultural responsiveness; quality improvement of culturally and linguistically appropriate services; and reduction of healthcare disparities. The distinction demonstrates our commitment to improving access to culturally and linguistically appropriate services and materials. Further, our NAA department includes members with valuable language skills, and we assign care coordinators and other staff with those language abilities as needed.”

Molina also highlighted the rare expertise that its Native American Affairs staff possess in reading, writing and speaking two of the most populated languages in NM, as well as the work that the Tribal Liaisons and ITU Liaison perform to ensure providers and members are connected for continuity of care. It is referenced that Molina’s ITU Liaison works with staff to receive a list of members and the Native American staff conduct regular provider training for both I/T/U and non-I/T/U staff.

Section 6.7, Question 64: Molina was only awarded 3 points for its response to this question, and the evaluators commented that Molina “did not include a rich enough group of radio stations to reach Native Americans,” that “Coverage of outreach through tribal outlets was very general and not innovative,” and that Molina had not indicated whether its Native American care coordinators were sufficient or whether caseloads were appropriate. With respect to the tribal outlets issue, it appears that the evaluators faulted Molina based on the evaluators’ misunderstanding of tribal issues. Molina cited Native American publications and tribal radio that are specific to the Native American community. HSD’s evaluators apparently did not understand that the Navajo Times and the Gallup Independent are shared and distributed nationally and in Native American communities—these are thus far reaching publications that reach a large number of Native Americans, not just locals.

In addition, the question was to highlight “how we communicate effectively with Native American Members in Rural, Frontier, and Tribal areas...through translation, local media and outreach...” In order to be culturally sensitive to communities, Molina cited its ability to work directly with tribal administration to establish protocols and to obtain blessings from Pueblo communities in working with all of their tribal programs. Molina focuses on bringing that information back to its staff to ensure that requested protocol is followed. There are many facets of doing tribal outreach and each community is not the same. Thus, HSD’s assertion that Molina’s response was too general reflects a misunderstanding of tribal issues—Molina’s general strategy is to identify and address the needs of each specific community.

As to the last issue HSD’s evaluators found, HSD never requested information about caseload or hiring. HSD thus relied on an undisclosed evaluation criteria.

Section 6.8, Question 69: Molina was awarded 4 points for its response to this question. The evaluators commented that Molina’s “expansion of provider access through contracting adjoining counties is not a desirable strategy for expanding access” but acknowledge that Molina had provided additional strategies. Given that HSD acknowledged that Molina used other strategies, HSD’s criticism of Molina and apparent deduction of points for *also* including a strategy HSD dislikes was arbitrary and capricious. HSD also faulted Molina for not providing the “nature of contact” for call

center staff to contact providers (which is done within two days). But, the method of contact has no bearing on what actually matters which is the quick resolution of claims. Deduction of points for this was unwarranted.

Section 6.8, Question 71: Molina was only awarded 3 points for its response to this question, and the evaluators criticized Molina because the evaluators found it “difficult to navigate the steps in the response” and because Molina indicated that it “‘Worked’ with providers to waive missed appointment fee rather than taking more direct approach.” With respect to the first issue, Molina provided a step-by-step graphic to support the text, and it is thus unclear how the evaluators found it difficult to navigate. With respect to the second issue, Molina cannot conceive of a more direct approach than communicating directly with a provider. Molina should not have lost points for these issues and HSD’s deduction of points was arbitrary and capricious.

Section 6.8, Question 74: Molina was awarded 4 points. The evaluators asserted that Molina did not provide details on lessons learned and that innovations were focused on members and not providers. The question did not seek information about lessons learned (an undisclosed evaluation criteria) and provider innovations had been fully addressed in response to previous questions. It was thus arbitrary and capricious for HSD to deduct points for these purported deficiencies.

Section 6.9, Question 79: Molina was awarded 3 points. The evaluators asserted that the “role of NQIC was unclear.” But, Molina described what the NQIC does and how the NQIC interacts with the local QI team. Molina went on to describe the NQIC in detail:

1)The National Quality Improvement Committee (NQIC) reviews the need for CPGs 2) The NQIC reviews the top health issues for our members, determines the need for adoption of CPGs, and researches current clinical evidence and evidence-based recommendations and guidelines published by national organizations. 3) If not, the NQIC involves board-certified practitioners from appropriate specialties in the development or adoption of its own clinical practice guidelines 4) All approved CPGs approved and adopted by NQIC are then shared with local Clinical Quality Improvement Committees for approval and adoption and distribution to appropriate network providers 5) CPGs voted on and adopted by the NQIC are monitored and updated on a quarterly basis.

HSD’s criticism was thus unfounded.

Section 6.11, Question 86: Molina was only awarded 4 points, even though the evaluators noted that Molina addressed all elements of the question and received superior marks. No explanation was provided by HSD for the deduction of a point, which renders HSD’s decision arbitrary and capricious.

Section 6.11, Question 87: Molina was only awarded two points, despite the evaluators having concluded that most elements of the question were addressed. But, Presbyterian received 3 points even though the evaluators found that Presbyterian had not provided enough detail for a full evaluation of the response. HSD’s assignment of points thus was arbitrary and capricious as it was unconnected to the evaluators actual findings.

Section 6.11, Question 88: Molina was only awarded 4 points, even though the evaluators noted that Molina addressed all elements of the question and received superior marks. No explanation was provided by HSD for the deduction of a point, which renders HSD's decision arbitrary and capricious.

Section 6.11, Question 89: Molina was awarded only 3 points, and was faulted for not providing last calendar year's report on the average number of days to pay providers." But, Molina indicated on page 260 of its proposal that the 2016 report was attached as Exhibit 17.6. HSD's disregard of this report was arbitrary and capricious.

6.11, Question 90: Molina was only awarded 4 points, even though the evaluators noted that Molina addressed all elements of the question and received superior marks. No explanation was provided by HSD for the deduction of a point, which renders HSD's decision arbitrary and capricious.

Section 6.12, Question 91: Molina received 4 points and was faulted for not providing details on how provider readiness is determined. But, readiness is not a disclosed element of this question. And, in response to Question 94, Molina provided specific details about provider readiness, noting that

"We apply a comprehensive assessment to determine provider readiness to participate in our VBP programs. This allows us and our providers to evaluate core capabilities and systems that are critical for providers to succeed under VBP contracts. It includes consideration of a provider's organizational size and the number of empaneled Molina members, as well as the provider's level of sophistication in managing clinical, financial, operational performance, data integration and data integrity, and levels of risk. Upon completion of the assessment, we begin collaboration and negotiation with each provider on VBP model design, readiness, and implementation."

Molina thus addressed readiness in its Proposal and should not have been faulted for not including readiness in response to Question 91 (especially given that readiness was an undisclosed criterion for Question 91). In addition, Western Sky, which like Molina had one deficiency, receive a full 5 points. This disparate treatment is arbitrary and capricious.

Section 6.12, Question 92: While HSD found that Molina addressed all elements of the question and that Molina had no deficiencies, HSD inexplicably only gave Molina 4 points. This unexplained deduction of a point was arbitrary and capricious.

Section 6.12, Question 94: Molina was only awarded 2 points for its response to this question. HSD faulted Molina for not addressing hospital as part of its strategy, which was an arbitrary and capricious finding given that Molina's response expressly stated that "[g]oing forward, we have a number of strategies in place to expand our network of VBP contracted providers. In 2017, we have focused on engaging larger provider groups such as . . . hospitals . . ."

State of New Mexico



NM HSD

Request for Proposals

for

Managed Care Organization

Contractors

for Centennial Care 2.0

RFP # 18-630-8000-0001

Issue Date: September 1, 2017

Proposal Due Date: 3:00 PM (MST), November 3, 2017

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SECTION 1: INTRODUCTION

1.1 General Information

The purpose of this Request for Proposals (RFP) is to solicit competitive, sealed proposals from managed care organizations (MCOs) to provide services to Members of the New Mexico Medicaid managed care program, hereinafter referred to as “Centennial Care,” or “Centennial Care 2.0” beginning in 2019.

This RFP defines the New Mexico Human Services Department’s (HSD’s) minimum service requirements from a Contractor with the depth of experience needed to meet and, possibly exceed these requirements. It outlines the State’s process for evaluating proposals and selecting Contractors.

Although the resulting Managed Care Services Agreement (“Contract”) is exempt from New Mexico’s procurement code, HSD and the New Mexico Behavioral Health Purchasing Collaborative (“the Collaborative”) will follow the procurement process set forth in the code (NMSA 1978, Section 13-1-98.1 (1989) *Hospital and health care exemption*).

The parties to this Agreement acknowledge that references to HSD in sections of this Agreement related to Behavioral Health will also include the Collaborative, whether or not such sections explicitly include the Collaborative.

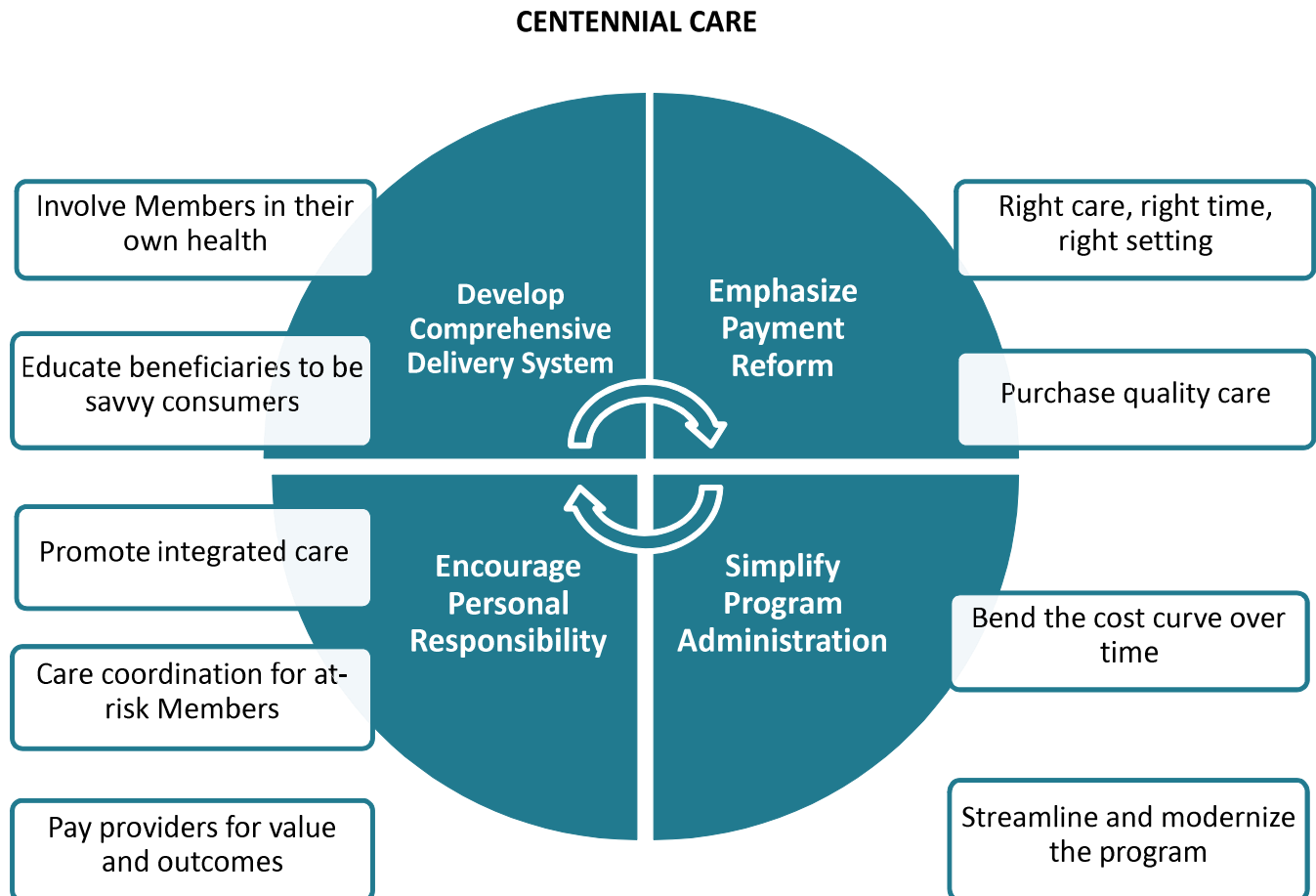
An electronic version of this document is available for download from the HSD website at <http://www.hsd.state.nm.us/LookingForInformation/open-rfps.aspx> and can also be found in the RFP procurement library noted below.

1.2 Background Information

Managed care has been the primary service delivery model for Medicaid in New Mexico since 1997 for physical health and since 2008 for long-term services and supports (LTSS). Today, the managed care program, known as Centennial Care, covers approximately 700,661 individuals (as of July 2017). Currently, four MCOs provide the full array of physical, behavioral and long-term services and supports through an integrated delivery system.

HSD implemented Centennial Care through a Section 1115 Demonstration Waiver that was approved by the federal Centers for Medicare & Medicaid Services (CMS) for a five year period, from January 2014 through December 2018. Centennial Care modernized the Medicaid program by improving the efficiency and effectiveness of healthcare delivery; integrating physical, behavioral and LTSS; advancing person-centered models of care; and

slowing the rate of growth in program costs. Its guiding principles include developing a comprehensive service delivery system, increasing personal responsibility, encouraging active engagement of Members in their health care, emphasizing payment reforms to incentivize quality versus quantity of services, and maximizing opportunities to achieve administrative simplification.



Key accomplishments of Centennial Care include:

- Streamlining program administration by consolidating a myriad of federal waivers that siloed the care of populations. As noted previously, four MCOs administer the full array of services in an integrated model of care that serves more than 900,000 of the State's population of two million.
- Building a care coordination infrastructure that promotes a person-centered approach to care. More than 900 care coordinators ensure Members receive services timely and according to assessed need.
- Increasing access to LTSS for people who previously needed a waiver allocation to receive such services. More than 29,750 individuals receive home- and community-based services (HCBS) which represents an increase of 11.4% per year between 2014 and 2016.

- Continuing to be a leader in the nation in spending more of its LTSS dollars to maintain Members in their homes and in community settings rather than in institutional settings.
- Advancing payment reforms in partnership with the MCOs and, in 2017, requiring value based purchasing (VBP) arrangements for at least 16% of all medical payments to providers.
- Demonstrating improved utilization of health care services and cost-effectiveness of the program despite significant enrollment growth. Total enrollment in the Medicaid program has grown 8.5% per year since 2014 while per capita costs have decreased by 1.5% between 2014 and 2016.

Through this procurement, New Mexico seeks MCO partners that are able to continue to advance the goals of Centennial Care and offer innovative strategies for the implementation of its next iteration—Centennial Care 2.0. MCOs must have the capability to provide an integrated, comprehensive delivery system that offers the full array of Medicaid services, including acute, behavioral health, pharmacy, institutional and home and community-based services.

Over the course of Centennial Care 2.0, New Mexico will continue to introduce progressive quality goals focused on health outcomes, employ pilot projects (based on both geography and specific populations), and challenge its MCO partners to work cooperatively with the provider community and with the State to achieve a health care delivery system that is efficient and effective, control costs by improving the health of the people it serves, and reduces health disparities across all populations.

The populations that are exempt from mandatory enrollment in managed care are:

- Individuals who are Native American (coded as such in the eligibility and enrollment information technology system) and not in need of LTSS or who have opted out of managed care and are receiving services through the fee-for-service program;
- Individuals who receive care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID);
- Individuals who are enrolled only in the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), or Qualified Individuals program;
- Individuals who are covered only under the Medicaid Family Planning program;
- Individuals who are enrolled in the Program of All Inclusive Care for the Elderly (PACE);
- Individuals who receive HCBS through the 1915(c) waivers for individuals with an Intellectual and Developmental Disability (IDD) and for individuals who are Medically Fragile (MF) (these individuals receive only acute care services in Centennial Care); and
- Individuals who receive emergency services under the Emergency Medical Services for Aliens (EMSA) program.

Centennial Care 2.0

Building on the successes and accomplishments of Centennial Care, HSD has identified opportunities for targeted improvements and other modifications that will continue to advance the original principles of Centennial Care. HSD does not intend to make major programmatic changes to the program, but rather will build on the original principles and program successes and, where appropriate, implement reforms based on identified opportunities and the future vision for the State's Medicaid program. Centennial Care 2.0 will:

- ***Target Care Coordination*** by increasing care coordination at the provider level, improving transitions of care, and leveraging partnerships to better serve high needs populations.
- ***Strengthen Physical Health and Behavioral Health (BH) Integration*** by expanding CareLink NM, building BH workforce capacity, and expanding capacity through tele-health and tele-psychiatry.
- ***Improve Long-Term Services and Support (LTSS) Programs*** by increasing access to home and community-based services, implementing ongoing automatic Nursing Facility Level of Care (NF LOC) approvals, improving coordination of benefits for dually-eligible Members, and expanding Value-Based Purchasing (VBP) arrangements to drive quality in nursing facility care and personal care services.
- ***Expand Payment Reform Initiatives*** by increasing VBP payment arrangements, improving provider readiness to participate in risk-based payment arrangements, and aligning the Safety Net Care Pool with improved quality outcomes.
- ***Increase Member Engagement and Personal Responsibility*** by advancing the Centennial Rewards program and requiring modest copayments and premiums for certain populations.
- ***Streamline Benefits and Eligibility*** by redesigning a single benefit package for most Medicaid adults and higher-income children, developing modest buy-in premiums for adult dental services, changing eligibility requirements for Family Planning services, and eliminating the three-month retroactive eligibility period for most Members.

Changes in Centennial Care 2.0 for 2019 and beyond are reflected in the 1115 waiver renewal concept paper and the federal Section 1115 demonstration waiver renewal application to CMS, which were developed with input from stakeholder meetings, public comments and tribal consultations during 2016 and 2017. A draft of the application is being released concurrently with this procurement process in September 2017.

The final 1115 waiver renewal application for Centennial Care 2.0 will be submitted to CMS in November 2017. The final MCO Contract for this procurement is contingent upon federal waiver approval and any modifications needed as a result of the approval. The Sample Contract attached in Appendix O is subject to change based on federal and/or state required modifications.

MMIS Replacement (MMISR)

Starting in 2017 and during the course of this new MCO procurement and Agreement (2018 and beyond) a new Medicaid Management Information System (MMIS) will be developed and implemented by HSD and its contractors. MCOs under contract during that time must exhibit flexibility and nimbleness in working with changing systems and business processes that will result from the MMIS replacement. MCOs must understand that NM Medicaid systems and processes as they exist now (in 2017) will most likely change in the next several years, and the MCOs, as partners, will work with HSD to effectuate a smooth transition and effective implementation of the new MMIS and any changes in systems and processes that result from it.

1.3 Summary of Scope of Work

HSD requests proposals for managing the delivery of all covered physical health, behavioral health, and LTSS under a capitated risk-bearing contract, meeting program requirements, and conducting administrative and system development functions. The purpose of this competitive RFP is to select Offerors that have the experience and expertise to perform the requirements described within.

HSD seeks creative strategies and innovations to address the Medicaid program's growth and escalating costs and to develop a comprehensive service delivery system. Successful Offerors must have the experience and expertise to perform the requirements described in this RFP, and to manage this full array of services and take primary responsibility for the overall wellbeing of its Members.

The attached Sample Contract (Appendix O) includes a detailed scope of work for this procurement of managed care services.

Contractors must comply with all federal requirements related to the Medicaid program, including applicable provisions of the Patient Protection and Affordable Care Act (PPACA) and/or any subsequent federal legislation that may modify, repeal or replace the PPACA.

1.4 Scope of Procurement

The scope of this procurement includes implementation and operation of the Contract, which includes providing physical health, behavioral health, and Long-Term Services and Support services to Members statewide determined eligible for Centennial Care 2.0. For Contract details, see the Sample Contract in Appendix O of this RFP.

Approval of the Contract by HSD, the State of New Mexico, and CMS must be obtained before the effective date. Following the approval of the Contract, the successful Offerors shall work with HSD to demonstrate their ability to carry out the provisions outlined in the Contract, including all appendices. The Offerors will be responsible for the provision of all Covered Services described in the Contract beginning January 1, 2019. Offeror must participate in a non-compensated readiness period that begins in early 2018 and continues through the end of calendar year 2018 in order to prove its readiness prior to the Go-Live date of January 1, 2019.

Following the procurement, HSD's intent is to contract with three to five MCOs unless it is in the State's best interest to do otherwise. The number of MCO contractors selected and awarded through this procurement process is solely at HSD's discretion based on the best interests of the State. HSD intends to award a five-year contract with options to renew, at HSD's discretion. Rates will be re-evaluated every year.

1.5 Reprocurement of Services

During any period, either before the execution of the initial Contract or thereafter, HSD reserves the right to issue requests for proposal or offers to other potential contractors for performance of any portion of the services covered by this procurement or similar or comparable services.

1.6 Procurement Manager

HSD has designated a Procurement Manager who is responsible for the conduct of this procurement. Any inquiries or requests regarding this procurement should be submitted only to the Procurement Manager, by email. The RFP identification number must be referenced in all communications regarding the RFP. Questions must be clearly labeled and must cite the specific source (section and page) that forms the basis of the question.

Offerors may contact only the Procurement Manager regarding this procurement. Other State employees, consultants, and agents do not have the authority to respond on behalf of HSD. HSD shall not assume responsibility for any answers or clarifications provided by other HSD staff, or by any other State employee or agent. An Offeror that contacts another State employee or agent in violation of this requirement will be excluded from further participation in the procurement.

The Procurement Manager's decision on any matter regarding this procurement shall be final.

Contact information for the Procurement Manager is as follows:

Daniel Clavio
New Mexico Human Services Department
Ark Plaza

PO Box 2348
Santa Fe, NM 87504-2348

Phone: (505) 827-1345
Email: CentennialCare.RFP@state.nm.us
Fax: (505) 827-3185

For hand deliveries or express mail deliveries, the following address may be used:

Daniel Clavio
New Mexico Human Services Department
Ark Plaza
2025 S. Pacheco Street
Santa Fe, NM 87504

1.7 Offeror Qualifications / Conflicts of Interest

This RFP is open to any Offeror capable of performing the work as described in the Sample Contract (Appendix O) and addressed in Section 1.3 of this RFP, Summary of Scope of Work, subject to the following stipulations:

1. An Offeror must be licensed by the New Mexico Public Regulation Commission, Division of Insurance, to assume risk and enter into prepaid capitation contracts at least six (6) months before the Go-Live date;
2. An Offeror must be either (i) National Committee for Quality Assurance (NCQA) accredited in the State of New Mexico, or (ii) NCQA accredited in another state that currently provides Medicaid services and achieve New Mexico NCQA accreditation within two (2) years of the Contract start date;
3. Pursuant to the Governmental Conduct Act, NMSA 1978, 10-16-1 et seq., an Offeror shall have no direct or indirect interest that conflicts with the performance of services covered under this Contract;
4. Pursuant to NMSA 1978, § 13-1-191, § 30-24-1 through 30-24-2, and §§ 30-41-1 through 30-41-3, an Offeror shall not provide or offer bribes, gratuities, or kickbacks to applicable State personnel;
5. An Offeror shall ensure that it will comply with the New Mexico Governmental Conduct Act, NMSA 1978, 10-16-1 et seq.;
6. An Offeror shall complete any and all required disclosure forms, including but not limited to campaign disclosure forms and other attestations; and

7. The burden is on the Offeror to present sufficient assurance to HSD that awarding the Contract to the Offeror shall not create a conflict of interest.
8. An Offeror must disclose to HSD its relationship to other entities contracting with the State, noting all entities, organizations and contractors doing work for both the State and the Offeror, and the nature of that work. Offerors must use the format provided in *Appendix J – Disclosure of Contractor Relationships* and submit this information in the Exhibit Binder (Tab 1).

1.8 Procurement Library

The Procurement Manager has established an online procurement library, which can be accessed at http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx . The library includes electronic documents and web links. All items are available online. Offerors are encouraged to review the materials contained in the online library. Offerors are advised to check the procurement library frequently to see if new and revised material has been added.

The Procurement Library includes, but is not limited to, the following:

- This RFP (#18-630-8000-0001) including Appendices
- Appendix O: RFP Sample Contract / SOW - Centennial Care 2.0 Sample Contract
- 2017 Centennial Care Fact Sheet
- Managed Care Policy Manual (1/2014, 8/2014, 3/2015, 3/2017)
- MAD Contracts, including Centennial Care Contracts through Amendment #7
- Centennial Care Letters of Direction (LODs) for MCOs (34)
- Centennial Care Reports - List, Templates (32) & Instructions (40)
- DSIPT Report Template
- Deliverable Example
- 2017 Value Added Services
- Centennial Care Annual and Quarterly Reports, 2014 – 2017 (Q1) and Hospital Quality Improvement Incentive (2016 & 2017)
- Care Coordination Documentation Training
- NM Medicaid Eligibility Presentation
- 2017 1115 Waiver Renewal Concept Paper
- 2012 1115 Waiver Renewal Application and CMS Approvals
- EQRO Reports
- HSD Standardized Health Risk Assessment (HRA) Form
- Quality Strategy for NM Medicaid Managed Care Program
- Critical Incident Reporting
- Critical Incident Management System Training Guide
- Nursing Facility Level of Care (NFLOC) Guidelines and Forms

- Agency-Based Community Benefits Forms and Documents
- Nursing Facility Level of Care Training Presentations
- Community Based Services Questionnaire and Report Template
- MAD Form 614 Employer of Record Self-Assessment
- Financial Report Templates
- MCO Systems Manual (rev 7/2017)
- MITA State Self-Assessment
- MMIS-Replacement and HHS 2020 Presentation
- HHS 2020 Enterprise Framework
- MMISR Schedule
- CareLink NM website (NM Health Homes Program)
- Health Homes (CareLink) Policy Manual
- BH-PH Integration Fact Sheet 2015
- Behavioral Services Division Contracts
- Network of Care
- NM BH Collaborative Portal
- NM BH Collaborative Presentations, Notes and Strategic Plan; BH Planning Council
- Supportive Housing
- Collaborative Supportive Housing Plan
- Office of Peer Recovery and Engagement
- Office of Substance Abuse Prevention (OSAP) website and Evaluation Reports
- Consumer Satisfaction Survey Reports
- New Mexico Treatment Episode Data
- PE / MOSAA Determiners
- Indian Health Service, Tribal 638, and Urban Indian Health Programs (I/T/Us)
- MAD: NMAC Program Rule and NMAC Eligibility Rule Manual
- Program Rules
- Supplements to MAD NMAC Program Rules – 2017
- HSD NM Medicaid Recent Eligibility Reports, by Category of Eligibility, by MCO by County, Summaries
- HSD NM State Plans and SPAs
- 5010 HIPAA Guides, FAQs and Submission Procedures
- MAD Rules and Billing Overview
- HSD 2018 Strategic Plan
- NM HSD Website
- HSD Centennial Care 2.0 Webpage
- NMAC – New Mexico Administrative Code
- CMS Medicaid and Managed Care
- CMS Medicaid and CHIP Managed Care Final Rule
- CMS Behavioral Health Services and Mental Health Parity (MHPAEA)

- CMS Federal Policy Guidance
- OMB Standard Form LLL - Disclosure of Lobbying Activities

1.9 Definitions

This section contains definitions that are used throughout this procurement document. Acronyms used in this RFP can be found in the Acronym List, Appendix M. Also see Section 2 of the Sample Contract (Appendix O of this RFP) for additional definitions and terminology.

Affiliates means all entities that have a common ownership relationship with the Offeror, whether or not these entities are used to perform functions specified in the Contract.

Close of Business or **COB** means 5:00 p.m. Mountain Standard or Mountain Daylight Time, whichever is in effect on the given date.

Contract means a written agreement between HSD and an Offeror to provide the services as described in this RFP.

Contractor means a successful Offeror who enters into a binding Contract.

Cost Proposal materials means information available to Offerors to evaluate historical enrollment, utilization, cost (efficiency adjustments), prospective adjustments, capitation rate ranges and cost bid submission materials

Determination means the written documentation of a decision by the Procurement Manager, including findings of fact supporting a decision. A determination becomes part of the procurement file.

Desirable means “preferred.” The terms “may,” “can,” “should,” “preferably,” or “prefers” identify a desirable or discretionary item or factor (as opposed to “mandatory”).

Evaluation Committee means a body appointed by HSD to evaluate Offeror proposals.

Evaluation Committee Report means a document prepared by the Procurement Manager and the Evaluation Committee for submission to the Cabinet Secretary for Contract award. It contains all written determinations resulting from the procurement.

Go-Live means the date on which the Contractor assumes responsibility for the provision of Covered Services to Members, and the start of compensation to Contractor(s). The Go-Live date is anticipated to be January 1, 2019.

Major Subcontractor is an entity with which the Offeror has, or intends to have, an executed agreement to deliver any of the Covered Services (as defined in the Contract).

Mandatory means “required.” The terms “must,” “shall,” “will,” “is required,” or “are required” identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of the Offeror's proposal at HSD’s discretion.

Offeror refers to any person, corporation, or partnership that submits a proposal.

Procurement Manager means the person or designee authorized by HSD to manage or administer a procurement requiring the evaluation of competitive, sealed proposals.

Request for Proposal or **RFP** refers to all documents used to solicit proposals, including those attached or incorporated by reference.

Responsible Offeror means an Offeror who submits a responsive proposal and who has furnished (when required) information and data to prove that his or her financial resources, production or service facilities, personnel, service reputation, and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the proposal.

Responsive Offer or **Responsive Proposal** means an offer or proposal that conforms in all material respects to the requirements set forth in the RFP. Material respects of a Responsive Offer include but are not limited to price, quality, quantity, and delivery requirements.

Subcontractor means an entity with which the Contractor or a Major Subcontractor has entered into, or intends to enter into, an agreement to perform any functions required under this Agreement.

Waiver refers to the authority granted to states under the Social Security Act to allow them flexibility in operating Medicaid programs, including authorization to apply for home and community-based waivers.

SECTION 2: CONDITIONS GOVERNING THE PROCUREMENT

This section of the RFP contains the procurement schedule and describes the major procurement events as well as the conditions governing the procurement.

2.1 Procurement Schedule

The schedule set forth herein represents HSD’s best estimate of the schedule that will be followed. Unless stated otherwise, items will be due at Close of Business on the dates specified below. If a component of this schedule – such as *Submission of Proposal* – is delayed, the rest of the schedule will likely be shifted by the same number of days. The Procurement Schedule is subject to change at HSD’s discretion. The Procurement Manager will make every effort to adhere to the following schedule:

| Centennial Care 2.0 MCO Procurement Schedule | |
|--|--------------------------|
| Event | Date |
| Release RFP and Procurement Library | Friday, Sept.1, 2017 |
| Deadline for Offerors to submit Mandatory Acknowledgement of Receipt Form to HSD | Monday, Sept. 18, 2017 |
| Mandatory Pre-Proposal Conferences – Morning: RFP; Afternoon: Actuarial | Tuesday, Sept.19, 2017 |
| Deadline for Offerors to submit formal written questions for HSD response | Friday, Sept. 29, 2017 |
| Release of HSD responses to written questions and Amendment(s) to RFP | Friday, Oct. 20, 2017 |
| References Due* – Deadline: 5:00 pm MDT | Thursday, Nov. 2, 2017 |
| Proposals Due - Deadline: 3:00 pm MDT | Friday, Nov. 3, 2017 |
| Evaluation and Scoring of Proposals | Nov. 6 – Dec. 22, 2017 |
| Notifications to Offerors that do not meet Mandatory Requirements | Friday, Nov. 10, 2017 |
| Selection and notification of Finalists | Friday, Dec. 22, 2017 |
| Oral Presentations (at HSD’s discretion) | Jan. 3 – Jan. 5, 2018 |
| Notice of Intent to Award | Monday, Jan. 8, 2018 |
| Contract Negotiations | Jan. 9 – Jan. 26, 2018 |
| CMS Contract Approval Period | Jan. 27 - Feb. 27, 2018 |
| Signature process (Contractors and State) | Feb. 28 – March 14, 2018 |
| Contract Award Date | March 15, 2018 |
| Protest period -15 days from contract award | Mar. 16 – Mar. 31, 2018 |
| Contract Effective Date | April 1, 2018 |
| Effective Date for Readiness Period (<i>no compensation</i>) | April 1, 2018 |
| Readiness Period | April 1- Dec. 31, 2018 |
| Go-Live Date and start of new waiver | January 1, 2019 |

** References are to be submitted directly to HSD by the Reference source, not by the Offeror, independent of the other Proposal materials.*

All dates are subject to change at HSD’s discretion.

2.2 Explanation of Events

2.2.1 Issuance of RFP

This RFP is issued on behalf of the New Mexico State Human Services Department/ Medical Assistance Division on the date stated in Section 2.1, Procurement Schedule. The RFP and amendments, if any, may be downloaded from the following address:

http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx

2.2.2 Acknowledgment of Receipt Form and Distribution List

Potential Offerors should hand-deliver or return by email or by registered or certified mail the Acknowledgment of Receipt Form that accompanies this document (Appendix A of this RFP) to have their organization placed on the procurement distribution list. The form should be signed by an authorized representative of the organization, dated, and returned to the Procurement Manager no later than the date stated in Section 2.1, Procurement Schedule (Monday, Sept. 18, 2017). **Submission of this form to HSD is a Mandatory Requirement to participate in the procurement process.** Failure to return this form shall constitute an agreement that the potential Offeror's organization name shall not appear on the distribution list nor participate in the procurement process. **Failure to appear on the distribution list disqualifies an organization from receiving the Data Book materials, from attending the Pre-Proposal Conferences, and from submitting a proposal.**

At a minimum, the procurement distribution list will be used to distribute:

- Written responses to questions;
- Any RFP amendments and notices; and
- Cost Proposal materials (Data Book and Cost Proposal template).

The Cost Proposal materials (Data Book and Cost Proposal template) will be distributed only to Offerors who have submitted the Acknowledgment of Receipt Form as noted above; those materials will not be available in the Procurement Library. HSD will attempt to distribute the Data Book to Offerors within four days of HSD's receipt of the Acknowledgment of Receipt Form. Offerors are encouraged to submit the Acknowledgment of Receipt Form to HSD well in advance of the deadline so the Offeror will have ample time to review and work with the Cost Proposal materials.

2.2.3 Pre-Proposal Conferences

Two mandatory Pre-Proposal Conferences will be held to give Offerors opportunities to ask questions and clarify issues concerning this RFP and procurement process. Both conferences will be held on the same day in Santa Fe, New Mexico. The morning RFP Conference will focus on the RFP and proposal requirements, including the Mandatory Requirements and Technical Proposal, as well as programmatic, Contract and scope of work issues. The afternoon Actuarial Conference will focus on data, rates, costs, Cost Proposal and actuarial issues related to this procurement. The mandatory Pre-Proposal Conferences will be held at the following times and location:

Tuesday, September 19, 2017

- 9:00 am (MDT): RFP & Technical Proposal Conference
- 2:00 pm (MDT): Actuarial & Cost Proposal Conference

HSD, Administrative Services Division (ASD) Conference Room

Attendance at both Pre-Proposal Conferences in person by an official representative (or multiple representatives) is mandatory for all Offerors submitting a proposal.

There will NOT be a call-in option for these meetings. All representatives must enter through the front doors of the building and sign in upon arrival. A public log will be kept of the names of representatives of potential Offerors that attend the Pre-Proposal Conferences.

2.2.4 Deadline to Submit Questions Regarding RFP

Potential Offerors may submit formal written questions about the intent or clarity of the RFP and its appendices. Offerors shall submit all questions in writing by email to the Procurement Manager no later than the date stated in Section 2.1, Procurement Schedule. Questions shall be clearly labeled and shall cite the Section(s) in the RFP or other document that forms the basis of the question. For the submission of all questions in writing, ***Offerors must use the format provided in Appendix L – Template for Submittal of Questions, submitted as a Word document.***

2.2.5 Responses to Written Questions/RFP Amendments

HSD will provide written responses to written questions -- and any RFP amendments will be distributed -- by the date stated in Section 2.1, Procurement Schedule (intended date) to all potential Offerors whose organization name appears on the procurement distribution list. HSD's written response to questions constitutes a formal response but does not constitute an amendment to the RFP. If warranted, the RFP will be amended at a later date to address the specific issues. HSD's response to a question will note if an amendment is necessary and forthcoming. The identity of the organization submitting the question(s) will not be revealed in the response.

HSD shall make every effort to provide answers as close to the deadline as possible. HSD reserves the right to determine, at its sole discretion, appropriate and adequate responses to written comments, questions, and requests for clarification.

HSD reserves the right to amend the RFP (including all appendices) any time before the closing date for submitting proposals. Amendments shall be sent to all Offerors whose organizations are on the procurement distribution list as a result of submitting an Acknowledgment of Receipt Form pursuant to Section 2.2.2 of this RFP. Amendments will be posted to: http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx.

2.2.6 Submission of Proposals

The entire proposal (including the Mandatory Requirements, Technical Proposal, Cost Proposals, and Exhibit materials) must be received for review and evaluation by the

Procurement Manager, by 3:00 pm (MST) on the date stated in Section 2.1 Procurement Schedule (Nov. 3, 2017). The Procurement Manager will record the date and time of receipt on each proposal. A late proposal shall not be accepted, and an Offeror's failure to submit a proposal before the deadline shall cause the proposal to be disqualified.

Proposals must be addressed and delivered to the Procurement Manager. Proposals must be sealed, and the outside of the package must be labeled to clearly indicate a response to Centennial Care 2.0's Request for Proposal. (See Section 3 of this RFP for additional information.) Proposals submitted by facsimile and email will not be accepted. A proposal must respond to the written RFP and any RFP exhibits, attachments, and amendments.

HSD will not reimburse the Offeror for any costs of proposal preparation. The Offeror shall not distribute the proposal to any entity not specified in this RFP, nor shall the Offeror share its proposal with other potential Offerors.

A public log will be kept of the names of all Offeror organizations that submit proposals. Pursuant to NMSA 1978, § 13-1-116, the contents of any proposal shall not be disclosed to competing Offerors or the general public before the Contract is awarded.

2.2.7 Review of Mandatory Requirements and Notification to Offerors That Do Not Meet Mandatory Requirements

Mandatory Requirements will be reviewed by the Procurement Manager to confirm that all mandatory documents and forms have been provided.

Offerors who submit proposals that do not meet Mandatory Requirements will receive a letter notifying the Offeror that their Technical Proposal and Cost Proposal will not be reviewed due to failure to meet Mandatory Requirements.

If all Mandatory Requirements are met, References will be reviewed, evaluated and scored.

2.2.8 Technical Proposal Evaluation

The Technical Proposals will be evaluated by subgroups of the Evaluation Committee appointed by HSD management. During the evaluation period, the Procurement Manager may initiate discussion with Offerors who submit responsive or potentially responsive proposals for the purpose of clarifying aspects of the previously submitted proposals. Discussions shall not be initiated by Offerors.

The reviews and evaluation of Technical Proposals will include reviews of the required materials provided in the Exhibits Binder.

2.2.9 Cost Proposal Evaluation

The evaluation of the Offeror's Cost Proposal shall be conducted after review of the Mandatory Requirements, References and Technical Proposals (including Exhibits). HSD's Evaluation Committee shall review and evaluate the Cost Proposal.

2.2.10 Selection of Finalists

Scores for the References, Technical Proposal, and Cost Proposal will be combined to identify finalists. The Evaluation Committee will make a recommendation to the Procurement Manager who, after presenting the Evaluation Committee report and consulting with HSD, will notify the finalist Offerors.

2.2.11 Oral Presentations

At HSD's discretion, Offerors selected as finalists may be required to present their proposals and provide clarifications to the Evaluation Committee. The Procurement Manager will schedule the time for each Offeror presentation. All Offeror presentations will be in Santa Fe, New Mexico. If oral presentations occur, a 400-point scale will be used to score presentations and the score will be added to the References, Technical Proposal, and Cost Proposal scores.

2.2.12 Notice of Intent to Award Contract

Based on HSD's selection of the successful Offerors, the Procurement Manager shall send all successful Offerors a notice of intent to award.

2.2.13 Contract Negotiation and Finalization

HSD reserves the right to negotiate with successful Offerors regarding provisions that are in addition to or different from those contained in this RFP or Appendix O of this RFP (Sample Contract). The contents of this RFP, as revised and/or supplemented, and the successful Offeror's proposal will be incorporated into and become part of the Contract, at HSD's discretion.

2.2.14 Approval of Contract

HSD will review and approve the final Contract. The Contract is subject to review and approval by CMS and the State of New Mexico, as specified in Section 1.4 of this RFP.

2.2.15 Protest Deadline

Any protest by an Offeror must be timely and conform to NMSA 1978, § 13-1-172, and applicable procurement regulations. The fifteen (15) Calendar Day protest period for Responsive Offerors shall begin on the day following the Contract award and will end at Close of Business fifteen (15) Calendar Days after the Contract award. Protests must be written and must include the protestor's name and address as well as the RFP number. Protests must also contain a statement of grounds for protest, including appropriate supporting exhibits, and must specify the ruling requested. Protests must be addressed and delivered to the Cabinet Secretary, with a copy to the Procurement Manager and the General Counsel:

P.O. Box 2348
Santa Fe, NM 87504-2348

For hand deliveries or express mail deliveries, the following address may be used:

2009 S. Pacheco Street
Pollon Plaza
Santa Fe, NM 87505

Protests received after the deadline will not be accepted. The State reserves the right to implement the terms of the Contract with the successful Offerors during the pendency of the protest.

2.2.16 Contract Effective Date

As stated above, the Contract is subject to the appropriate State and federal approvals. No compensable work may be performed by the Offeror until the effective date of the fully executed and approved Contract. The intended effective date for the Contract is April 1, 2018, for the start of the non-compensated readiness period. The intended start date for compensable work under the Contract is the Go-Live date of January 1, 2019.

2.2.17 Readiness Reviews

The Offerors awarded the Contract shall demonstrate to HSD's satisfaction that it is able to meet the requirements of this RFP and the Contract prior to the January 1, 2019 Go-Live date. The Offeror shall participate in "readiness reviews," which will commence shortly after the Contract is executed and run throughout calendar year 2018, as directed by HSD. The reviews may include, but are not limited to:

- Desk and on-site reviews of documents provided by the Offeror;

- Walk-throughs of the Offeror's operations, system demonstrations (including systems connectivity testing);
- Testing of claims processing and payments with major provider types such as hospitals, physician groups, FQHCs and including IHS and tribally operated facilities;
- Testing of encounter submission to HSD;
- Testing of enrollment roster processing;
- Demonstration and overview of Offeror's website, including the Member and provider portals;
- Demonstration and walk-through of Member and provider call centers;
- Demonstration of provider credentialing and contracting;
- Validation that necessary staff have been hired and trained; and
- Interviews with the Offeror's staff.

The scope of the reviews may include any and all requirements of this RFP and the Sample Contract, as determined by HSD.

Contracted Offerors may not start the work under the Contract until they have completed the readiness requirements to the satisfaction of HSD. Offerors understand that they will receive no compensation for their efforts during the mandatory readiness review period prior to the start of their Contracts.

2.3 General Requirements

This procurement is exempt from New Mexico's competitive procurement processes per the NM Procurement Code (13-1-98.1. *Hospital and health care exemption*. (1998)). This procurement, however, will follow the NM procurement processes.

2.3.1 Acceptance of Conditions Governing the Procurement and Other Factors

Offerors must indicate their acceptance of the conditions governing the procurement in the Letter of Transmittal Form. Submission of a proposal constitutes acceptance of the evaluation process contained in Section 4 of this RFP.

2.3.2 Incurring Cost

Any costs incurred by the Offeror in preparing, transmitting, or presenting its proposal or other material submitted in response to this RFP shall be borne solely by the Offeror. Costs associated with the readiness review and preparation for Contract implementation shall be borne solely by the Offeror.

2.3.3 Prime Contractor Responsibility

Any Contract that may result from this RFP shall specify that the successful Offeror is solely responsible for fulfillment of the Contract with HSD. HSD will make Contract payments only to the prime Contractor.

2.3.4 Subcontractors

Proposed use of Subcontractors must be clearly explained in the proposal, and Major Subcontractors must be identified by name. The Contractor shall not assign, transfer, or delegate any key functions to a Subcontractor without the explicit prior written approval of HSD. The Contractor shall be wholly responsible for the entire contract performance, whether or not subcontractors are used. The Offeror's list of proposed Subcontractors should be submitted using the form in Appendix K and included in the Exhibits Binder.

Offerors must submit three professional references for every proposed Subcontractor providing services directly to Members. References are to be attached to the Subcontractor forms (Appendix K) and included in the Exhibits Binder.

With respect to subcontracting arrangements for Behavioral Health services, a Contractor may not pass responsibility for the provision of Behavioral Health services to a licensed, risk-bearing insurance company (e.g. a Behavioral Health Organization (BHO)). Further, if the MCO partners with a BHO on an ASO basis, the MCO must maintain responsibility for Member services and utilization management services related to Behavioral Health.

A Contractor cannot subcontract for Member services. A Contractor has the option to subcontract for other Centennial Care 2.0 services and functions as long as access to care and service delivery is transparent to Members and to HSD.

MCOs may delegate all care coordination functions for a Member when the Member is enrolled in a Health Home, as defined in Section 2703 of the PPACA, or as part of a VBP arrangement as outlined in Attachment 3 (Delivery System Improvement Performance Targets) of the Sample Contract (Appendix O). Access to care and service delivery must be transparent to the Member. An MCO may also delegate certain care coordination activities to providers as part of a Shared Function Model as noted in the Sample Contract.

In these arrangements, the MCO is still responsible for oversight and must ensure that the provider is delivering all contractually required care coordination services and functions.

See Definitions in Section 1.9 above for definitions of Subcontractors and Major Subcontractors. See Section 7.14 of the Sample Contract (Appendix O of this RFP) for additional information on Subcontractors.

2.3.5 Amended Proposals

An Offeror may submit an amended proposal before the deadline for receipt of proposals. An amended proposal must be a complete replacement for a previously submitted proposal and must be clearly identified as such in the transmittal letter. HSD personnel will not merge, collate, or assemble proposal materials.

2.3.6 Offerors' Rights to Withdraw Proposal

Offerors may withdraw their proposals at any time prior to the deadline for receipt of proposals. The Offeror must submit a written withdrawal request signed by the Offeror's duly authorized representative, addressed to the Procurement Manager. The approval or denial of withdrawal requests received after the deadline for receipt of proposals is governed by applicable procurement regulations.

2.3.7 Proposal Offer Firm

Responses to this RFP, including proposal prices, will be considered firm for one hundred twenty (120) Calendar Days after the due date for receipt of proposals.

2.3.8 Disclosure of Proposal Contents

Proposals will be kept confidential until Contracts are awarded. At that time, all proposals and documents pertaining to the proposals will be open to the public, except for the material that is proprietary or confidential. The Procurement Manager will not disclose or make public any pages of a proposal on which the Offeror has stamped or imprinted "proprietary" or "confidential," subject to the following requirements. **Blanket labeling of the entire document as "confidential" or "proprietary," however, shall result in the proposal being determined non-responsive.**

Proprietary or confidential data shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal. Confidential data is normally restricted to confidential financial information concerning the Offeror's organization and data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, NMSA 1978, §§ 57-3A-1 to 57-3A-7. The price of products offered or the cost of services proposed shall not be designated as proprietary or confidential information.

If a request is received for disclosure of data for which an Offeror has made a written request for confidentiality, the Procurement Manager shall examine the Offeror's request and make a written determination that specifies which portions of the proposal should be disclosed. Unless the Offeror takes legal action to prevent the disclosure, the proposal will be so disclosed. The proposal shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

The State of New Mexico maintains the right to use all ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right.

2.3.9 No Obligation

This procurement in no manner obligates the State of New Mexico or any of its agencies to use any proposed professional services until a valid written Contract is awarded and approved by the appropriate authorities.

2.3.10 Termination

This RFP may be canceled at any time, and any and all proposals may be rejected, in whole or in part, if HSD determines such action to be in the best interest of the State of New Mexico.

2.3.11 Sufficient Appropriation

Any Contract awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist. Such termination will be effected by sending written notice to the Contractor. HSD's decision as to whether sufficient appropriations and authorizations are available will be accepted by the Contractor as final.

2.3.12 Legal Review

HSD requires that all Offerors agree to be bound by the General Requirements contained in this RFP. Any Offeror concerns must be promptly brought to the attention of the Procurement Manager.

2.3.13 Governing Law

This procurement and any agreement with Offerors that may result from it shall be governed by the laws of the State of New Mexico.

2.3.14 Basis for Proposal

Only information supplied by HSD in writing through the Procurement Manager or in this RFP should be used as the basis for the preparation of Offeror proposals.

2.3.15 Contract Terms and Conditions

The Contract between HSD and an Offeror will follow the format specified by HSD and contain the terms and conditions set forth in the Sample Contract, Appendix O of this RFP. However, HSD reserves the right to negotiate with a successful Offeror provisions in addition to or different from those contained in this RFP or Appendix O of this RFP. The contents of this RFP, as revised and/or supplemented, and the successful Offeror's proposal will be incorporated into and become part of the Contract. Only terms and conditions that are additional, and agreed to by HSD, as evidenced by inclusion in the duly executed Contract, will be included in the Contract.

If an Offeror objects to any of HSD's terms and conditions as contained in this Section or in the Sample Contract (Appendix O of this RFP), that Offeror must propose specific alternative language as part of its response to this RFP. HSD may or may not accept the alternative language. HSD's decision on alternative language is final and cannot be appealed. General references to the Offeror's terms and conditions, or attempts at complete substitutions, are not acceptable to HSD, and will result in disqualification of the Offeror's proposal.

Proposed changes are to be included in the Exhibits Binder. Offerors must provide a brief discussion of the purpose and impact (if any) of each proposed change, followed by the specific proposed alternate wording (see 2.3.16 below). Any proposed additional terms and conditions, which may be the subject of negotiations will be discussed only between HSD and the selected Offeror and shall not be deemed an opportunity to amend the Offeror's proposal.

2.3.16 Offeror Terms and Conditions

Offerors must submit with proposals a complete set of any additional terms and conditions that they want included. General references to the Offeror's terms and conditions, or attempts at complete substitutions, are not acceptable to HSD and will result in disqualification of the Offeror's proposal.

HSD reserves the right to negotiate such requested terms and conditions. Only terms and conditions that are additional, and agreed to by HSD, as evidenced by inclusion in a duly

executed Contract, will be included in the Contract between the parties. Changes proposed by an Offeror are to be included in the Exhibits Binder.

The opportunity for an Offeror to propose changes in terms and conditions is purely optional, not a mandatory requirement. No evaluation or scoring points are associated with this option.

2.3.17 Offeror Qualifications

The Evaluation Committee (described in Section 4.2 of this RFP) may make such investigations as necessary to determine the Offeror's ability to adhere to the requirements specified within this RFP. The Evaluation Committee will reject the proposal of any Offeror that is not a responsible Offeror or that fails to submit a responsive offer as defined in NMSA 1978, §§ 13-1-83 and 13-1-85.

2.3.18 Right to Waive Irregularities

The Evaluation Committee reserves the right to waive irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements, provided that all of the otherwise responsive proposals fail to meet the same mandatory requirements and/or doing so does not otherwise materially affect the procurement. This right is at the sole discretion of the Evaluation Committee.

2.3.19 Change in Contractor Representatives

HSD reserves the right to require a change in Contractor representatives if the assigned representatives are not, in the opinion of HSD, adequately meeting its needs.

At its sole discretion, HSD reserves the right to refuse key personnel, of the Contractor or a Subcontractor as defined in the Contract, for use in the performance of a Contract pursuant to this RFP.

2.3.20 Notice

Offerors are advised that any violation of federal or State law or regulation regarding attempts to improperly influence this procurement may result in criminal and/or civil penalties.

2.3.21 HSD Rights

HSD reserves the right to accept all or a portion of an Offeror's proposal.

2.3.22 Right to Publish

Throughout this procurement process and Contract term, potential Offerors, Offerors, and Contractors must secure from HSD written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement or the subsequent Contract. Failure to adhere to this requirement may result in disqualification of the Offeror's proposal or termination of the Contract.

2.3.23 Ownership of Proposals

All documents submitted in response to the RFP shall become the property of HSD, the Collaborative and the State of New Mexico.

2.3.24 Electronic Mail Address Requirement

A large part of the communication regarding this procurement will be conducted by electronic mail (email). Offerors must have a valid email address to receive this correspondence.

2.3.25 Use of Electronic Versions of this RFP

This RFP is being made available electronically. If accepted by such means, the Offeror acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of conflict between a version of the RFP in the Offeror's possession and the version maintained by HSD, the version maintained by HSD shall govern.

2.3.26 Lobbying

No federally appropriated funds can be paid at any time by or on behalf of the Contractor or any other person, for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, or the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement. If any funds other than federally appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure

Form to Report Lobbying,” in accordance with its instructions. (Include in the Mandatory Requirement Binder if applicable.)

SECTION 3: RESPONSE FORMAT AND ORGANIZATION

This section describes the format and organization of the Offeror's response. Failure to conform to these specifications may result in disqualification of the proposal.

Three separate electronic files are required for the proposal response components (see below). Each proposal component shall include (and clearly marked for each proposal response component):

1. A file with the **complete proposal response**, including any confidential and/or proprietary information within that response component.
2. A file of the response with **confidential/proprietary information deleted** from it. (This version can be used for public records requests.)
3. A file of the response with **only the confidential/proprietary information** from that response.

3.1 Number of Responses

Offerors shall submit only one (1) proposal. Alternative proposals will not be accepted. A Responsive Proposal includes: (i) Mandatory Requirements; (ii) References; (iii) Technical Proposal; (iv) Exhibits; and (v) Cost Proposal.

3.2 Proposal Format

All proposals must be typewritten on standard 8 ½” x 11” paper. The pages should have one-inch margins, and the font size shall be no smaller than Times New Roman 12. The proposal must be set at a multiple-space setting of 1.15 lines within a paragraph with a blank line between paragraphs. Larger paper (up to 11” x 17”) and smaller fonts are permissible only for charts, diagrams, spreadsheets, etc. The documents must be placed in sturdy binders with tabs delineating each section. Offerors must comply with the page-limit requirements specified in Section 6 of this RFP.

3.3 Number of Copies and Electronic Files

Each response to this RFP must consist of a Mandatory Requirements, References, a Technical Proposal, Exhibits, and a Cost Proposal, as described below.

3.3.1 Mandatory Requirements

Each Offeror must submit one (1) original and one (1) hard copy of the Mandatory Requirements to HSD in a sealed package that is clearly marked:

“Mandatory Requirements in Response to RFP # 18-630-8000-0001 – Do Not Open”.

The original must be identified as such on the front cover, and the copy shall also be identified as such.

Each Offeror must also include three (3) electronic copies of the Mandatory Requirements (three files as noted above) on three (3) CDs placed in the sealed package with the original and copy of the Mandatory Requirements. The electronic copies of the Mandatory Requirements shall include searchable PDF files or MS Word files of the entire Mandatory Requirements.

3.3.2 References

References are part of the proposal and are sent to the Procurement Manager directly from the entities providing the References. Submitted References will be added to the Offeror’s proposal by the Procurement Manager for review, evaluation and scoring. Submission of a single copy of each Reference is sufficient.

3.3.3 Technical Proposal and Exhibits

Each Offeror must submit one (1) printed original and six (6) hard copies of the Technical Proposal and Exhibits (in separate binders) to HSD in a sealed package that is clearly marked:

“Technical Proposal and Exhibits” in Response to RFP #18-630-8000-0001 – Do Not Open”

Each Offeror must also include three (3) electronic copies of the Technical Proposal (three (3) files as noted above) and Exhibits (also three (3) files as noted above) on three (3) CDs placed in the sealed package with the original and copy of the Technical Proposal and Exhibits. The electronic copies of the Technical Proposal and Exhibits shall include searchable PDF files or MS Word files of the entire Technical Proposal and Exhibits.

3.3.4 Cost Proposal

Each Offeror must submit one (1) printed original and one (1) printed copy of the cost proposal to HSD in a separate, sealed package that is clearly marked:

“Cost Proposal in Response to RFP #18-630-8000-0001 – Do Not Open”

Offerors should use the Excel version of the Cost Proposal template provided as an attachment to the Data Book when submitting their Cost Proposal. Each Offeror must also include three (3) electronic copies of the Cost Proposal on three (3) CDs placed in the sealed package with the original and copy of the Cost Proposal. The electronic copies of the Cost Proposal must be in MS Excel. The original must be identified as such on the front cover and the printed copy shall also be identified as such.

3.4 Proposal Organization

Proposals should be prepared simply and economically, providing a straightforward, concise description of the Offeror’s ability to meet the requirements of the RFP. Technical Proposals must comply with the page limits noted in Section 6 of this RFP. Exhibits specified in Section 6 of this RFP will be placed in the Exhibits Binder and will not be counted towards the page limits in the Technical Proposal. **Pages that exceed the page limits specified in Section 6 of this RFP will not be reviewed by the Evaluation Committee.**

The entire proposal shall be submitted in a total of four (4) binders: one (1) binder for the Mandatory Requirements, one (1) binder for the Technical Proposal, one (1) binder for Exhibits, and one (1) binder for the Cost Proposal.

3.4.1 Table of Contents

The first page in each binder must be the table of contents. It must contain a list of all sections of the proposal in the binder and the corresponding page numbers. The table of contents in the electronic file must be linked to appropriate sections in the proposal.

3.4.2 Page Numbers

The pages in each binder must be numbered sequentially and include the proposal type (e.g., Technical – pg 1). Numbering of pages in binders should continue in sequence through each separate section. For example, “Provider Network” would begin with the page number following the last page number in “Experience and Qualifications.”

3.4.3 Dividers

Each section of each binder shall be separated by a divider and shall contain all information requested in this RFP.

3.4.3.1 The Mandatory Requirements Binder shall have dividers separating the following sections:

1. Letter of Transmittal

2. Compliance and Acceptance Statement
3. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters
4. Campaign Contribution Disclosure Form
5. New Mexico Employees Health Coverage
6. Conflict of Interest Affidavit
7. Statement of Mergers, Acquisition, or Sales
8. Insurance Policies
9. List of References
10. Proposal Summary
11. Copy of D-SNP agreement with CMS or statement of intent to apply for a D-SNP agreement.
12. Statement of Attestation and Agreement to follow and meet the standards set forth in the MCO Systems Manual.
13. Signed Independent Price Determination Form
14. If applicable: Lobbying Disclosure, OMB Form LLL

3.4.3.2 The Technical Proposal Binder shall have dividers separating the following sections:

1. Experience and Qualifications
2. Provider Network and Provider Agreements
3. Benefits and Services
4. Care Coordination, Transitions, Assessments, and Care Plans
5. Long-Term Services and Support
6. Information Systems and Claims Management
7. Native Americans
8. Member and Provider Services
9. Quality Improvement and Quality Management
10. Reporting and Program Integrity
11. Financial Management
12. Value-Based Purchasing

3.4.3.3 The Exhibits Binder shall have dividers separating the following sections:

1. Disclosure of Contractor Relationships (*use Appendix J form*)
2. Optional: proposed changes to Terms & Conditions and Contract Deviations (see 2.3.15, 2.3.16)

Exhibits from Technical Responses, Section 6

3. 6.1, Question 1 – Form of business, officers, directors, partners, tax ID numbers, etc.
4. 6.1, Question 2 – Business entity documents, articles of incorporation, bylaws, agreements, etc.
5. 6.1, Question 3 – Affiliates, subsidiaries, etc.
6. 6.1, Question 4 - NM Insurance Division license or application, DOI report(s), etc.

7. 6.1, Question 5 – Litigation and sanctions information.
8. 6.1, Question 6 – Experience (*use Appendix I form*).
9. 6.1, Question 7 – Bankruptcy and insolvency information.
10. 6.1, Question 8 – Audited Financial Statements.
11. 6.1, Question 9 – Audit findings.
12. 6.1 Question 10 – Organizational chart.
13. 6.1, Question 11 – Resumes of proposed personnel.
14. 6.1, Question 13 - Proposed Major Subcontractors and Subcontractors details and references, etc. (*use Appendix K form, attach references*).
15. 6.6, Question 51 – Systems flowcharts, descriptions, operations manuals, etc.
16. 6.6, Question 52 – Gantt chart and work plan detail
17. Other exhibits provided by the Offeror.

Note that very large documents that are available online can be indexed and described (labelled) with an associated link to the specific document(s). Those large documents do not have to be physically included in the Exhibits Binder.

3.4.3.4 The Cost Proposal Binder does not require dividers.

3.4.4 Responses

All information must be in response to a specific requirement or question and clearly referenced. HSD is not required to -- and will not search for -- information or responses in other sections of the proposal unless the reference is for an exhibit (in the Exhibit Binder). A policy, brochure, manual, or reference to a policy, brochure, or manual does not constitute an adequate response unless specifically requested. Exhibits must be referenced and described in the narrative and cannot contain a continued response. The Offeror shall refer the reader directly to an exhibit number. Exhibits shall not be counted toward the technical proposal page limits. Offerors may only submit exhibits in response to explicit questions or requests as specified in this RFP; any unsolicited exhibit materials will not be reviewed by the evaluation teams.

SECTION 4: EVALUATION PROCESS AND SCORING

4.1 Evaluation Process

HSD shall conduct a comprehensive, fair and impartial evaluation of proposals received in response to this RFP. HSD shall be the sole judge in the selection of the successful Offerors.

Evaluation of the proposals shall be conducted in the following phases.

- Phase I

- Review of Mandatory Requirements to ensure that all mandatory requirements are met.
- Phase II
 - Review and scoring of References and Technical Proposal and Exhibits.
- Phase III
 - Review and scoring of the Cost Proposals.
 - Compilation of scores from References, Technical Proposal, and Cost Proposal.
- Phase IV
 - Oral Presentations (at HSD's discretion).
- Phase V
 - Compilation of all scores and Award of the Contract to the selected Offerors.

Phase I: The determination of whether the proposal meets Mandatory Requirements noted in Section 5 of this RFP, including receipt of the Acknowledgement of Receipt Form (see section 2.2.2). All proposals shall be reviewed for compliance with the requirements stated within the RFP and all its appendices. Proposals deemed nonresponsive shall be eliminated from further consideration.

Phase II: The review of the References and Technical Proposals (including Exhibits) to evaluate and score the quality of the responses.

Phase III: The review of the Cost Proposal. Scores from each Offeror's References, Technical Proposal, and Cost Proposal will be totaled, and HSD will identify proposals that meet the criteria to become finalists. At its discretion, HSD may request Oral Presentations from the finalist Offerors.

Phase IV: Optional Oral Presentations by Finalists.

Phase V: Scores from Oral Presentations by Finalists will be added to other scores for final scoring and determinations. Offerors whose proposals and scores are most advantageous to HSD shall be recommended for Contract awards as specified in Section 2.2.13 of this RFP.

4.2 Evaluation Committee

HSD shall establish an Evaluation Committee and sub-committees that will evaluate designated sections of the proposals. HSD may, at its discretion, designate Members to the Evaluation Committee who are employees of other State agencies and who have expertise in specific areas of the RFP.

Each sub-committee of the Evaluation Committee shall evaluate their assigned section of each qualifying proposal and document their comments, concerns, and questions using standard evaluation tools. The subgroups of the Evaluation Committee will review only the

section of the proposal that is assigned to their particular subgroup. **Therefore, it is imperative that the response to each question is complete and independent of information or responses in other sections of the proposal.** Responses to RFP questions shall not reference other sections of the proposal unless the reference is for an exhibit. Only exhibits that are allowed or requested will be reviewed. The Evaluation Committee and sub-committees will not consider any information that exceeds the specified page limits.

4.3 Proposal Scoring

Failure of the Offeror to comply with the instructions of this RFP or failure to submit a complete proposal shall be grounds for the Evaluation Committee to deem the proposal nonresponsive and disqualifying it. The Offeror will receive a letter of explanation for the disqualification.

4.3.1 Mandatory Requirements Evaluation

Each proposal shall be evaluated to determine whether the requirements as specified in this RFP have been met. The Mandatory Requirements will be evaluated against the following criteria:

- The Acknowledgment of Receipt Form was submitted to HSD prior to the deadline.
- Proposal was submitted prior to the closing date and time for proposals (refer to Section 2.1 Procurement Schedule of this RFP).
- The Mandatory Requirements, Technical Proposal, Exhibits, and Cost Proposal are in separate envelopes/packaging (refer to Section 3 of this RFP).
- The specified number of copies are in sealed envelopes/packaging (refer to Section 3 of this RFP).
- The proposal contains the necessary information in the proper order.
- The Offeror has provided all forms and met all requirements in Section 5 of this RFP.
- References have been submitted according to instructions. References must be received by the Procurement Manager by the date stated in Section 2.1 Procurement Schedule. References will be scored by the Evaluation Committee.

4.3.2 Technical Proposal Scoring

All responses in the Technical Proposal will be evaluated and scored to determine which Offerors have the best understanding of the goals of Centennial Care 2.0 and which are best prepared to provide the services outlined in the Sample Contract (Appendix O). Scoring will be done through a consensus approach by a group of subject matter experts assigned to review the responses.

4.3.3 Cost Proposal Scoring

Details about the Cost Proposal scoring as well as information about Cost Proposal data and materials, exclusions and post award adjustment process are outlined in section 7.0. We will attempt to make the Cost Proposal materials (Data Book and Template) available within four business days to Offerors who submit an Acknowledgement of Receipt Form (outlined in section 2.2.2).

4.3.4 Scoring Summary

| Section | Points |
|--|-------------|
| Mandatory Requirements | |
| Sections 5.1 – 5.13 | Pass/Fail |
| References | 300 |
| Technical Proposal | |
| Sections 6.1 – 6.12 | 1390 |
| Subtotal | 1690 |
| Cost Proposal | 400 |
| Subtotal | 2090 |
| Oral Presentation (<i>Finalists only</i>) | 400 |
| Total | 2490 |

When the evaluation and scoring of the References, Technical Proposals, Cost Proposals, and Oral Presentations (if requested, at HSD’s discretion), are complete, HSD will tally the scores from the evaluations to determine the Offerors that will receive Contract offers from the State.

Contracts will be awarded to the Offeror(s) based on the proposals that are deemed to be the most advantageous to the state. Although not mandatory, it is anticipated that Contracts will be awarded to the highest-scoring Offerors. The number of Contracts awarded by the State for this work is not pre-determined and will be decided at the State’s discretion.

Upon selection of the Offerors’ proposals that will receive Contract offers, HSD shall initiate the contracting process. The selected Offerors shall be notified in writing that their proposal has been accepted, and that HSD intends to contract with the Offerors.

SECTION 5: MANDATORY REQUIREMENTS

Submission of the Acknowledgement of Receipt Form (Appendix A) to HSD prior to

September 19 is mandatory. Other Mandatory Requirements to be submitted in the Mandatory Requirements Binder include:

5.1 Letter of Transmittal

The Mandatory Requirements Binder must include a signed Letter of Transmittal (see Appendix B of this RFP).

5.2 Compliance and Acceptance Statement

The Letter of Transmittal form (noted above in 5.1, Appendix B) includes a statement that explicitly indicates acceptance of the Conditions Governing the Procurement stated in Section 2 of this RFP and the Offeror's agreement to comply with all requirements as described in this RFP, including all appendices, attachments, written clarifications, and amendments provided during the procurement process. If the Offeror is unwilling to comply with any terms, conditions, or other requirements of this RFP, the Offeror shall clearly describe any deviations from the terms, conditions, or requirements, and shall include a complete explanation of alternative terms and the reasons such deviations are proposed.

5.3 Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters

The Offeror must complete the Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters form to certify compliance with federal regulations relating to suspension and debarment (see Appendix C of this RFP).

5.4 Campaign Contribution Disclosure

The Offeror must complete the Campaign Contribution Disclosure Form (see Appendix D of this RFP).

5.5 New Mexico Employees Health Coverage

The Offeror must agree with the terms of the New Mexico Employees Health Coverage Form and submit a signed copy with their proposal (see Appendix E of this RFP).

5.6 Conflict of Interest Affidavit

The Offeror must include signed and notarized Conflict of Interest Affidavits for all key personnel who are former employees of the State of NM (see Appendix G of this RFP).

5.7 Statement of Mergers, Acquisitions, or Sales

The Offeror must provide a statement of whether there have been any mergers, acquisitions, or sales of the Offeror's company within the last ten (10) years, and if so, provide relevant details. The Offeror shall include the Offeror's parent organization, affiliates, and subsidiaries.

5.8 Insurance Policies

The Offeror must provide a copy of its liability insurance policy, workers' compensation policy, and unemployment insurance policy.

5.9 List of References

The Offeror must submit a list of the References. The Offeror must provide three (3) specific client References, with at least one for a state Medicaid program or other large similar government or large private industry project within the last five (5) years. Each Reference noted on the list must include the contact name and phone number, a brief description of the services provided, and the period of service. ***Offerors may NOT request References from the New Mexico Medicaid agency, nor list the NM Medicaid agency as a Reference.***

References for the Offeror shall be submitted to the Procurement Manager directly by the reference source using the Reference Form in RFP Appendix F. The submission deadline for References is on the date stated in Section 2.1 Procurement Schedule (Nov. 2, 2017).

Offerors are responsible for:

- Making a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix F, and adding the following customized information to the form:
 - Offeror's name;
 - Reference organization's name; and
 - Reference contact's name, title, telephone number, and email address.
- Sending the form to each Reference contact.
- Giving the contact a deadline that allows for HSD to receive the reference form prior to the deadline for receiving proposals (Nov. 2, 2017; see Section 2.1).

5.10 Proposal Summary

The proposal summary must be two (2) pages or less. It shall provide the Evaluation Committee with an overview of Offeror and of the technical and business features of the

proposal. This material will not be used in the evaluation process but may be used in public notifications regarding the selection of successful Offerors.

5.11 D-SNP Agreement

Offeror must provide a copy of its D-SNP agreement with CMS, or a statement of intent to apply for a D-SNP agreement.

5.12 Systems Manual Agreement

Offeror must provide a statement attesting that it has reviewed and understands the MCO Systems Manual, and that it agrees to follow the standards and requirements set forth in that manual.

5.13 Independent Price Determination Form

Offeror must provide a copy of the Independent Price Determination Form (see Appendix N) as referenced in the Cost Proposal section of this RFP (Section 7).

SECTION 6: TECHNICAL PROPOSAL

The Offeror shall complete all requirements in this section, including the narratives and required exhibits. All responses in the Technical Proposal that are placed in the Technical Proposal Binder as instructed will be counted toward the per-section maximum page limits. Documents placed in the Exhibits Binder as instructed will not be counted towards the Technical Proposal section page limits. Offerors must not embed attachments or external links into Technical Proposal responses unless specifically requested to do so.

Section page limits will be strictly enforced. Proposal evaluators will terminate the review when the maximum section page limit has been reached, which can negatively affect the score assigned to the response. Offerors are encouraged to be clear and concise in their narrative responses in order to complete Section 6 responses within or below the specified page limits.

Point values for evaluation and scoring are noted for each subsection.

If the Offeror intends to use a Subcontractor for services discussed in any section, the Offeror must provide the name of the Subcontractor in the response as well as on the required

Subcontractor form (Appendix K, placed in the Exhibits Binder) which includes details on all subcontractors and the work they provide.

| <i>Section #</i> | <i>Number of Responses / Questions</i> | <i>Section Page Limit</i> | <i>Available Points</i> |
|--------------------------------------|--|---------------------------|-------------------------|
| 6.1 Experience & Qualifications | 13 | 20 | 130 |
| 6.2 Provider Network & Agreements | 7 | 20 | 70 |
| 6.3 Benefits & Services | 8 | 25 | 160 |
| 6.4 Care Coordination | 14 | 45 | 280 |
| 6.5 Long-Term Services and Supports | 8 | 25 | 160 |
| 6.6 Info Systems & Claims Management | 11 | 35 | 220 |
| 6.7 Native Americans | 5 | 15 | 50 |
| 6.8 Member & Provider Services | 8 | 25 | 80 |
| 6.9 Quality Improvement & Mgmt. | 6 | 20 | 60 |
| 6.10 Reporting & Program Integrity | 5 | 15 | 50 |
| 6.11 Financial Management | 5 | 15 | 50 |
| 6.12 Value-Based Purchasing | 4 | 20 | 80 |
| Totals | 94 | 275 | 1,390 |

6.1 Experience and Qualifications - Responses 1 - 13

13 responses. Place responses and documents offered in response to questions 1 through 10 and 13 in the Exhibits Binder. Place responses to questions 11 and 12 in the Technical Proposal Binder. Resumes for the response to question 11 also go in the Exhibits Binder, while the narrative response to question 11 goes in the Technical Proposal Binder.

- *Section page limit of 20 pages for the portions of 6.1 responses in the Technical Binder.*
- *130 possible points for Section 6.1.*

1. Describe your organization's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Provide your organization's federal and State taxpayer identification numbers. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
2. Provide copies of all your organization's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*

3. Describe your organization's relationship and provide any relevant documentation regarding your organization's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if you are owned by a corporation or are an affiliate or subsidiary. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
4. Provide (i) a copy of your organization's NM license or application for a NM license (as issued by the NM Office of Superintendent of Insurance (OSI)) that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the OSI during the last twelve (12) months. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
5. Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against your organization, Directed Corrective Action Plans, or sanctions levied. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a State. Your organization does not need to report workers' compensation cases. If there is a pending or recent litigation against your organization, you shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair your organization's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. Include parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan your organization has been under during the same time period. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*

Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, it requires all information pertaining to all litigation, or pertaining to sanctions/fines for functions that will be performed under the Centennial Care 2.0 Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of your organization, the request pertains to litigation and monetary sanctions of subsidiaries and affiliates to be used in performance of the Contract.

6. Using the Experience Template provided in Appendix I of this RFP, identify all your organization's other publicly- funded managed care contracts for Medicaid/SCHIP and/or

other low-income individuals within the last five (5) years. For each prior experience identified, provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*

7. Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
8. Provide copies of the your organization's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which your organization is responsible. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
9. Describe any findings in any of your organization's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*
10. Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT / data systems (includes claims processing, encounter data submission and reporting), finance, quality / disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. *These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*

11. Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles for your organization in New Mexico. *Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The balance (narrative portions) of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.*
- CEO of Centennial Care 2.0
 - CFO of Centennial Care 2.0
 - COO of Centennial Care 2.0
 - CIO of Centennial Care 2.0
 - Implementation Manager
 - Medical Directors
 - Long-Term Services and Support Manager
 - Contract Manager
12. Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix O of this RFP). The work plan should cover activities from Contract award to Go-Live. *This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.*
13. HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. *Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.*

6.2 Provider Network / Provider Agreements - Responses 14 - 20

7 responses. All narrative responses for 6.2 are to be placed in the Technical Proposal Binder.

- *Section page limit of 20 pages for section 6.2 responses.*
- *70 possible points for Section 6.2.*

14. Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and Long-Term Services and Support providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:
- Individuals with mental health and/or substance abuse issues;
 - Children and adolescents;
 - Persons with a comorbid physical, mental health and substance use conditions;

- d. Native Americans;
 - e. Linguistic and cultural minorities; and
 - f. Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS).
15. Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas.
 16. Describe your organization's strategies for monitoring and addressing contract provider issues including monitoring:
 - a. Compliance with access standards and improving access as needed;
 - b. Provider network adequacy including developing services and providers where they are needed;
 - c. Provider compliance with cost-sharing requirements; and
 - d. Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC).
 17. Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico.
 18. Describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP).
 19. In order to maximize VBP initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement.
 20. Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states.

6.3 Benefits and Services – Responses 21 – 28

8 responses. All narrative responses for 6.3 are to be placed in the Technical Proposal Binder.

- *Section page limit of 25 pages for section 6.3 responses.*
- *160 possible points for Section 6.3.*

21. Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, include how your organization will:
- Identify providers who prescribe contra-indicated drugs, and how you will address this practice;
 - Ensure that prescribers participate in the New Mexico Prescription Monitoring Program;
 - Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent;
 - Manage over and underutilization of pharmaceuticals; and
 - Monitor drug utilization for Members.
22. Describe the role of your organization's pharmacy benefits manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids.
23. Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how your organization will:
- Ensure appropriate mode of transportation for a Member;
 - Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner;
 - Address pick-up and delivery deficiencies identified by Members;
 - Address Member grievances/complaints regarding transportation issues; and
 - Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs.

Scenario A - for Question 24

A 72-year-old female Member has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and a stroke with a right side hemiparesis. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a cerebral vascular accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the Member was very self-reliant. She was able to drive and live alone in a two-story, three-bedroom home. Upon discharge the Member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize her mobility. She is unable to drive due to her right sided hemiparesis.

24. *Using Scenario A:* Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.
25. The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your

organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State.

26. Describe proposed strategies or previous experience your organization will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation.
27. Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes.
28. Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to:
 - a. Utilization of smart phones, social media, and other emerging technologies and internet and smart phone based care pathways;
 - b. Notifying Members of their Premiums and Copays status in real-time (or near real-time); and
 - c. Engaging Members in improved health outcomes.

6.4 Care Coordination, Transition, Assessments, and Care Plans – Responses 29 - 42

14 responses. All narrative responses for 6.4 are to be placed in the Technical Proposal Binder.

- *Section page limit of 45 pages for section 6.4 responses.*
- *280 possible points for Section 6.4.*

29. Describe the staffing and organizational structure of your organization's care coordination unit. At a minimum, include in the narrative response:
 - a. The title, function, and responsibilities of managers within the care coordination unit;
 - b. How you will ensure a diverse and culturally sensitive staff;
 - c. How you will ensure training on care coordination for complex Members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members;
 - d. How you will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources;
 - e. How you will use existing resources at the local level; and
 - f. How you will implement internet and smart phone based care coordination and disease-specific care pathways.

30. Identify and describe any measurable results in terms of clinical outcomes and program savings that have resulted from your organization's care coordination initiatives.
31. Describe your organization's strategies for reaching Members to engage in care coordination activities. Address specifically Members who are or have:
- a. Homeless and/or transient;
 - b. Significant behavioral health issues (mental health and/or substance abuse);
 - c. Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD);
 - d. Living in Rural, Frontier, and Tribal areas;
 - e. In out-of-home placements (foster care, etc.);
 - f. Not English speakers;
 - g. Difficult to contact;
 - h. Justice involved;
 - i. Native American;
 - j. Members residing in Nursing Facilities;
 - k. Members who have high Emergency Department utilization; and
 - l. Members who are resistant to participation in care coordination.
32. Explain your organization's approach to achieving compliance with the Member-to-care-coordinator ratios proposed in the Sample Contract. Include a description of strategies your organization will employ to:
- a. Monitor and balance caseloads;
 - b. Reassign care coordinators to adjust for caseloads;
 - c. Notify Members of care coordinator assignment and changes in care coordinators;
 - d. Address conflicts between Members and care coordinators;
 - e. Accommodate for travel requirements in Rural, Frontier, and Tribal areas;
 - f. Address high turnover of care coordinators; and
 - g. Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators.
33. Explain your organization's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include your strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation.
34. New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through VBP agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:
- a. Oversight and monitoring activities, including audits
 - b. Evaluation of Quality Assurance;

- b. Selection process of delegated providers;
 - c. Member satisfaction, including how delegation of care coordination is seamless to Members; and
 - d. Assurance that care coordination and services are not duplicated.
35. Describe how your organization will assess and evaluate effectiveness of its care coordination processes.

*The following five Scenarios (B – F) describe potential Members. For each scenario, describe the care coordination process your organization would implement **for each Member in each Scenario**. Your responses should address each of the care coordination elements listed below:*

- a. Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the Member meets a NF LOC;
 - b. If applicable, list services included in the Comprehensive Care Plan;
 - c. If applicable, monitoring of the comprehensive care plan and involvement of other team Members;
 - d. If applicable, referrals to other community services;
 - e. Frequency of care coordinator engagement with Member;
 - f. Relationship with Utilization Management and other internal and external parties;
 - g. Resolution of conflict and crisis situations;
 - h. Monitoring improvement of Member outcomes; and
 - i. Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above.
36. **Scenario B.** A 25-year-old female Member who is an undocumented immigrant from Mexico lives in Anthony, NM near the U.S./Mexico border. This Member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees). She recently gave birth. During the Member's pregnancy, the Member was a high utilizer of the ED due to pregnancy complications. After giving birth, the Member's infant son was diagnosed with jaundice. The nearest primary care provider is 30 miles from the Member's home, and the Member does not own a vehicle.
37. **Scenario C.** A 53-year-old Caucasian, male Member is a homeless veteran living in Albuquerque, NM. He has post traumatic stress disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The Member is often unreachable and lacks reliable contact information. However, the Member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.

38. **Scenario D.** An 85-year-old female Member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The Member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.
39. **Scenario E.** An 88-year-old Native American female Member lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who both have alcohol use disorder and are unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms that this Member's heat, electricity, and water utilities are shut off periodically. Furthermore, the CHR checks in on the Member every week to make sure the Member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this Member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.
40. **Scenario F.** A 14-year-old male Member with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The Member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.
41. Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care:
- a. Out-of-state to in-state placement;
 - b. Hospital inpatient discharge;
 - c. Nursing Facility to Community;
 - d. 1915c waiver program to 1115 waiver program; and
 - e. Justice-Involved Member released into the community.
42. Describe your organization's proposed innovations in care coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services.

6.5 Long-Term Services and Supports – Responses 43 - 50

8 responses. All narrative responses for 6.5 are to be placed in the Technical Proposal Binder.

- Section page limit of 25 pages for section 6.5 responses.
- 160 possible points for Section 6.5.

Scenario G. - for Question 43

A 64-year-old male Member was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the Member will be able to live in the community independently. The Member has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May, and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can have this COE only until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive Long-Term Services and Support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed away, he sold his home and moved into a one-bedroom apartment that is no longer available.

43. Using Scenario G: Describe in detail how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.
44. Describe your organization's strategy for implementing and monitoring a self-direction Long-Term Services and Support program. At a minimum, the Offeror's response should describe proposed strategies for effectively:
 - a. Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor);
 - b. Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed Members; and
 - c. Monitoring Support Broker activities and Member outcomes.
45. Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery.
46. Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services.
47. Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a Member. You have already approved 20 hours a week of PCS for this Member, but the Member's representative, who is also the Member's spouse and unpaid caregiver, believes 45 hours are necessary due to the Member's declining

condition. The Member's representative is very upset at the current allocation of hours and has contacted several different State and federal agencies, including legislators.

- a. How would your organization address this situation with the Member, the representative and involved agencies?
- b. Include an explanation of your organization's processes associated with both approval and denial of this request for increased PCS hours.

48. Describe your organization's experience working with dually eligible Members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If your organization does not have any experience, describe your plan to develop D-SNPs.

49. Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality.

50. Describe your organization's proposed innovations in Long-Term Services and Support services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states.

6.6 Information Systems and Claims Management – Responses 51 - 61

11 responses. Documents requested in questions 51 and 52 are to be placed in the Exhibits Binder. The narrative response for questions 51 and 52 and other responses for 6.6 are to be placed in the Technical Proposal Binder, subject to the section page limit.

- *Section page limit of 35 pages for section 6.6 responses.*
- *220 possible points for Section 6.6.*

51. Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. *(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)*

- a. Eligibility, enrollment, and disenrollment management and data exchange;
- b. Provider network management, certification, enrollment, notification and confirmation file exchange;
- c. Member and provider information access;
- d. Report generation and transmission;

- e. Care coordination system;
- f. Level and setting of care assessments, determination, tracking, and communicating;
- g. Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons;
- h. Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare;
- i. Systems modules to track and administer different Medicaid benefit packages, copays, and premiums;
- j. Encounter submissions, correction, voiding, and resubmission;
- k. Financial management and accounting activities; and
- l. Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers.

52. Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. *(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)*

At a minimum, your response shall include:

- a. Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity;
- b. Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements;
- c. System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and
- d. Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, LOC assessments, LTC Settings of Care, care coordination, and other data.

53. Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests.

54. Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:
- a. Information and telecommunications systems architecture;
 - b. Business continuity/disaster recovery strategies;
 - c. Availability and/or recovery time objectives by major system;
 - d. Monitoring of tools and resources;
 - e. Continuous testing of all applicable system functions; and
 - f. Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan.
55. Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts.
56. Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:
- a. HIPAA transaction and operating rules, required and anticipated;
 - b. ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations;
 - c. SSNRI requirements for Medicare clients;
 - d. Direct receipt of COBA claims for Medicaid/Medicare dual clients
57. Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (NM Health Information Collaborative).
58. Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).
- a. Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;
 - b. Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.
 - c. Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to

services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.

59. Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to:

- a. Ability to make special payments to unique providers, such as FQHCs and I/T/Us, including contracted and noncontracted where applicable;
- b. Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA- compliant formats to federal and state authorities.

60. Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity.

61. Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states.

6.7 Native Americans – Responses 62 - 66

5 responses. All narrative responses for 6.7 are to be placed in the Technical Proposal Binder.

- *Section page limit of 15 pages for section 6.7 responses.*
- *50 possible points for Section 6.7.*

62. Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for:

- a. Non-emergency medical transportation services;
- b. Care coordination and/or case management services;
- c. Behavioral health services, including the treatment of substance abuse; and
- d. Any other Medicaid-covered services provided outside of a clinic or hospital.

63. Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that you will use to ensure that culturally appropriate materials are available to Native Americans.

64. Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following:
- Translation and interpretation services are available;
 - Local media (newspapers, radio and television) are used; and
 - Outreach is provided through Tribal-organizations and chapter houses.
65. Describe the processes that your organization will follow in order to:
- Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix O of this RFP);
 - Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and
 - Ensure exemption of all services provided by I/T/Us from prior authorization.
66. Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states.

6.8 Member and Provider Services – Responses 67 - 74

8 responses. All narrative responses for 6.8 are to be placed in the Technical Proposal Binder.

- Section page limit of 25 pages for section 6.8 responses.*
- 80 possible points for Section 6.8.*

67. Describe your organization's approach to Member health education and health literacy. The response shall include:
- Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members who speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas;
 - How you will determine which health education activities are relevant given the target population;
 - How you will measure the effectiveness of strategies and use information to make changes to its approach; and
 - The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues.
68. Describe in detail your organization's process(es) for the items listed below, including interfaces with your care coordination staff.

- a. Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes);
 - b. Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated;
 - c. The type of information available to Member services and provider services help-line staff and how it is provided and updated;
 - d. Monitoring process for ensuring the quality and accuracy of information provided to Members and providers;
 - e. Staffing levels and procedures for routing and triaging Member and provider calls to include, at a minimum: Members with limited English proficiency, crisis calls, and after hour calls; and
 - f. Technology innovations that allow members to contact the Contractor using internet and smart phone chat, e-mail, applications, and other non-telephonic means of communication.
69. Describe your organization's approach to provider training, education, and technical assistance, including but not limited to:
- a. Implementing strategies to minimize the administrative burden to providers for billing and claims submission; and
 - b. Innovative approaches for training or educating providers in New Mexico and/or other states.
 - c. Strategies and methods to expand Specialty care in rural areas of the state.
70. Describe how your organization will:
- a. Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods;
 - b. Measure outcomes for those who participate;
 - c. Incentivize Members to participate in health and wellness programs; and
 - d. Your proposed technology innovations that allow members to participate in such programs using Internet and smart phone applications.
71. Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services.
72. Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders.

Scenario H. - for Question 73

01/14/17: A Member is filing a complaint regarding non-emergency transportation. The Member is a 67-year-old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The Member contacted your transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the Member causing her appointment to be cancelled and a \$25.00 “No Show” charge was levied against the Member. The Member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the Member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The Member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.

02/14/17: The Member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.

03/14/17: The Member would like to file a grievance under your policy.

73. Using Scenario H as an example of a Member grievances: Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve your operational performance.

74. Describe your organization’s proposed innovations in Member and provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies.

6.9 Quality Improvement (QI) and Quality Management (QM) – Responses 75 - 80

6 responses. All narrative responses for 6.9 are to be placed in the Technical Proposal Binder.

- *Section page limit of 20 pages for section 6.9 responses.*
- *60 possible points for Section 6.9.*

75. Describe your organization’s single case agreements and prior authorization (PA) process.

Include, at a minimum:

- a. How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member’s life or health;
- b. How you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope;
- c. Your process for Member access to emergency and nonemergency transportation;
- d. Your process for accessing out of state services or placements that require authorization; and
- e. How you will ensure and monitor for consistent application of review criteria.

76. Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers.
77. Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage Members to establish PCP relationships.

Scenario I - for Questions 78 and 79

A 17-year-old Spanish speaking only, female Member living in Mora, NM, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The Member has been identified as a high utilizer of the ER. The Member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The Member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, NM which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.

78. *Using Scenario I:* Using this scenario as one example of a trend, give an example of the process used by your organization for identifying and developing an appropriate performance improvement project to support the Member's substance abuse and pre-natal care needs. Include how evaluation and reporting would be conducted to determine effectiveness of the project.
79. *Using Scenario I:* Describe how your organization will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.
80. Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states.

6.10 Reporting & Program Integrity – Responses 81- 85

5 responses. All narrative responses for 6.10 are to be placed in the Technical Proposal Binder.

- Section page limit of 15 pages for section 6.10 responses.*
- 50 possible points for Section 6.10.*

81. Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:
- Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements;
 - Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness;

- c. A dashboard tool to monitor, track and evaluate performance metrics; and
 - d. How to monitor, track and validate data from Subcontractors.
82. In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of your organization's approach and plan for:
- a. Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions;
 - b. Your internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans.
83. Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State.
84. Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training.
85. Describe your organization's proposed innovations for reporting data and in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico or other states.

6.11 Financial Management – Responses 86 - 90

5 responses. All narrative responses for 6.11 are to be placed in the Technical Proposal Binder.

- *Section page limit of 15 pages for section 6.11 responses.*
- *50 possible points for Section 6.11.*

86. Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code.
87. Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third- party liability) and coordination of benefits with third parties, including pay and chase methodologies.
88. Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations.

89. Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:
- a. The process for auditing a sample of claims;
 - b. The sampling methodology itself;
 - c. Documentation of the results of these audits;
 - d. The processes for implementing any necessary corrective actions resulting from an audit; and
 - e. Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored.
90. Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states.

6.12 Value-Based Purchasing (VBP) – Responses 91 - 94

4 responses. All narrative responses for 6.12 are to be placed in the Technical Proposal Binder.

- *Section page limit of 20 pages for section 6.12 responses.*
- *80 possible points for Section 6.12.*

91. Describe your organization's experience implementing VBP arrangements with providers in New Mexico or other states. Address the following items in your response:
- a. Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organization, including any risk-bearing arrangements;
 - b. How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and
 - c. What type of technical assistance is offered to providers participating in these arrangements.
92. Describe how your organization tracks costs associated with VBP arrangements.
93. Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes.
94. New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of this RFP).

Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels.

SECTION 7: COST PROPOSAL

7.1 Introduction

For the cost component of this RFP, Offerors are required to submit their Cost Proposal as well as a statement regarding Independent Price Determination (using the template provided in Appendix N and submitted in the Mandatory Requirements Binder). Submit per Member per month (PMPM) costs for each program and cohort outlined in the Cost Proposal template. (A sample version is attached in Appendix H of this RFP; a dynamic Excel version with embedded formulas will be attached to the Data Book). Cost Proposal submissions for this competitive procurement process will be based on the program design, covered populations, covered services including all applicable taxes as outlined in the RFP contract and cost proposal narrative. The Cost Proposal is inclusive of all costs necessary to operate the program unless specifically identified.

The following sections describe the Cost Proposal information available for evaluating and developing a Cost Proposal as well as information about what is excluded from the Cost Proposals and how adjustments to Cost Proposals will be addressed.

The Cost Proposals will include the following programs and populations listed below:

- Physical Health – Acute Care Rates
- Other Adult Group – Acute Care Rates
- Long Term Services and Supports (Acute and LTSS services)
 - Institutional (nursing home) population
 - Community benefit population
 - Self-Directed (acute component only)
- Behavioral Health rates
 - Physical health
 - Other Adult Group
 - Long Term Services and Supports

7.2 Cost Proposal Information

HSD will provide Offerors that submit an Acknowledgement of Receipt (outlined in section 2.2.2) with Cost Proposal information (Data Book) to evaluate when constructing the cost proposal. The Data Book information available to Offerors includes Data Book narrative, historical enrollment by rate cohorts, risk adjustment information, historical utilization and expenditures, managed care efficiency adjustments, historical programmatic changes and

capitation rate development base data, adjustments and a minimum and maximum capitation rate. Additional cost and utilization information will not be provided beyond the information provided in the Cost Proposal materials.

Users of the Cost Proposal information acknowledge that the data is intended for use in understanding the potential populations and services under Centennial Care 2.0 and may be used to inform the development of Offeror Cost Proposals. Use of this information for any other purposes may not be appropriate, and HSD provides no guarantee that this data is appropriate for any other purpose.

7.3 Cost Proposal Rules, Requirements, Scoring, Process, and Adjustments

Offerors are provided with a sample template and instructions for use to submit their Cost Proposals in Appendix H: Cost Proposal Template, as well as a dynamic Excel version of the template in the Data Book. **Offerors should use the Excel version of the Cost Proposal template provided as an attachment to the Data Book when submitting their Cost Proposal.** Deviations from the template are not permitted and will constitute noncompliance and result in the cost proposal being considered nonresponsive. You may provide a clarifying narrative related to your Cost Proposal though this information will not factor into the scoring of the cost proposal. *A certified statement regarding Independent Price Determination must also be submitted.* If you fail to submit the statement regarding Independent Price Determination, the proposal will be considered nonresponsive.

Submit your most competitive Cost Proposal as this proposal will be scored and used to select successful offers. The Cost Proposal you submit is binding. HSD will not adjust capitation payment rates if a Contractor later determines that the rates proposed (with or without adjustment by HSD) are insufficient.

Each Cost Proposal for each program / rate cohort will include three components on a PMPM basis; a medical component, an administrative component and an underwriting gain component. The sum of the three components: medical cost, administrative cost, and underwriting gain will be scored. The three components are requested so HSD can understand the amount of administrative cost and underwriting gain included in your cost proposal. The amounts you include for these components do not guarantee or imply that these amounts are or will be reflected in your initial or future period capitated rates.

As previously noted, Offerors are advised that Cost Proposal submissions for this competitive procurement process is inclusive of all costs necessary to operate the program unless specifically identified in the data book narrative as excluded. Cost Proposals should be based on the program design, covered populations, covered services, and applicable taxes outlined in the sample contract unless otherwise identified as excluded. Examples of costs excluded from Cost Proposal that are subject to adjustment post award include but are not limited to the following:

- Impacts for populations and/or covered services changes included in the 1115 Renewal Waiver application.
- Hepatitis C pharmacy cost add-on PMPMs (applicable to physical health, Other Adult Group and LTSS Medicaid Only).
- Community benefit add-on PMPM (applicable to Other Adult Group).
- Community benefit budgets for Members enrolled in the self-directed community benefit.
- Centennial Rewards program.
- Assessments:
 - New Mexico Health Insurance Exchange
 - New Mexico Medical Insurance Pool (NMMIP)
 - NMMIP premium tax credit that reduces the premium tax
- Funding Initiatives:
 - Project ECHO Multi-disciplinary team costs
 - New Mexico Health Information Exchange costs

7.3.1 Cost Proposal Scoring

HSD will include a minimum and maximum rate for each program or rate cohort in the Cost Proposal materials. The minimum and maximum capitation rates reflect the range of payments HSD is willing to accept for payment under the Agreement. Use the Cost Proposal data and the minimum and maximum rates to develop your Cost Proposal.

The total number of possible points for each program and in aggregate is 400.

Each rate cohort will be scored individually. Points are earned based on position of the rate offer as a percentile between the minimum and maximum rates.

$$\text{Percentile} = \frac{(\text{Rate Offer PMPM} - \text{Minimum Rate PMPM})}{(\text{Maximum Rate PMPM} - \text{Minimum Rate PMPM})}$$

$$\text{Rate Cohort Points} = (1 - \text{Percentile}) \times 400$$

The scores awarded to each rate cohort will be aggregated for each program (PH, BH, LTSS and OAG) using a pre-determined distribution. This distribution is based on the projected expenditures using the midpoint of the minimum and maximum cost PMPM for each cohort, multiplied by the projected Member months. **Cost Proposals submitted outside the published minimum and maximum by cohort will receive zero (0) points.**

The score for each program (PH, BH, LTSS and OAG) will then be aggregated, using the distribution included in the data book cost proposal information to determine the total number of points awarded for the Offeror's Cost Proposal.

In the event an Offeror bids an individual cohort outside the minimum and maximum rates and is awarded a contract, HSD will adjust the bid(s) outside the rate range into the rate range.

7.3.2 Cost Proposal Score and Auto-Assignment

HSD will use the aggregate cost score for each successful Offeror to determine auto-assignment after each successful Offeror meets the minimum number of enrollees as outlined in Section 4.2.4 of the Contract. The successful Offeror with the highest aggregate Cost Proposal score (lowest cost) will receive a higher auto-assignment percentage. If multiple successful Offerors receive the same Cost Proposal score then the auto-assignment will be spread among those Offerors equally based on HSD's auto-assignment distribution.

7.3.3 General Rate Adjustments

Successful Offerors who enter into a Contract will have adjustments made to their cost bids for the impacts of items excluded from the Cost Proposal and adjustments made for any changes deemed "material" by the State and its actuaries which may include:

- Significant changes in program demographics;
- Programmatic changes (benefits or reimbursement) occurring after the procurement.
- List of excluded Cost Proposal rate elements (e.g., 1115 Waiver Renewal impacts, add-ons, and assessments)

Offerors' Cost Proposal will be adjusted based on the relative position of its proposal within the revised minimum and maximum rate range.

7.3.4 Risk Adjustment

The acute care Physical health and Other Adult Group capitation rates are risk adjusted using MedicaidRx. Risk adjustment prevalence tables are included in the cost proposal information. The Offerors final adjusted Cost Proposal rates will be risk adjusted based on the Contractors enrollment effective November or December 2018, at HSD's discretion.

7.3.5 Blended Long-Term Services and Supports Rate Adjustment

The LTSS program includes capitation rates for nine cohorts. Six of the nine cohorts are a blend (mix) of institutional (nursing home) and community benefit populations. Two of the nine cohorts are for Members in self-direction. In addition to the general rate adjustments the capitation rates paid to the Contractor will be determined by the following:

- Projected MCO specific enrollment distributions for blended institutional and community benefit enrollment mix.
- Self-directed rates will be adjusted for the annual SDCB budget for members assigned to the Contractor as of November 2018 or December 2018 as determined by HSD.

After the award, HSD will communicate the impacts and the basis for any adjustment to a successful Offerors' baseline rates.

SECTION 8: APPENDICES

| | |
|------------|--|
| Appendix A | Acknowledgment of Receipt of RFP Form |
| Appendix B | Letter of Transmittal Form |
| Appendix C | Debarment and Suspension Requirements |
| Appendix D | Campaign Contribution Disclosure Form |
| Appendix E | New Mexico Employees Health Coverage Form |
| Appendix F | Reference Form |
| Appendix G | Affidavit - Conflict of Interest |
| Appendix H | Cost Proposal Template (<i>sample; excel template is a separate document</i>) |
| Appendix I | Experience Template |
| Appendix J | Disclosure of Contractor Relationships |
| Appendix K | Proposed Subcontractors Template |
| Appendix L | Template for Submission of Questions |
| Appendix M | Acronym List |
| Appendix N | Independent Price Determination Form |
| Appendix O | Sample Contract for Centennial Care 2.0 (<i>attached as a separate document</i>) |

Appendix A

Acknowledgement of Receipt Form

RFP # 18-630-8000-0001

In acknowledgement of receipt of this Request for Proposal, the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with Appendix O.

Submission of this form by potential Offerors to HSD is a Mandatory Requirement. The Acknowledgement of Receipt Form should be signed and returned to the Procurement Manager no later than September 18, 2017, as noted in Section 2.1 (Procurement Schedule). Only potential Offerors who elect to return this form completed with the indicated intention of submitting a proposal will receive copies of the Cost Proposal Data Book and Cost Proposal Template, all Offeror written questions and the HSD written responses to those questions, as well as RFP amendments, if any are issued.

FIRM: _____

REPRESENTED BY: _____

TITLE: _____ PHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Proposal.

Authorized Representative at Pre-Proposal Conferences: _____

Firm **does** / **does not** (circle one) intend to respond to this Request for Proposal.

Submit to:

Daniel Clavio
New Mexico Human Services Department
Ark Plaza
PO Box 2348
Santa Fe, NM 87504-2348

Phone: (505) 827-1345
Email: CentennialCare.RFP@state.nm.us
Fax: (505) 827-3185

Appendix B

Letter of Transmittal Form

RFP # 18-630-8000-0001

Offeror Name: _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL Failure to respond to all seven items WILL RESULT IN THE DISQUALIFICATION OF THE PROPOSAL!

1. Identity (Name) and Mailing Address of the submitting organization:

2. For the person authorized by the organization to contractually obligate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

3. For the person authorized by the organization to negotiate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

4. For the person authorized by the organization to clarify/respond to queries regarding this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

5. Use of Sub-Contractors (Select one)

____ No sub-contractors will be used in the performance of any resultant contract OR

____ The following sub-contractors will be used in the performance of any resultant contract:

____ (list) _____

(Each proposed subcontractor must be identified and described using the Proposed Subcontractor Template, Appendix K, with references attached, and included in the Exhibits Binder.)

6. Please describe any relationship with any entity (other than Subcontractors listed in 5 above) which will be used in the performance of any resultant contract.

(Attach extra sheets, as needed, and submit with this Letter of Transmittal form, Appendix B.)

7. ____ On behalf of the submitting organization named in item #1, above, I accept the Conditions Governing the Procurement as required in Section 2.3.1.

____ I concur that submission of our proposal constitutes acceptance of the Evaluation Factors contained in Section 4 of this RFP.

____ I acknowledge receipt of any and all amendments to this RFP.

_____, 2017

Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

Appendix C

Debarment & Suspension Requirement

RFP # 18-630-8000-0001

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS

The entering of a Contract between HSD and the successful Offeror pursuant to this RFP is a “covered transaction,” consistent with all applicable federal and/or state laws and regulations, as applicable. HSD’s Contract with the successful Offeror shall contain a provision relating to debarment, suspension, and responsibility substantially in the form contained in Section 7.29. All Offerors shall provide as a part of their proposals a certification to HSD in the form provided below. Failure of an Offeror to furnish a certification or provide such additional information as requested by the Procurement Manager for this RFP will render that Offeror non-responsible. Additionally, the Offeror shall provide immediate written notice to the Procurement Manager for this RFP if, at any time prior to Contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Although HSD may review the veracity of the certification through the use of the federal Excluded Parties Listing System or by other means, the certification provided by the Offeror in paragraph (a), below, is a material representation of fact upon which HSD will rely when making a Contract award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to HSD, HSD may terminate the Contract resulting from this request for proposals for default.

The certification provided by the Offeror in paragraph (a), below, will be considered in connection with a Determination of the Offeror's responsibility. A certification that any of the items in paragraph (a), below, exists may result in rejection of the Offeror’s proposal for non-responsibility and the withholding of an award under this RFP. If the Offeror’s certification indicates that that any of the items in paragraph (a), below, exists, the Offeror shall provide with its proposal a full written explanation of the specific basis for, and circumstances connected to, the item; the Offeror’s failure to provide such explanation will result in rejection of the Offeror’s proposal. If the Offeror’s certification indicates that that any of the items in paragraph (a), below, exists, HSD, in its sole discretion, may request, that the U.S. Department of Health and Human Services grant an exception if HSD believes that the procurement schedule so permits and an exception is applicable and warranted under the circumstances. In no event will HSD award a Contract to an Offeror if the requested exception is not granted for the Offeror.

(1) By signing and submitting a proposal in response to this RFP, the Offeror certifies, to the best of its knowledge and belief, that:

(i) The Offeror and/or any of its Principals-

- (A) Are ☐ are not ☐ presently debarred, suspended, proposed for debarment, or declared ineligible for the award of Contracts by any Federal department or Agency;
- (B) Have ☐ have not ☐, within a three-year period preceding the date of the Offeror's proposal, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) Contract or subcontract; violation of federal or State antitrust statutes relating to the submission of Offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false Statements, tax evasion, or receiving stolen property;
- (C) Are ☐ are not ☐ presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, State or local) with, commission of any of the offenses enumerated in paragraph (a) (1) (i) (B) of this certification;
- (D) Have ☐ have not ☐, within a three-year period preceding the date of Offeror's proposal, had one or more public agreements or transactions (federal, State or local) terminated for cause or default; and
- (E) Have ☐ have not ☐ been excluded from participation from Medicare, Medicaid or other federal health care programs pursuant to Title XI of the Social Security Act, 42 U.S.C. § 1320a-7.

(ii) "Principal," for the purposes of this certification, shall have the meaning set forth in federal regulations and shall include an officer, director; owner, partner, principal investigator, or other person having management or supervisory responsibilities related to a covered transaction. "Principal" also includes a consultant or other person, whether or not employed by the participant or paid with Federal funds, who: is in a position to handle Federal funds; is in a position to influence or control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

(iii) For the purposes of this certification, the terms used in the certification, such as *covered transaction*, *debarred*, *excluded*, *exclusion*, *ineligible*, *ineligibility*, *participant*, and *person* have the meanings set forth in the definitions and coverage rules of applicable federal regulations.

(iv) Nothing contained in the foregoing certification shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

OFFEROR: _____

SIGNED BY: _____

TITLE: _____

DATE: _____

Appendix D

Campaign Contribution Disclosure Form

RFP # 18-630-8000-0001

Pursuant to NMSA 1978, § 13-1-191.1 (2006), any person seeking to enter into a contract with any state agency or local public body for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family Member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family Member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body shall void an executed contract or cancel a solicitation or proposed award for a proposed contract if: 1) a prospective contractor, a family Member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

THIS FORM MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply: "Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

"Campaign Contribution" means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official's behalf for the purpose of electing the official to either statewide or local office. "Campaign Contribution" includes the

payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“Family Member” means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

“Pendency of the procurement process” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“Person” means any corporation, partnership, individual, joint venture, association or any other private legal entity.

“Prospective contractor” means a person who is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

“Representative of a prospective contractor” means an officer or director of a corporation, a Member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

Name(s) of Applicable Public Official(s) if any: _____

(Completed by State Agency or Local Public Body)

DISCLOSURE OF CONTRIBUTIONS BY PROSPECTIVE CONTRACTOR:

| Item | Description |
|-------------------------------------|-------------|
| Contribution Made By | |
| Relation to Prospective Contractor: | |
| Name of Applicable Public Official | |
| Date Contribution(s) Made | |
| Amount(s) of Contribution(s) | |

| | |
|----------------------------|--|
| Nature of Contribution(s) | |
| Purpose of Contribution(s) | |

(Attach extra pages if necessary)

Signature

Date

Title (position)

--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family Member or representative.

Signature

Date

Title (Position)

Contractor Name

Appendix E

New Mexico Employees Health Coverage Form

RFP # 18-630-8000-0001

New Mexico Employees Health Coverage Form

1. For all contracts solicited and awarded on or after January 1, 2008: If the Offeror has, or grows to, six (6) or more employees who work, or who are expected to work, an average of at least 20 hours per week over a six (6) month period during the term of the contract, Offeror must agree to have in place, and agree to maintain for the term of the contract, health insurance for those employees and offer that health insurance to those employees no later than July 1, 2010 if the expected annual value in the aggregate of any and all contracts between Contractor and the State exceed \$250,000 dollars.
2. Offeror must agree to maintain a record of the number of employees who have (a) accepted health insurance; (b) decline health insurance due to other health insurance coverage already in place; or (c) decline health insurance for other reasons. These records are subject to review and audit by a representative of the state.
3. Offeror must agree to advise all employees of the availability of State publicly financed health care coverage programs by providing each employee with, as a minimum, the following web site link to additional information <http://www.insurenewmexico.state.nm.us/>.
4. For Indefinite Quantity, Indefinite Delivery contracts (price agreements without specific limitations on quantity and providing for an indeterminate number of orders to be placed against it); these requirements shall apply the first day of the second month after the Offeror reports combined revenue (from state and, if applicable, from local public bodies if from a state price agreement) of \$250,000.

Signature of Offeror: _____ Date_____

Appendix F

Reference Form

RFP # 18-630-8000-0001

For:

(Name of Offeror/Contractor)

Offerors may NOT request references from the New Mexico Medicaid agency.

This form is being submitted to your company for completion as a business reference for the company listed above, in response to a Request for Proposals to provide Medicaid managed care healthcare services for the State of New Mexico. This form is to be returned to the State of New Mexico Human Services Department via e-mail at:

Daniel Clavio
New Mexico Human Services Department
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504

Phone: (505)-827-1345
E-mail: CentennialCare.RFP@state.nm.us
Fax: (505) 827-3185

The submission deadline for References to HSD is 5:00 PM (MST) on November 2, 2017. References **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of New Mexico Procurement Manager listed above. When contacting us, be sure to include the Request for Proposal number listed at the top of this page.

4. What is your overall level of satisfaction with the following areas?

(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Serving Insured Members/Beneficiaries. _____
- b. Emphasizing quality and positive outcomes over quantity. _____
- c. Meeting the needs of the Contracting entity and terms of the contract. _____

Comments:

5. How would you rate the dynamics/interaction between:

(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. The Contractor and your staff. _____
- b. The Contractor and insured Members / Beneficiaries. _____
- c. The Contractor and Providers, Hospitals, healthcare community. _____

Comments:

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

9. Who were the Contractor's principal representatives involved in your project and how would you rate them individually? Please rate each person and comment on the skills, knowledge, behaviors or other factors on which you based the rating? List at least 3.
(5 = *Excellent*; 3 = *Satisfactory*; 3 = *Unsatisfactory*; 0 = *Unacceptable*)

Name: _____ Rating: _____

Position / Role: _____

Name: _____ Rating: _____

Position / Role: _____

Name: _____ Rating: _____

Position / Role: _____

Name: _____ Rating: _____

Position / Role: _____

Comments:

Appendix G

Affidavit

RFP # 18-630-8000-0001

AFFIDAVIT

for former State Employees

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

I, _____ (name), being first duly sworn upon my oath, depose and state the following:

1. I am a former employee of the _____ (name of Department/ Agency), having separated/retired from state employment as of _____ (date).
2. The Human Services Department (HSD) and I have entered into a professional services agreement in the amount of \$_____.
3. Section 10-16-8.A(1) NMSA 1978 of the Governmental Conduct Act does not apply to this Professional Services Agreement because I neither sought a contract with the HSD, nor engaged in any official act which directly resulted in the formation of the Professional Services Agreement while an employee of the _____.
4. To the best of my knowledge, this Professional Services Agreement was awarded in compliance with the provisions of the New Mexico Procurement Code (13-1-28, et. seq., NMSA 1978).

FURTHER, AFFIANT SAYETH NOT.

Name

Subscribed and sworn to before me by _____ (name of former employee) this
____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

Appendix H

Cost Proposal Template

RFP # 18-630-8000-0001

(Sample below. Use the dynamic Excel version with embedded formulas attached to the Data Book.)

| | |
|-----|--|
| MCO | |
|-----|--|

Program: Physical Health

| Rate Cohort | CY19 Capitation Rate Proposal | | | | CY19 Minimum Rate | CY19 Maximum Rate |
|------------------------------------|-------------------------------|----------------|-------------------|-----------------|-------------------|-------------------|
| | Medical | Administration | Underwriting Gain | Capitation Rate | | |
| 001 TANF 0 - 2 Months | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 002 & 012 TANF Kids (RAR Cohort) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 003 - 005 TANF Adults (RAR Cohort) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 006 SSI / Waiver 0 - 1 Year | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 007 - 010 SSI (RAR Cohort) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 011 Pregnant Women, 15 - 49 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Program: Long Term Services and Supports

| Rate Cohort | CY19 Capitation Rate Proposal | | | | CY19 Minimum Rate | CY19 Maximum Rate |
|--|-------------------------------|----------------|-------------------|-----------------|-------------------|-------------------|
| | Medical | Administration | Underwriting Gain | Capitation Rate | | |
| 300 Dual Eligible - NF LOC (Region 1,3,4) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 300B Dual Eligible - NF LOC (Statewide) Community Benefit | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 310 Dual Eligible - NF LOC (Region 2) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 320 Dual Eligible - NF LOC (Region 5) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 301 Dual Eligible - Self Direction | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 304 Healthy Dual | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 302 Medicaid Only - NF LOC (Region 1,3,4) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 302B Medicaid Only - NF LOC (Statewide) Community Benefit | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 312 Medicaid Only - NF LOC (Region 2) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 322 Medicaid Only - NF LOC (Region 5) Nursing Home Component | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 303 Medicaid Only - Self Direction | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Program: Behavioral Health

| Rate Cohort | CY19 Capitation Rate Proposal | | | | CY19 Minimum Rate | CY19 Maximum Rate |
|--|-------------------------------|----------------|-------------------|-----------------|-------------------|-------------------|
| | Medical | Administration | Underwriting Gain | Capitation Rate | | |
| 201 TANF/AFDC – All Ages M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 202 CYFD – All Ages M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 203 SSI, B&D, Waiver – Ages 0 to 14 Years Old M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 204 SSI, B&D, Waiver – Ages 15 to 20 Years Old M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 205 SSI, B&D, Waiver – Ages 21+ M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 206 LTSS Non Dual – M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 207 LTSS Dual – M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Program: Other Adult Group

| Rate Cohort | CY19 Capitation Rate Proposal | | | | CY19 Minimum Rate | CY19 Maximum Rate |
|--|-------------------------------|----------------|-------------------|-----------------|-------------------|-------------------|
| | Medical | Administration | Underwriting Gain | Capitation Rate | | |
| 110 - 122 OAG PH - ABP, 19-64 M&F (RAR Cohort) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 208 OAG BH - ABP, 19-64 M&F | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Appendix I

Experience Template

RFP # 18-630-8000-0001

Provide the following information for each relevant experience providing publicly-funded managed care for Medicaid / SCHIP and/or other low-income individuals in the last five years. *To be placed in the Exhibits Binder.*

1. Name of contracting entity.
2. Brief description of the scope of work of relevant experience.
3. Duration of the contract.
4. Contact name, email address, and phone number.
5. Population types and number of Members.
6. Annual contract payment amount(s).
7. Basis of payment (capitated or other).
8. Roles and names of major subcontractors.

Appendix J

Disclosure of Contractor Relationships

RFP # 18-630-8000-0001

Complete the following for all entities, organizations, and Subcontractors/Contractors doing work – or proposed to do work -- for both the Offeror and the State of New Mexico (as of Sept. 2017).

To be placed in the Exhibits Binder.

1. Name of entity, organization or contractor currently (or proposed) working with the Offeror, which also performs contracted work for the State of New Mexico.

2. Describe the work performed (currently or proposed) for the Offeror.

Appendix K

Proposed Subcontractors Template

RFP # 18-630-8000-0001

Name of Offeror: _____ Date: _____

Provide the following information for each proposed Subcontractor (and Major Subcontractor) providing services to Members and Providers and processing Medicaid business, including administration and systems functions. *To be placed in the Exhibits Binder.*

1. Name of proposed Subcontractor.
2. Describe delegated functions in detail.
3. Location(s) of Subcontractor; include corporate address(es) and NM address(es).
4. Identify if the Subcontractor will be co-located in New Mexico.
5. Subcontractor qualifications.
6. Ownership of subcontracting firms; list all owners with greater than 5% ownership stake.
7. Describe performance monitoring of Subcontractor by Offeror.
8. Describe information transfer (e.g., claims, encounter, etc.) from Subcontractor to Offeror.
9. Describe communication protocols and practices that will ensure seamless care coordination for Members;
10. How will the Subcontractor's primary point of contact for Members with complex needs be determined?
11. List of three to five references for the proposed Subcontractor (see 12 below), including reference entity name, contact name, email and phone numbers, nature of work performed, length of work.
12. Attach three to five professional reference letters for each Subcontractor.

Appendix L

Template for Submission of Questions

RFP # 18-630-8000-0001

Questions must be submitted in this format as a Word document.

Name of Offeror: _____

Date: _____

| Offeror Q # | Source: RFP, Contract, or Data Book | Section # (& question # if applicable) | Page # | Text from RFP, Contract, or Data Book related to question | Offeror Question |
|-------------|-------------------------------------|--|--------|---|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Add on as needed

Appendix M

Acronym List

RFP # 18-630-8000-0001

Acronyms used in this RFP

- ABCB – Agency-Based Community Benefit
- ABP – Alternative Benefits Plan
- ACA – Affordable Care Act (see PPACA)
- ASD – HSD Administrative Services Dept.
- BH – Behavioral Health
- BHO – Behavioral Health Organization
- BHSD – NM HSD Behavioral Health Services Division
- BI – Brain Injury
- CB – Community Benefits
- CEO – Chief Executive Officer
- CFO – Chief Financial Officer
- CFR - Code of Federal Regulations
- CHIP – Children’s Health Insurance Program
- CHR – Community Health Representative
- CHW – Community Health Worker
- CIO – Chief Information Officer
- CMS – US Centers for Medicare & Medicaid Services
- COB – Close of Business
- COBA – Coordination of Benefits Agreement
- CoLTS – Coordination of Long-Term Services
- CNA - Comprehensive Needs Assessment-
- COE – Category of Eligibility
- COO – Chief Operating Officer
- COPD – Chronic Obstructive Pulmonary Disease
- CSA – Core Service Agency
- CVA – Cerebral Vascular Accident
- CY – Calendar Year
- CYFD – NM Children Youth and Families Dept.
- DD – Developmentally Disabled
- DOH – NM Department of Health
- D-SNP – Dual Special Needs Plan
- ED – Emergency Department
- EHR – Electronic Health Records
- EPSDT – Early and Periodic Screening Diagnosis and Treatment
- EMSA – Emergency Medical Services for Aliens
- EMT – Emergency Medical Technician
- ER – Emergency Room
- ES – Emergency Services
- EVV – Electronic Visit Verification
- FFS – Fee-For-Service
- FMA – Fiscal Management Agency
- FPL – Federal Poverty Level
- FQHC – Federally Qualified Health Center
- FY – Fiscal Year
- HbA1c – Hemoglobin A1c
- HCBS – Home and Community-Based Services
- HEDIS – Healthcare Effectiveness Data and Information Set
- HIE – Health Information Exchange
- HIPAA – Health Insurance Portability and Accountability Act
- HQII – Hospital Quality Incentive Initiative
- HRA – Health Risk Assessment
- HSD – NM Human Services Department
- HUD – US Department of Housing and Urban Development
- ICD-10 – International Classification of Diseases, vol. 10 (Procedure Coding System)
- ICF-IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities
- IDD – Individuals with Developmental Disabilities
- IHS – Indian Health Services
- IMD – Institute of Mental Disorders
- ISD – NM HSD Income Support Division
- I/T/U - Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics
- LARC – Long-Acting Reversible Contraceptives
- LTC – Long-Term Services and Support
- LTSS – Long Term Supports and Services
- MAC – NM HSD Medicaid Advisory Committee
- MAD – NM HSD Medical Assistance Division
- MAGI – Modified Adjusted Gross Income

- MCO – Managed Care Organization
- MDT – Mountain Daylight Time
- MF – Medically Fragile
- MH/SUD – Mental Health / Substance Use Disorder
- MITA – Medicaid Information Technology Architecture
- MMIS – Medicaid Management Information Systems
- MMISR – MMIS Replacement
- MOU – Memo of Understanding
- MST – Mountain Standard Time
- NAAB – Native American Advisory Board
- NATAC – Native American Technical Advisory Committee
- NCQA – National Committee for Quality Assurance
- NEMT – Non-Emergency Medical Transportation
- NF – Nursing Facility
- NF LOC – Nursing Facility Level of Care
- NM – New Mexico
- NMAC – NM Administrative Code
- NMICSS – NM Independent Consumer Support Service
- NMMIP – NM Medical Insurance Pool
- NMSA – NM Statutes Annotated
- OAG – Other Adult Group
- OMB – US Office of Management and Budget
- PA – Prior Authorization
- PACE – Program of All-Inclusive Care for the Elderly
- PASSR – Pre-Admission Screening and Resident Reviews
- PBM – Pharmacy Benefits Manager
- PCMH – Patient-Centered Medical Home
- PCP – Primary Care Physician
- PCS – Personal Care Service
- PH – Physical Health
- PHI – Personal Health Information
- PHR – Personal Health Records
- PMPM – Per Member Per Month
- PPACA – Patient Protection and Affordable Care Act
- PTSD – Post-Traumatic Stress Disorder
- QI – Quality Improvement
- QM – Quality Management
- QMB – Qualified Medicare Beneficiary
- RFP – Request For Proposals
- RHC – Regional Health Clinic
- SBHC – School-Based Health Center
- SCHIP – State Children’s Health Insurance Program
- SDCB – Self Determined Community Benefit
- SEC – US Securities and Exchange Commission
- SED – Severe Emotional Disturbance
- SLIMB – Specified Low-Income Medicare Beneficiary
- SMI – Serious Mental Illness
- SNCP – Safety Net Care Pool
- SP – State Plan
- SPA – State Plan Amendment
- SSNRI – Social Security Number Removal Initiative
- TMA – Transitional Medical Assistance
- UC – Uncompensated Care
- VBP – Value-Based Purchasing
- WDI – Working Disabled Individuals

Appendix N
Independent Price Determination Form

RFP # 18-630-8000-0001

The Offeror certifies that the information in the Cost Proposal was arrived at independently and without consultation, communication or agreement with any other Offeror or competitor, and not arrived at for the purpose of restricting competition, restricting intention to bid, or restricting methods or factors used to calculate the proposed costs.

Signature of Offeror's Representative:

Name of Offeror and Title of Representative

Date

Appendix O

Sample Contract

RFP # 18-630-8000-0001

Sample Contract for Centennial Care 2.0 Medicaid Managed Care Organizations in New Mexico

Due to its large size, this appendix is a separate document (attached).



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

To: Tina Rigler
VP, Government Contracts
Molina Healthcare of New Mexico, Inc.
400 Tijeras Blvd. NW
Albuquerque, NM 87102

From: Daniel Clavio
Procurement Manager
NM Human Services Department

Date: January 19, 2018

Subject: Announcement of Award - RFP # 18-630-8000-0001
For Managed Care Organization Contractors for Centennial Care 2.0

Via email: Tina.Rigler@MolinaHealthCare.com

Dear Offeror:

This letter is to advise you that on January 19, 2018 contracts were awarded to the following vendors as a result of the referenced procurement, RFP # 18-630-8000-0001 for Managed Care Organization Contractors for Centennial Care 2.0:

- HCSC Insurance Services Company, operating as Blue Cross and Blue Shield of New Mexico
- Presbyterian Health Plan, Inc.
- Western Sky Community Care, Inc. (Centene Corp.)

The following documents summarizing the RFP evaluation and scoring process are attached in this email:

- Scoring Results Summary – Executive Report, no attachments
- Evaluation Committee Report to Secretary Earnest
- Evaluation Committee Report Signatures
- Evaluation Committee Meeting Notes Memo

The Scoring Results Summary with attachments (1600+ pages) will be sent in a separate email.

The protest period shall begin on January 20, 2018 and end at 5:00 p.m. Mountain Time Zone on February 5, 2018. In the event of a protest, HSD will continue with this procurement because the award of the contract is necessary to protect the substantial interests of the Human Services Department (HSD).

Requests for additional documents related to this procurement should be directed to Julie Lovato, HSD Public Records Custodian, at Julie.Lovato@state.nm.us.

Sincerely,

Daniel Clavio
Procurement Manager

cc: Christopher Collins, General Counsel, HSD
Gary O. Chavez, Chief Procurement Officer, HSD

Exhibit E

FIRST JUDICIAL DISTRICT COURT
COUNTY OF SANTA FE
STATE OF NEW MEXICO

MOLINA HEALTHCARE OF NEW MEXICO, INC.,

Plaintiff,

v.

Case No. D-101-CV-2018-00356

NEW MEXICO HUMAN SERVICES DEPARTMENT,
and BRENT EARNEST,
as Cabinet Secretary of the New Mexico
Human Services Department,

Defendants.

**DECLARATION OF DANIEL SORRELLS IN SUPPORT OF PLAINTIFF'S
APPLICATION FOR TEMPORARY RESTRAINING ORDER OR, IN THE
ALTERNATIVE, A PRELIMINARY INJUNCTION**

I, Daniel Sorrells, declare as follows:

1. My name is Daniel Sorrells. I am over the age of 18 and have personal knowledge of the information set forth in this declaration.

2. I am currently employed as a Plan President with Molina Healthcare of New Mexico, Inc. ("Molina"). I have been employed in that position since April 2017. I reviewed Molina's proposal submitted to the New Mexico Human Services Department ("HSD") in Response to RFP 18-630-8000-0001 (the "RFP"). Molina's records were contemporaneously made by, or with information from, people with knowledge of the information reported and are kept in the course of Molina's regularly conducted business activities. It is the regular practice of Molina to prepare and maintain such records. I have also reviewed the evaluation documents HSD has provided to date and the other proposals submitted to HSD. In connection with the preparation of this declaration, I have reviewed those records, and this declaration is based upon my personal knowledge resulting from that review and the business records themselves.

Exhibit E

Molina's Background and Service to New Mexico

3. Molina began serving New Mexico's most vulnerable in 2004 when it purchased Cimarron Health Plan.

4. With Cimarron Health Plan, which served New Mexico's families since 1997, Molina inherited the care of more than 40,000 New Mexicans and by 2005 had grown to 61,000.

5. Molina was awarded a Centennial Care contract as a Managed Care Organization ("MCO") in New Mexico in 2014. Molina's contract ends December 31, 2018, but could have been extended by HSD.

6. Molina provides services to a total of approximately 258,000 New Mexicans: about 224,000 New Mexicans through Medicaid (about 26% of all New Mexico Medicaid members), about 5,500 New Mexicans through Medicare, and provides services to about 29,000 New Mexicans through the Exchange, also referred to as the Marketplace, created by the Affordable Care Act ("ACA") (which is about 58% of all New Mexico Marketplace members).

7. Molina contracts with over 14,000 providers across the State including hospitals, pharmacies, rural providers, tribal health clinics, etc.

8. Molina serves more of New Mexico's most vulnerable Medicaid population than any other MCO in the State. Molina manages care for over 22,000 New Mexicans with serious mental illnesses, over 2,300 New Mexicans in opioid treatment programs, over 103,000 New Mexicans with diagnosed chronic conditions, and over 12,500 New Mexicans who receive durable medical equipment such as wheelchairs, oxygen supply equipment, patient lifts, and equipment related to blood sugar and diabetes. Molina serves over 5,800 New Mexicans in long term care such as nursing homes or community based care, over 3,300 New Mexicans receiving personal care services, and 1,950 New Mexicans with disabilities on waiver services.

Exhibit E

9. In New Mexico, 103,205 Molina members receive behavioral health services, and 35,036 Molina members receive substance abuse services. Molina has developed infrastructure to provide services to these members, including detention center programs, investment in community based care, behavioral health, substance abuse programs, peer wellness centers, behavioral health telehealth equipment and supplies, paramedicine programs and support for behavioral health providers.

10. Molina also provides Medicaid managed care to over 10,000 Native Americans in New Mexico.

11. Molina's Native American Affairs division is very active in engaging and supporting Native American communities.

12. For example, Molina's Native American Affairs division has provided sponsorships to Navajo Nation Community Health Representative (CHR), Native American Professional Parent Resources, Inc., and Zuni Pueblo to bring oral health education engagements or health literacy awareness to Native American community members. Molina will be collaborating with each entity to provide activities, education and resources to members.

13. The Native American Affairs division are working with the Zuni Pueblo and Navajo Nation to further explore opportunities to provide case management to tribal inmates to ensure that Native Americans incarcerated in a tribal facility may receive resources and services such as case management to aid in decreasing recidivism in incarceration due to behavioral health needs. Molina was successful with the same pilot at the Metro Detention Center in Albuquerque.

14. Molina is also expanding access to behavioral health and substance use disorder services for its tribal members through telemedicine. Molina has provided grant funding to First Nations (\$21,000), located in Albuquerque; Pine Hill Clinic (\$145,000), located in Pine Hill;

Exhibit E

Hozho Wellness Center (\$7,000), located in Gallup; and Acoma Pueblo (\$7,000), located in Acoma. Funding enhances providers' ability to equip their clinics with telemedicine infrastructure (HIPPA compliant telemedicine software or needed hardware, such as computers, audio equipment, lighting or cameras). Once accomplished, tribal members presenting at any one of these clinics gain access to behavioral health prescribers, such as psychiatrists, and substance use counselors who, although physically located offsite, are accessible through telemedicine. Additionally, Molina has provided start-up funding for three behavioral health prescriber groups to set aside weekly blocks of time for medication assisted therapy and substance abuse counseling services for tribal members.

15. Molina has Peer Support staff that are Native American to support our Native American members with a Native American cultural and holistic approach to recovery and healing. One of our Peer Support staff is a traditionalist and provides services in the Navajo language. Molina was the first MCO in New Mexico to provide a Traditional Healing Benefit to Native members for traditional customs and ceremonies.

16. Molina was chosen by Kaiser Health News to complete an interview on integrated care and delivery that Molina provides to the largest Medicaid population by county in United States—McKinley County, New Mexico. Molina's program has 11 Native American Care Coordinators, who are from the relevant Native American community, and who are able to communicate with members in their native language. Molina also uses Native American Peer Support and Tribal Liaisons who work together to engage members and assist in coordination of care with Indian Health Services. Molina was recently highlighted in the Navajo Times for its work with Tribal CHR programs to address food scarcity and preventive care and services to remote areas.

Exhibit E

17. Molina provides funding and services to other providers and local public agencies. For instance, Molina contracts with peer wellness centers to provide peer support services as an extension of Molina's coordination and internal peer support services. Those centers include Inside Out, Albuquerque Center for Hope and Recovery, First Nations Community Healthsource, Catron County Grass Roots, Pine Hill Health Center and Hozho Wellness. Those centers have been able to hire staff and/or expand their services and outreach as a result. Molina has funded local public programs including the Bernalillo County Department of Substance Abuse Program (\$200,000), the Dona Ana County Health and Human Services Department (\$394,875), and the American Medical Response, Santa Fe Fire Department and Las Cruces Fire Department (\$600,000 for paramedicine programs).

18. Molina's Medicaid services were ranked by Consumer Reports as the best in New Mexico from 2013 through 2016, and was ranked second by Consumer Reports in 2017.

19. If Molina leaves the State, it will have an impact on the overall health care system in New Mexico. In my opinion, not only will Molina's Medicaid and Medicare members be affected, Molina's Marketplace members will also be affected. HSD's decision to end Molina's Medicaid contract places at risk all of Molina's operations in New Mexico and Molina's extensive healthcare infrastructure that it has developed in the State.

Molina's Employees

20. In total, Molina currently employs 1119 employees in New Mexico, which includes the hundreds of employees who work in Molina's Albuquerque office, those employees who work at a national call center in Albuquerque, and those who work at a national data center.

21. Molina paid over \$12.6 million in salaries to its New Mexico employees in 2017.

Exhibit E

22. Molina leased a building in downtown Albuquerque and Molina's annual rental for its office space and other buildings is \$4 million.

23. If Molina were to leave New Mexico, these facilities likely would be shuttered and over 1100 New Mexicans likely would lose their jobs.

24. If Molina leaves New Mexico, the New Mexico market will not absorb all these employees.

25. In addition to Molina's employees, Molina also contracts with New Mexico vendors/small businesses that will be negatively impacted if Molina leaves New Mexico.

Mercer's Role in Cost Setting

26. It is my understanding that Mercer, a contractor to HSD, has for years set the rates MCOs received, and then Mercer was allowed to set the rates upon which bidders would be scored in the Centennial Care 2.0 RFP process.

27. With respect to the RFP, it is my understanding that Mercer's services included setting the "cost structure" or "cost table" for the RFP. The cost table is a range of rates, from a minimum to a maximum, within which each bidder offers a price. The pricing is set at dollars per member per month. The pricing varies considerable depending on the "category" of member – a member known to require behavioral health services, or living in a nursing home, is considerably more expensive than the pricing for a healthy adult or child.

28. For instance, one category was physical health services for children whose parents receive TANF benefits (Temporary Assistance for Needy Families) who are 0 to 2 months old. The cost range (rounded) was \$5,004 to \$5,281 per member per month. Each bidder then offered a price within that range; if accepted by HSD, the bidder would receive that amount per member

Exhibit E

in the category, per month regardless of whether services were provided (this rate is termed a “capitation rate”).

29. During the years that Mercer has set capitation rates for the Centennial Care program, Molina has challenged Mercer’s rates and persuasively demonstrated (though Mercer has not agreed) that Mercer’s rates are not actuarially sound, and were not sustainable.

30. Western Sky, a new MCO to the state, is a subsidiary of Centene, which is known in the industry for bidding within the lower margins of the rate range, this time bid in the rate range of 40th percentile. Western Sky scored 254 points out of a possible 400.

31. Molina bid in the rate range of the 70th percentile. Molina’s offered price was the highest of the eight bidders, and Molina was scored lowest of the eight bidders on the cost evaluation factors—Molina scored 120 points out of a possible 400.

32. Molina is an incumbent MCO providing services to 224,000 New Mexicans. It knows the actual cost of services to provide quality health care to New Mexicans with Medicaid, and priced its bid accordingly.

33. During the Question and Answer period, Molina asked the following question regarding the soundness of the HSD’s rates: “Please confirm that the minimum and maximum capitation rates represent the actuarially sound capitation rate range as defined in the federal regulations (42CFR Sections 438.4 through 438.7).”

34. HSD responded as follows: “The min/max capitation rates provided as part of this RFP are not the actuarially sound capitation rate range. These are the range of rates HSD is willing to accept in response to the RFP. RFP Section 7.3, as well as the Data Book Narrative, outline elements that have been excluded from the min/max rates that will be adjusted following

Exhibit E

the contract award. Please refer to RFP Section 7.3.3-7.3.5 for detail related to post award adjustments.”

35. In other words, as I read this, HSD acknowledged that the rates it set as part of the RFP are not actuarially sound and that it would not consider rates outside of that range in response to the RFP. In my opinion, Mercer, who set the rate range for HSD, has an obligation to the State to present and recommend to the State an actuarially sound rate. This clearly indicates that did not happen.

36. Molina, by bidding in the rate range of the 70th percentile, sought to be responsive to HSD’s predetermined and unactuarially sound rate range, while at the same time taking a realistic, thoughtful approach to structuring its cost proposal, based on Molina’s experience purchasing services for New Mexico Medicaid members.

37. Based on my experience with Molina in New Mexico, I do not think that proposals offering rates in the bottom half of the rate range are actuarially sound and I do not think that rates within the bottom half of the rate range are sustainable long term.

38. As part of the procurement process, HSD had the option to hold oral presentations, but decided not to do so. In my opinion, this decision is questionable in part because HSD selected a new MCO without meeting its formally during the RFP process, and oral presentations would have given HSD an opportunity to inquire about the financial integrity and provider/benefit issues that Western Sky’s parent, Centene, has had in other states.

Mercer’s Unjustified and Unjustifiable Decision to Eliminate Molina

39. In addition to apparently setting the rates that bidders were required to adhere to when making their proposals, Mercer also drafted documents announcing HSD’s proposed

Exhibit E

award, including preparing the Executive Evaluation Committee Recommendation (“Mercer Memo”), attached as Attachment 1.

40. The Mercer Memo outlined four bullet points purporting to support the recommendation to select two incumbent MCOs, and one new MCO.

41. First, Mercer noted that the three highest scoring plans demonstrate strong scores in the Technical Proposal. Molina’s Technical Proposal score was only two points lower than Blue Cross/Blue Shield and only 80 points lower than Western Sky (out of a total possible score of 1390). Molina’s Proposal ranked higher than Western Sky in a number of key areas, including experience and qualifications, provider network, member and provider services, QI/QM, reporting and program integrity, financial management, and value based purchasing.

42. Second, Mercer stated that contracting with three MCOs furthers HSD’s efforts to create administrative simplicity for providers and state oversight while maintaining adequate choice for Members. Based on my experience, bringing in a new MCO, rather than awarding a contract to Molina, exacerbates administrative complexities by inserting new administrative hurdles and increases harm to members by requiring them to change MCOs and disrupting continuity of care.

43. Third, Mercer stated that the recommendation provided “stability” through the retention of two incumbents while providing a new option for members. As discussed above, bringing in a new MCO, rather than awarding a contract to Molina, reduces stability and, while members will have a new MCO option, that option comes at a cost to the very members Mercer asserts would benefit from the change. Molina’s members across the State will have to change MCOs, and potentially, providers, regardless of whether they want to, and will have their care disrupted.

Exhibit E

44. Fourth, Mercer attempts to justify the decision to only award three contracts (instead of up to five as provided in the RFP) on the grounds that reducing the number of MCOs will create economies of scale and encourage lower administrative cost. In my opinion, eliminating Molina and bringing in a new MCO will hinder, not create, economies of scale and will increase administrative costs. It will also weaken the negotiating power of the State of New Mexico relative to each health plan. Having fewer health plans places the State in danger of not being able to provide choice to members if health plans threaten to exit the market.

45. Selecting an out-of-state MCO to award a Contract to is not in the State's best interest. Western Sky has no experience in caring for vulnerable New Mexicans. Molina is concerned about how the vulnerable disabled populations will transition and receive services given the last (failed) transition of behavioral health providers.

46. As I understand it, New Mexico Medicaid members with behavioral health and substance abuse disorders recently experienced a poorly managed transition to out-of-state companies in 2013. At that time, HSD suspended Medicaid payments to up to 15 behavioral health centers, which in turn meant the loss of hundreds of New Mexico providers. HSD hired out-of-state providers, which, as I understand it, then refused to provide the services necessary to New Mexico Medicaid members with behavioral health and substance abuse disorders unless they were provided with higher reimbursement rates than had been provided for the New Mexico behavioral health providers. When the out-of-state providers were unsuccessful in their endeavors to obtain higher reimbursement they left the State, leaving tens of thousands of New Mexicans without access to outpatient behavioral health services. During that transition, until Molina and other MCOs stepped in, many of those members went without care.

Exhibit E

47. In my review of the consensus scoring sheets, I noted that HSD evaluators appear to have reduced Molina's score because "Team concerned about change in corporate leadership, huge losses reported for Puerto Rico and reducing workforce by 10%. There are specific risks and uncertainties noted in the response. If contracted, the state will need to discuss additional protections for NM."

48. HSD's discussion regarding Puerto Rico is telling because Molina did not provide any information to HSD regarding Puerto Rico as it was outside the scope of the RFP. In other words, the HSD evaluators relied upon news and other media sources, or Mercer personnel, to obtain information about Molina's parent company and sister plans.

49. HSD also reached an erroneous conclusion about the financial stability of Molina Healthcare Inc. (MHI).

50. MHI's debt remained at investment grade levels throughout 2017 even in the wake of financial losses. MHI retained an investment grade Ba1 credit rating. MHI's stock has surged to its highest level.

51. Molina also remained in good standing with the Superintendent of Insurance's office.

52. Despite the changes in corporate leadership, Molina's performance in New Mexico improved in each quarter in 2017, as measured by Molina's Administrative and Medical Cost Ratios.

53. Molina's workforce reductions were prudential actions to right size the company and motivated by aligning Molina's cost structure with the administrative allowance built into Molina's capitation rates by our state partners.

Exhibit E

54. With respect to Puerto Rico, it is true that the Puerto Rico plan's loss ratio in Q2 2017 for the Island was 105%, which while not ideal, should not be characterized as "huge", and which subsequently improved dramatically to 83% for Q3 2017.

[Signature page follows]

Pursuant to Rule 1-011(B) NMRA, I declare under penalty of perjury under the laws of the State of New Mexico that the foregoing is true and correct to the best of my knowledge.

Executed this 31 day of January, 2018, in Albuquerque, NM

A large, stylized handwritten signature in black ink, appearing to be a cursive representation of a name, possibly "Albuquerque".

Attachment 1 to Sorrells Declaration



Washington Square
1050 Connecticut Avenue, Suite 700
Washington, DC 20036
+1 202 331 2562
www.mercer.com

MEMO

TO: Dan Clavio, Procurement Manager
DATE: December 20, 2017
FROM: Jessica M. Osborne, Principal
SUBJECT: 2017 CENTENNIAL CARE 2.0 MCO RFP #18-630-8000-0001

Executive Evaluation Committee Recommendation

On Monday December 18, 2017 the Executive Evaluation Committee ("Committee") held a meeting to discuss the information contained in the RFP Scoring Results Summary and develop a recommendation for the Medicaid Director and Secretary of Human Services Department. The Committee reviewed all scores and rankings for each of the Offerors and discussed the needs and priorities of the State.

Based on this discussion, the Committee recommends that the New Mexico Human Services Department select the top three highest-scoring Offerors and initiate negotiations with Presbyterian Health Plan, Inc., Western Sky Community Care, and Blue Cross Blue Shield of New Mexico. The Evaluation Committee notes the following benefits of this recommendation to include:

- The three (3) highest-scoring plans overall demonstrated strong scores in the Technical Proposal.
- Contracting with three (3) MCOs furthers HSD's efforts to create administrative simplicity for providers and state oversight staff while maintaining adequate choice for Members.
- The recommendation will provide stability in the NM Medicaid program through the retention of two incumbent MCOs while providing a new MCO option for Members.
- A reduction in the number of MCOs has the potential to create economies of scale and encourages lower administrative costs.

The Evaluation Committee further recommends that no oral presentations will be required. Please accept this recommendation with the attached executive scoring summary which includes the details regarding the procurement process and results.



HUMAN SERVICES DEPARTMENT

**State of New Mexico
Human Services Department**

Amendment #8 to the Medicaid Managed Care Agreement

Among

**New Mexico Human Services Department,
New Mexico Behavioral Health Purchasing Collaborative
and
HCSC Insurance Services Company, operating as
Molina Health Care of New Mexico**



**PSC 13-630-8000-0022 A8
CFDA 93.778**

7.4 Agreement Term

7.4.1 This Agreement, Amending and Restating the Agreement effective February 1, 2013, Amending and Restating the Agreement effective January 1, 2016, Amending and Restating the Agreement effective January 1, 2018, including any amendments and any changes made by notice to adjust the Capitation Rates, shall be effective commencing on January 1, 2018, and ending on December 31, 2018.

7.4.2 HSD reserves the right to extend this Agreement for an additional period or periods of time consistent with extensions of the 1115(a) Waiver; provided that HSD notifies the CONTRACTOR in writing of its intention to do so at least six (6) months prior to the Agreement expiration date. An extension of the term of this Agreement will be effected through an amendment to the Agreement.

7.4.3 At the option of HSD, the CONTRACTOR agrees to continue services under this Agreement when HSD determines that there is a public exigency that requires the services to continue. Continuation of services pursuant to this Section shall be in three (3) month increments, and the total of all public exigency extensions shall not exceed twelve (12) months. Thirty (30) Calendar Days written notice shall be given by HSD before this option is exercised.

7.5 Applicable Laws and Regulations

CONTRACTOR agrees to comply with all applicable federal and State statutes, rules and regulations, policies, consent decrees, executive orders and court orders, including Constitutional provisions regarding due process and equal protection of the law, including but not limited to:

7.5.1 All applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. 7401 et seq.);

7.5.2 Title IV and VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) as implemented by regulations at 45 C.F.R Part 80;

7.5.3 Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance, and regulations issued pursuant thereto, 45 C.F.R. Part 84;

7.5.4 Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance, as implemented by regulations at 45 CFR Part 91;

7.5.5 Titles II and III of the Americans with Disabilities Act, 42 U.S.C. 12101 et seq., and regulations issued pursuant thereto, 28 CFR Parts 35, 36;

7.5.6 Title IX of the Education Amendments of 1972 regarding education programs and

Exhibit F

FIRST JUDICIAL DISTRICT COURT
COUNTY OF SANTA FE
STATE OF NEW MEXICO

MOLINA HEALTHCARE OF NEW MEXICO, INC.,

Plaintiff,

v.

Case No. D-101-CV-2018-00356

NEW MEXICO HUMAN SERVICES DEPARTMENT,
and BRENT EARNEST,
as Cabinet Secretary of the New Mexico
Human Services Department,

Defendants.

**DECLARATION OF KELLY GOOD IN SUPPORT OF PLAINTIFF'S
APPLICATION FOR TEMPORARY RESTRAINING ORDER OR, IN THE
ALTERNATIVE, A PRELIMINARY INJUNCTION**

I, Kelly Good, declare as follows:

1. My name is Kelly Good. I am over the age of 18 and have personal knowledge of the information set forth in this declaration.

2. I am currently employed as Director of Requests for Proposals with Molina Healthcare, Inc. ("MHI"). Prior to becoming Director of Requests for Proposals, I was a Vice President of Government Contracts. I have been employed at MHI since March 2016. I have worked in the managed Medicaid industry since 2009. During that time, my responsibilities have included preparing proposals in response to Requests for Proposals ("RFPs") and interacting closely with state agencies. Throughout my career, I have been involved in the submission of proposals in at least 15 different states for various managed Medicaid and Children's Health Insurance Program lines of business. My responsibilities at MHI include reviewing draft RFPs and proposed contracts prior to the RFP release and the actual RFP once it is released; conducting a review of proposal responses for question compliance and proprietary and

Exhibit F

confidential content; write and edit proposal responses; review competitive intelligence; and partner with the Legal department in all bid protests for both winning and losing bids. I reviewed RFP 18-630-8000-0001 (the “RFP”) released by the New Mexico Human Services Department (“HSD”) and the final proposal response submitted by Molina Healthcare of New Mexico, Inc. (“Molina”) to HSD. I have also reviewed Molina’s records that were contemporaneously made by, or with information from, people with knowledge of the information reported and that are kept in the course of Molina’s regularly conducted business activities. It is the regular practice of Molina to prepare and maintain such records. I have also reviewed the evaluation documents HSD has provided to date and the other proposals submitted to HSD. In connection with the preparation of this declaration, I have reviewed those records, and this declaration is based upon my personal knowledge resulting from that review and the business records themselves.

Background of RFP and Award

3. HSD issued the RFP on September 1, 2017. Molina timely submitted a responsive bid on November 3, 2017. Seven other companies provided bids, including all incumbent Centennial Care contracted Managed Care Organizations (“MCOs”). On December 20, 2017, Mercer issued recommendations regarding which bidders should be awarded a contract. On January 19, 2018, about two months before planned, HSD announced its award of the contracts.

4. HSD awarded contracts to Presbyterian Health Plan (“PHP”), Blue Cross Blue Shield of New Mexico (“BCBS”), and Western Sky Community Care (“Western Sky”). Western Sky is a subsidiary of Centene Corporation. PHP and BCBS are incumbent MCOs in New Mexico. Services under the new contracts are to begin on January 1, 2019.

5. HSD did not award contracts to Molina and United Healthcare, another incumbent MCO in New Mexico.

Exhibit F

Mercer's Conflict of Interest

6. Based on my years of experience, Mercer played a larger role than is typical for consultants in the preparation and evaluation of an RFP, which is especially concerning given Mercer's business relationship with a Centene subsidiary, Envolve. Envolve is a specialty health services company (providing services such as pharmacy benefit delivery).

7. Based on my review of Western Sky's proposal, Western Sky disclosed Centene's relationship with Envolve in its Proposal, but did not disclose the relationship between Centene and Mercer in the Proposal.

8. Based on my review of Western Sky's proposal, it appears that Envolve will be heavily utilized by Western Sky in New Mexico. Western Sky references Envolve often, and details its plans to utilize Envolve for many specialty services.

9. Based on my review Western Sky's proposal, when Western Sky referenced the use of Envolve's services, many of HSD's evaluators scored the bid particularly high. In addition, HSD evaluators made 17 comments for superior elements when evaluating two questions focusing on Pharmacy Benefits, and Mercer's partnership with Envolve focuses specifically on pharmacy services.

10. Despite what appears to me to be a potential conflict of interest, Mercer was also centrally involved in developing, managing, and evaluating the RFP as a consultant to HSD.

11. Importantly, from the records I have reviewed, it appears that HSD did not consult with or invite agencies such as the New Mexico Department of Health; the Department of Education, which oversees School Based Health Centers and Medicaid School Based Services; the New Mexico Children, Youth and Families Department; and the Office of Superintendent of Insurance Services, to participate in the process.

Exhibit F

Mercer's Instruction to Evaluators to Consider Undisclosed Evaluation Criteria

12. Based on my review of the contract between HSD and Mercer, as well as the Executive Evaluation Committee Recommendation that Mercer prepared, attached as Attachment 1 to Daniel Sorrels Declaration, it appears that Mercer was largely responsible for the development of the RFP including, its evaluation factors and cost rates, the management of the procurement process, and “coaching” HSD personnel in the evaluation of proposals.

13. Mercer also conducted the “consensus scoring meetings,” through which individual scores from individual evaluators were “blended” or adjusted into one consensus score for an evaluation factor.

14. In my opinion, the Scoring Results consensus score sheets reveal serious flaws in the evaluation of the proposals.

15. For certain RFP questions, it appears that Molina’s score was reduced because Molina did not provide certain information, yet that information was not requested in the RFP.

16. In other instances, it is clear that the evaluators considered factors outside the RFP question. This was made clear because for each RFP question, Mercer provided “Response Consideration(s)” which oftentimes include evaluation criteria not included in the RFP question itself. This occurred up to 30 times. In other words, based on my review of the scoring results, HSD changed the evaluation factors and/or added new evaluation factors during the bid process 30 times, and then appears to have reduced Molina’s technical score based on those new, undisclosed, factors.

17. In Section 6.3, Question 25, for example, HSD asked: “The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization’s crisis intervention

Exhibit F

services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State.” Molina’s score was reduced for failing to provide information about workforce development, admission timeframes or justice involved members; but such information was not sought in Question 25.

18. In section 6.7, Question 62, HSD asked: “Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital.” Molina’s score appears to have been reduced for failing to details about the contracts, resolution of disputes or complaints such as about transportation, and how equipment would be purchased; but such information was not sought in Question 62

19. In Section 6.4, Question 30, HSD asked “Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror’s care coordination and/or service coordination initiatives.” HSD reduced Molina’s score for not including “Details regarding integration of behavioral health lacked details.” Although behavior health integration information was not listed in the question requirements, HSD directed its evaluators to score bids based on whether “the Offeror describe(s) any initiatives focused on behavioral health or integration strategies?” The undisclosed evaluation factor appears to have resulted in a decrease in Molina’s overall score.

20. In Section 6.9, Question 75, HSD asked: “Describe your organization’s single case agreements and prior authorization (PA) process. Include, at a minimum: a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that

Exhibit F

threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria." Molina's response was marked as deficient because the "Response did not address exemption of ITU services from prior authorization." Although the question did not request information on the prior authorization requirements for ITUs, HSD directed its evaluators to score the response based on whether "the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA?" The undisclosed evaluation factor appears to have resulted in a decrease in Molina's overall score.

21. The consensus score sheet regarding Molina's response to Question 21 criticizes Molina for providing only "limited details regarding cultural considerations," when Question 21 did not request information on cultural considerations.

22. Questions 42 and 74 were both scored on whether the HSD evaluators "liked" the innovations Molina presented.

23. The evaluators faulted Molina for not including a discussion of Native American Advisory Boards in its response to Question 15, when the question did not request that information. Beyond that, had Molina been requested to provide that information, its response would have highlighted Molina's work with Native American Advisory Boards.

24. The evaluators faulted Molina for not including a discussion of Corrective Action Plan ("CAPs") remediation in response to Question 5. CAPs are notices from the state regulatory agency identifying potential violations or violations of the Contract. MCOs then prepare and

Exhibit F

implement a remediation plan to address the violations. Molina submitted information on its CAPs but did not submit information regarding remediation plans because the RFP question did not request information on such remediation plans. Molina tracks CAP remediation plans, and could have and would have provided this information had it been requested.

25. HSD also cited weakness in administrative regulatory compliance as a deficiency in Molina's Proposal. The consensus score sheet provides: "There is evidence of a repeated pattern (late reporting, inaccurate reporting, and failure to meet requirements, failure to report, reports incomplete) across the board in many states resulting in CAP and fines."

26. Molina disputed this issue at the time and now. In addition, in my experience, CAPs are not uncommon and, when viewed "across the board," may suggest a pattern of violations, but when viewed on a state-by-state or plan-by-plan basis, the CAPs more likely demonstrate a pattern of improvement, which is true for Molina. In addition, and contrary to the evaluators' comments, Molina Healthcare of New Mexico received almost no penalties for reporting violations in 2016 or 2017.

27. HSD also criticized Molina's decision to use delegated subcontractors for certain UM or BH functions in Question 13. The consensus score sheet states: "Generic information, lack of detail about vendors and MCO approach to oversight. Lots of vendors with minimal NM experience/presence."

28. All of Molina's vendors in New Mexico have been reviewed and approved by HSD for Molina's current operations to serve our New Mexico members.

29. In 2013, a Centene subsidiary abruptly ceased providing managed care to Medicaid members in Kentucky when the rates became unsustainable and Centene began to experience adverse financial consequences. While all MCOs in Kentucky experienced losses due

Exhibit F

to the unsustainable rates, Centene was the only MCO to break its contract and leave the State. Based on reporting I have read, the Commonwealth of Kentucky and its agencies estimated Centene's exit from Kentucky cost the state upwards of \$40,000,000.

30. In December, 2017, I understand that another Centene subsidiary agreed to a fine of \$1,500,000 imposed by the Washington State Insurance Commissioner for Centene's failure to provide an adequate medical provider network to its ACA/marketplace members. It is my understanding that the Insurance Commissioner had previously ordered Centene to halt the sale of health plans in Washington.

31. Based on my review of documents we have received thus far, which redact compliance information, Molina cannot determine whether the Centene subsidiary reported these issues, in Washington and Kentucky, as sanctions in the compliance history part of its bid responding to the RFP.

[Signature page follows]

Pursuant to Rule 1-011(B) NMRA, I declare under penalty of perjury under the laws of the State of New Mexico that the foregoing is true and correct to the best of my knowledge.

Executed this 31 day of January, 2018, in Harrisburg, Pennsylvania.





January 21, 2015

Nancy Smith-Leslie
Interim Director
Medical Assistance Division/HSD
P.O. Box 2348
Santa Fe, NM 87504

Re: Rate Letter

Dear Ms. Smith-Leslie,

Thank you for your January 8, 2015 response to Molina Healthcare's concerns with the 2015 rates. We continue to have concerns which are addressed below.

Timely Filing

We appreciate your response and your explanation of how you view this situation with respect to provider payments. Molina respectfully disagrees that these payments are not overpayments and would have otherwise been timely. As we examine our files, we find that the Top 10 providers ranked by total dollars are all acute care hospitals that have been working within the existing program and have solid billing processes in place. These top 10 long-standing providers account for nearly 40% of the additional expenditure. This creates a concern for Molina when your understanding is that somehow these providers are merely being made whole is inaccurate.

Further, when looking at claim volumes, the number of late claims submitted on a per member basis between 2013 and 2014 (0.137 and 0.131, respectively) is very similar, so Molina actually did not witness an increase in timely filing denials outside of the retroactivity issues we have highlighted. Over time, we have worked hard to educate providers to encourage timely filing and have seen a decrease in such claims from 2012, when we had an average volume of 0.187 late claims per member. The data thus suggest that a steady-state environment of timely filing denials is around 0.13 submitted claims on a per member basis, and this more accurate rate would be reflected in the experience claims used to develop the rates. Therefore, by HSD directive to waive timely filing, Molina timely filing denials dropped to 0.00, which would effectively increase Molina's claims costs compared to the 0.13 denial rate that was assumed in the rates. Molina would like to continue to discuss the ramifications of the program-wide elimination of timely filing. Molina would like to continue to discuss the \$7.9M ramification of the program-wide elimination of timely filing.

Setting of Care

Thank you for acknowledging that the state has had system problems that have led to improper payments to MCOs because of the inaccurate setting of care for patients. We appreciate that the Human Services Department (HSD) is willing and able to provide proper payments based on the right setting of care for the patients we serve. This retroactive payment adjustment is necessary to ensure that MCOs are adequately compensated for the coverage we provide. To ensure timely implementation of this retroactive payment adjustment aligned to the setting of care for each of our members, please provide us with the name and contact information for your point person on this issue so that we may work with the appropriate office to secure payment.

NMMIP Assessment

Thank you for your explanation of your next steps on the NMMIP pool and reconciliation of losses and assessments. We appreciate the need to wait to receive final assessments from the Pool, and we would respectfully request that Molina be paid a single settlement payment for 2014 at the time of completion of your process. This payment would be in lieu of any rate adjustment to incorporate the payment into our 2015 rates.

Rate Transparency

Thank you for your response to our urgent concerns about the lack of transparency in the rate setting process. Molina is disappointed in HSD's position not to share important rate assumption data that would allow Molina to assess the actuarial soundness of the rates. HSD's position is in direct contrast to the requirements set by the state that Molina provide all of the data and assumptions in the cost templates used to establish the 2014 Centennial Care rates. Molina requests that HSD and Mercer reconsider their position and provide us the following detailed information as is custom in all other states in which Molina has managed care contracts to provide services in Medicaid programs.

- The administrative costs included in the CY 15 payment rates by line of business.
- The profit and risk margin included in the CY payment rates by line of business.
- The expected Medical Loss Ratios by line of business.
- Key assumptions utilized to develop significant rate adjustments.
- Explanation of base period and trends used to project CY 15 claims costs.
- Trend by category of service by unit cost and utilization and how each was derived.

The requested information is readily available and should be provided as per the Medicaid Managed Care Capitation Rate and Development and Certification Exposure draft issued by the Actuarial Standards Board.

Section 3.4 Documentation states: *The actuary should document the methods, assumptions, procedures, and sources of the data used. The documentation should be in a form such that another actuary qualified in the same field could assess the reasonableness of the work.*

Experience Period

The same Medicaid Managed Care Capitation Rate and Development and Certification Exposure draft, Section 3.2.3 also states: *The actuary should consider the following in making the determination whether to rebase rates or update existing rates: availability of the updated data, likely materiality of rebasing, changes in the underlying population, quality of data since the last rebasing, and time elapsed since the last rebasing.*

We understand from your response that you have used the most recent experience (CY 2013) to set the behavioral health rates, but, in keeping with the guidance above, we would appreciate a further explanation as to why all Centennial Care rates were not based at least on CY 2013 experience since the data is readily available.

Although your response indicates that CY 2014 emerging experience was utilized in the development of various assumptions, the exhibits shared with Molina do not provide any evidence of the same. The low trend estimates utilized in the rate development do not seem to reflect 2014 experience. The trend estimates are extremely important since the experience data to set the CY 2015 rates being used by Mercer and HSD is now four (4) years old.

We would appreciate the opportunity to further discuss this issue and more recent data with HSD and Mercer to ensure accuracy of your assumptions and our subsequent rates.

Pharmacy Issues - Pharmacy Trends & Patent Expiration

Thank you for your response to our concerns. However, we continue to be concerned that HSD has not provided Molina the pharmacy trend estimate or any supporting data that would allow us to ascertain the validity of Mercer's trend process. As we stated earlier, we continue to seek more transparency in this process and we hope the state and Mercer will reconsider the amount of information they share.

We look forward to meeting with you and Brent Earnest to continue our discussions on these very important topics and will contact your office to schedule a meeting within the next week.

Should you have questions in the meantime, please feel free to contact me at (505) 348-0410 or via email at todd.pilger@molinahealthcare.com.

Respectfully submitted,

Todd Pilger
Chief Financial Officer
Molina Healthcare of New Mexico, Inc.



December 18, 2014

Julie Weinberg
Director
New Mexico Human Services Department
Medical Assistance Division
PO Box 2348
Santa Fe, New Mexico 87504

RE: Centennial Care Rates – Molina Healthcare of New Mexico

Dear Ms. Weinberg,

Molina appreciates your time and our very informative discussion on December 10, 2014 regarding the draft Centennial Care CY 15 Payment Rates and assumptions. Molina would like HSD and Mercer to consider the following issues prior to finalizing the Centennial Care CY 15 Payment Rates. As a threshold matter, however, there are significant concerns outlined below regarding our 2014 rates that we respectfully submit for immediate consideration. These immediate concerns are important in their own right, and they have flow-through impact on the 2015 rates. It is important to recall that our 2014 bid rates were based on HSD's then-stated expectations and requirements. During 2014, there have been repeated and material changes in HSD's expectations and requirements that have had significant financial implications for Molina.

2014 Rate Issues

Timely Filing (Financial Impact: Approximately \$7.9M):

Per an HSD directive, Molina has waived timely filing requirements for the processing of claims due to providers having difficulty submitting claims timely due to retro-enrollment of members. Molina has paid \$7.9 Million in claims it would have normally denied for the lack of timely filing to providers submitting claims for members' care not impacted by retro-enrollment. This dollar amount is through December 3, 2014 and does not include IBNR. These claims would not have been considered in the 2014 capitation rates, as the claims payments in the base period were processed under timely filing requirements. After sufficient 2014 claims run out, Molina will be able to present to the state a total and accurate amount for this material change during the year, and we respectfully request prompt reimbursement. If possible, Molina would respectfully request a partial reimbursement at this time with a final settlement to be completed in 2015.

Setting of Care (Financial Impact: Approximately \$18.8M):

Molina has identified several members in the Healthy Duals and SSI cohorts that belong in a NF LOC cohort based on their Setting of Care. We recognize that both HSD and Molina had issues in properly processing the interface file during implementation. Because of these issues, HSD conducted training mid-August to assist all MCOs. It should be noted that there is no error file available on the ASPEN interface and thus Molina cannot validate the upload of NF LOC cohort information, which is necessary for our rate code to change. As members are assigned to the appropriate setting of care, the enrollment and related retro premium payments should be paid back to the effective date the members should have been moved as MCOs are paying LTSS claims on these members. Molina estimates 363 members in the Healthy Dual rate code belong in a different higher payment rate code based on their setting of care. The amount of additional premium related to these members is approximately \$3.8M. We also have discovered that we have as many as 1,500 SSI members requiring, at a minimum, \$15M in additional premium when members are properly assigned to the correct setting of care.

NMMIP Assessment 2014 (Financial Impact: \$1.7M):

The NMMIP assessment for 2014 will likely exceed the NMMIP assessment provided in the 2014 rates by at least \$1.7M. Given that the variance will be at least \$1.7M in 2014, Molina requests the \$1.7M payment now with the remainder to be reconciled in 2015.

2015 Rate Issues

While we recognize that the issues raised for 2014 must also be addressed for the 2015 contract year, we also have other specific issues for HSD and Mercer to consider prior to finalizing the Centennial Care CY 15 Payment Rates.

Rate Transparency

Since the inception of managed Medicaid in New Mexico, Molina Healthcare has been a trusted and dedicated partner with the state of New Mexico. Molina requests that HSD allow Mercer to share all rate assumption data so that Molina can assess the actuarial soundness of the draft rates prior to signing the rate sheets. We believe this sharing of data fosters a collaborative and open atmosphere important in a successful partnership. We understand that the New Mexico Centennial Care Contract is a risk contract, but all parties are better served by increased awareness of the underlying data that will show the level of risk involved in our contract. The data requested below are readily available in other managed care states where Molina operates and are important aspects in developing and certifying an actuarially sound rate.

1. The administrative costs included in the CY 15 payment rates by line of business.
2. The profit and risk margin included in the CY payment rates by line of business.
3. The expected Medical Loss Ratios by line of business.
4. Key assumptions utilized to develop significant rate adjustments.
5. Explanation of base period and trends used to project CY 15 claims costs.

6. Trend by category of service by unit cost and utilization and how each was derived.

In fact, in the definition of actuarial soundness from the Medicaid Managed Care Capitation Rate and Development and Certification, administrative costs are explicitly mentioned as reasonable costs to be considered. Definition is provided below, emphasis on administrative costs added:

2.1 Actuarially Sound/Actuarial Soundness—Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates, and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, health benefits; health benefit settlement expenses; administrative expenses; government mandated assessments, fees, and taxes; and the cost of capital.

Experience Period

We are confused as to the reasoning behind the use of Calendar Year (CY) 2011 data continue to be used to develop the CY 2015 capitation rates. Considering that the experience period is four years removed from the rate effective period, Molina requests that a more recent experience period be used in the rate development along with any credible information that is available for 2014. The principles of actuarial soundness dictate that a more recent experience period be used and that 2014 financial performance be considered in the rate development.

Pharmacy Issues

Patent Expiration: Mercer has indicated significant impact of patent expiration in 2015 as a driver of the pharmacy rate for the year. While that may be the case in some instances, we also know that the unit cost of a brand pharmacy products typically spike in the period immediately prior to patent expiration and there are no guarantees that prices will drop immediately upon patent expiration either. How has Mercer accounted for these two possibilities (price spikes and delayed price drops) in its rate development? The information provided did not show how this phenomenon was reflected in the capitation rates.

Pharmacy Trends: There are several possible “blockbuster” drugs that could hit the market for a variety of disease states in 2015. Outside of Hep C treatments, it is not clear how new, expensive, specialty drug therapies that hit the market in 2015 are reflected in the rates. We also are unclear about the generic pricing factors used to develop the rates, especially in light of recent articles that have documented the escalating unit costs for generic pharmacy in recent months. Molina requests that Mercer provide documentation about specialty and generic drugs and their pricing for 2015 that were considered in the development of the pharmacy trend rates.

Please see articles below on generic drug price increases and the biggest drug launches anticipated for 2015:

<http://www.abqjournal.com/512182/news/generic-drug-prices-escalate-alarmingly.html>

<http://www.biopharmadive.com/news/icymi-the-11-biggest-drug-launches-to-watch-in-2015/344075/>

Break-Through Pharmacy Therapies – Hepatitis C: Molina recommends that HSD and Mercer outline their treatment of the expected release of new break-through pharmacy treatments for purposes of the risk corridor (new Hep C medication by AbbVie).

ACA Insurer Fee: Thank you for acknowledgement by way of amendment three that HSD will pay the fee and the relevant gross up amounts for federal and state taxes (for fee year 2014) to Molina during 2015. CMS has recently suggested in recently released guidance¹ that “this fee, like other similar fees, should be considered a business cost to health plans” and should be incorporated into actuarially sound rates. In fact, CMS goes on to say in its guidance that states consider paying health plans prospectively for the fee and the gross up amounts.

ACA Enhanced PCP Reimbursement: Molina supports HSD efforts to extend the enhanced PCP reimbursement into 2015, but only if it does not jeopardize the funding to support actuarially sound rates for the Medicaid Managed Care capitation rates. Molina would like Mercer to confirm that the ACA Enhanced PCP Reimbursement is not in the existing rates and to further show its calculations on how the capitation rates would be revised upward if the ACA Enhanced PCP reimbursement is extended if approved in the state budget.

New Mexico Health Insurance Exchange Carrier Assessment: Molina is a strong proponent of the Exchange and fully understands the need to develop a long-term financial sustainability plan. The board released two carrier assessment options and will make a final vote on Friday, December 19, 2014. Molina believes that the portion of the assessment that is based on Medicaid premiums should be reimbursed to the carriers by HSD.

Medicaid Fee Schedule Adjustments: The cumulative BH fee schedule impact considered in the 2015 capitation rates is 12.5%. However, a 5% fee schedule increase effective January 2015 applied to the 7.5% fee schedule effective July 2014, would actually increase rates 12.875%. Molina recommends that either Mercer apply a 12.875% fee schedule impact to the rates or that HSD apply a 4.65% fee schedule increase effective January 2015.

There was also a FQHC rate increase implemented in October 2014 for a 2.3% increase to providers. There was no mention of this fee schedule increase in the rate exhibits. Please provide documentation on how this increase will be included in 2015 rates.

FQHC Financial Impact: \$500K

¹ CMS, *Medicaid and CHIP FAQs: Health Insurance Providers Fee for Medicaid Managed Care Plans*, October 2014

As you can see, Molina continues to be very concerned about the material financial impact of issues outstanding in 2014. We are also concerned about the lack of transparency with respect to the development of our rates. We have no way of determining actuarial soundness without access to the data and assumptions Mercer has employed in determining our rates. This is especially troubling in the development of the Long Term Care Rates. Molina hopes that HSD will permit Mercer to provide the data and assumptions that Mercer routinely provides to us in other Medicaid Managed Care states where they are contracted as the states' actuary.

We look forward to building on our relationship in the coming year by bringing these issues to resolution as quickly as possible.

Respectfully submitted,

Todd Pilger
Chief Financial Officer
Molina Healthcare of New Mexico, Inc.

HEALTH WEALTH CAREER

2017 CENTENNIAL CARE 2.0 MCO RFP #18-630-8000-0001 SCORING RESULTS SUMMARY

DECEMBER 22, 2017

New Mexico Human Services Department

EXHIBIT G

MAKE TOMORROW, TODAY

 **MERCER**

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1

INTRODUCTION

On September 1, 2017, the New Mexico Human Services Department (NM HSD) released a Request for Proposals (RFP) to procure managed care organizations (MCOs) that will bring innovative approaches to New Mexico's Medicaid/CHIP program (Centennial Care 2.0). The RFP included mandatory requirements that each bidding MCO (hereinafter "Offeror") was required to meet to qualify for the technical evaluation, references and cost proposal scoring. Eight Offerors responded to the RFP and all eight (8) passed the mandatory requirements phase.

On November 6, 2017, Mercer provided training to subject matter experts (SMEs) from HSD's Medical Assistance Division (MAD) and Behavioral Health Services Division (BHSD) who served as the State's RFP evaluation team. During the training, evaluators were provided a review of the RFP process and goals; instructions for using and completing the evaluator worksheets, scoring methodology, RFP questions, and the consensus scoring process.

Following the training, during the weeks between November 6th and December 3rd, 2017, each evaluator independently read and scored each Offeror's response to the RFP and documented their score and notes for each question in the evaluator worksheet for the applicable Offeror.

From December 4th to December 15th, 2017, the evaluators participated in consensus scoring sessions. These sessions were conducted using the individual reviewer score sheets and notes and resulted in one consensus team grade per question and supporting notes. The consensus decisions were documented by consultants from Mercer who served as independent unbiased facilitators. Prior to finalizing a consensus score, all members of the evaluation team agreed to the final score and documentation. These consensus score sheets are attached for reference (Attachment 1 – Technical Proposal Consensus Score Sheets).

Following the consensus scoring, the Executive Evaluation Committee (hereinafter "Committee") reviewed the references submitted as part of the proposal. Each reference was reviewed and scored by the Committee using a predetermined methodology (Attachment 2 – References Consensus Score Sheets).

Finally, the cost proposals were reviewed and assigned a score, again using a predetermined methodology (Attachment 3 – Cost Proposal Score Sheet).

The following chapters of this report reflect the final scores and details for each Offeror (in alphabetical order) including a high-level summary of some of the noted strengths, weaknesses and

points for discussion. The summary does not reflect all comments from the evaluation committees, for a complete listing of comments from each consensus session see Attachment 1 - Technical Proposal Consensus Score Sheets.

2

ALL PLAN RESULTS (SCORES)

The following tables represent the final scores for each Offeror. The scores reflect technical scores, reference scores and cost proposal scores.

Table 1 – Technical Proposal Consensus Scores by Section

| SECTION | AG | AH | BCBS | MHC | PHP | UHC | WC | WS |
|------------------------------------|------------|------------|------------|------------|--------------|------------|------------|--------------|
| 6.1 Experience & Qualifications | 114 | 110 | 120 | 116 | 126 | 120 | 120 | 110 |
| 6.2 Provider Network | 52 | 34 | 46 | 52 | 56 | 44 | 46 | 50 |
| 6.3 Benefits and Services | 88 | 72 | 100 | 92 | 132 | 84 | 76 | 124 |
| 6.4 Care Coordination | 168 | 164 | 180 | 172 | 224 | 204 | 204 | 196 |
| 6.5 Long-term Care | 96 | 80 | 124 | 112 | 128 | 108 | 108 | 144 |
| 6.6 Info System/Claims Management | 140 | 152 | 160 | 148 | 180 | 136 | 180 | 164 |
| 6.7 Native Americans | 24 | 32 | 30 | 26 | 40 | 32 | 26 | 28 |
| 6.8 Member & Provider Services | 54 | 54 | 52 | 54 | 58 | 52 | 48 | 46 |
| 6.9 QI/QM | 36 | 32 | 44 | 44 | 46 | 38 | 36 | 36 |
| 6.10 Reporting & Program Integrity | 48 | 22 | 26 | 44 | 50 | 32 | 44 | 34 |
| 6.11 Financial Management | 28 | 30 | 26 | 34 | 42 | 34 | 34 | 30 |
| 6.12 Value Based Purchasing | 32 | 48 | 36 | 48 | 64 | 48 | 32 | 60 |
| Total | 880 | 830 | 944 | 942 | 1,146 | 932 | 954 | 1,022 |

Reference Consensus Scores

Each MCO was required to submit three (3) references for scoring. The following table indicates the score by reference.

Table 2 – Reference Consensus Scores

| SECTION | AG | AH | BCBS | MHC | PHP | UHC | WC | WS |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Reference 1 | 82 | 100 | 100 | 92 | 92 | 73 | 0 | 100 |
| Reference 2 | 56 | 85 | 100 | 96 | 100 | 0 | 72 | 92 |
| Reference 3 | 0 | 100 | 85 | 100 | 96 | 92 | 95 | 92 |
| Total | 138 | 285 | 285 | 288 | 288 | 165 | 167 | 284 |

Cost Proposal Scores

Each Offeror was required to submit a cost proposal by program and rate cohorts using a cost template that included minimum and maximum rates by per member per month (PMPM). The submitted cost proposal was scored in accordance with the RFP. Points were assigned by cohort based on the Offeror's bid between the minimum and maximum PMPM rate and then aggregated based on a pre-determined and published distribution methodology.

Table 3 – Cost Proposal Scores

| PROGRAM | PROGRAM WEIGHT | AG | AH | BCBS | MHC | PHP | UHC | WC | WS |
|--------------|----------------|------------|------------|------------|------------|------------|------------|------------|------------|
| PH | 37.09% | 320 | 400 | 400 | 120 | 326 | 400 | 116 | 196 |
| LTSS | 24.35% | 320 | 400 | 400 | 120 | 360 | 400 | 145 | 325 |
| BH | 10.62% | 320 | 400 | 400 | 120 | 155 | 400 | 170 | 223 |
| OAG | 27.95% | 320 | 400 | 94 | 120 | 400 | 400 | 200 | 280 |
| Total | 100.0% | 320 | 400 | 315 | 120 | 337 | 400 | 152 | 254 |

* Totals may differ due to rounding based on the program weight percentage.

Overall Scores

The technical, reference and cost proposal scores were aggregated and presented in Table 4 and the ranking of scores in Table 5.

Table 4 – Overall Scores by RFP Component

| SECTION | AG | AH | BCBS | MHC | PHP | UHC | WC | WS |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Technical | 880 | 830 | 944 | 942 | 1,146 | 932 | 954 | 1,022 |
| References | 138 | 285 | 285 | 288 | 288 | 165 | 167 | 284 |
| Cost | 320 | 400 | 315 | 120 | 337 | 400 | 152 | 254 |
| Total | 1,338 | 1,515 | 1,544 | 1,350 | 1,771 | 1,497 | 1,273 | 1,560 |

Table 5 – Final Ranking

| OFFEROR | TOTAL SCORE | RANK |
|---|-------------|------|
| Amerigroup Community Care of NM, Inc. (AG) | 1,338 | 7 |
| AmeriHealth Caritas New Mexico, Inc. (AH) | 1,515 | 4 |
| Blue Cross Blue Shield of New Mexico (BCBS) | 1,544 | 3 |
| Molina Healthcare of New Mexico, Inc. (MHC) | 1,350 | 6 |
| Presbyterian Health Plan, Inc. (PHP) | 1,771 | 1 |
| United Healthcare of New Mexico, Inc. (UHC) | 1,497 | 5 |
| WellCare of New Mexico, Inc. (WC) | 1,273 | 8 |
| Western Sky Community Care (WS) | 1,560 | 2 |

3

AMERIGROUP COMMUNITY CARE OF NM, INC. (AG)

The final score for Amerigroup was 1,338 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1,390 | 880 |
| References | 300 | 138 |
| Cost Proposal | 400 | 320 |
| Total | 2,090 | 1,338 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we provided potential items for discussion during any negotiations.

Strengths

- Overall, response demonstrated depth of Medicaid experience supported by measurable results, including program savings and multiple state examples.
- Provides a strong approach to monitoring prescribing practices of providers to avoid inappropriate use of prescription drug use by members.
- Offeror demonstrated clear understanding of duals, community benefits and care of the aging population.
- CSF-certified systems are customizable (Offeror indicated no upgrades should be required), support real-time data replication and modularity, and mitigation strategies are in place to address system changes.
- Experience with portable buy-in products in other markets, strategies for premium affordability, and methods for premium payment.
- Strong responses across entire reporting and program integrity section with scalable systems capabilities that can be tailored to Centennial Care.
- Sharing of performance data with providers related to value based purchasing (VBP) arrangements is comprehensive, frequent, and supports ad hoc reporting.

Weaknesses

- The Evaluation Team found the Offeror's organizational structure very complex.

- The Offeror is involved in an ongoing premium tax dispute with OSI; if unresolved, the impact would be material.
- In general, the response lacked understanding of the cultural diversity and geographic challenges of the State.
- In general, the response lacked detail across most information systems and claims management questions, especially regarding standards for coding and transmission of data, subcontractor and provider claims, and encounter submissions.
- Response indicated a general understanding of federal regulatory performance improvement project (PIP) requirements, but the proposed PIP raised several concerns.
- Response did not sufficiently describe experience with risk corridors, other types of capitation reconciliations, and implementation of VBP models for rural and small providers.
- HSD did not receive one of Amerigroup's three required references and was unable to score that reference.

Discussion items

- Offeror proposed a contract modification in the exhibits binder as allowed in RFP section 2.3.15.
- Evaluation Team suggests discussing reinsurance provisions and other remediation strategies for potential issues upon contracting.
- Offeror indicated that all VBP arrangements would not be in place until the second year of the contract.
- The Evaluation Team was concerned the Offeror's proposed team has limited experience in the proposed positions (most will be promotions).

4

AMERIHEALTH CARITAS NEW MEXICO, INC. (AH)

The final score for AmeriHealth was 1,515 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1,390 | 830 |
| References | 300 | 285 |
| Cost Proposal | 400 | 400 |
| Total | 2,090 | 1,515 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Overall, response demonstrated depth of Medicaid experience, including high density and rural populations.
- Use of technology and telehealth solutions to overcome barriers to care.
- Described a clear plan to transition providers to full PCMHs with specified timeframes.
- Demonstrated understanding of the importance of reconciliations between claims, submitted encounters, and financials (including subcontractors).
- Desirable approaches to reduce provider administrative burden for claims billing, including personal care service providers.
- Experience with riders, system flexibility to interface with any vendor, and variety of premium payment options.
- Attractive initiatives for quality improvement related to complex populations, such as justice-involved members and nursing facility residents.
- Experience integrating member experience in VBP outcome measurement and evaluation.

Weaknesses

- In general, the response was non-committal and lacked sufficient detail to accurately assess the efficacy of the interventions for the New Mexico population and workforce.
- The Evaluation Team is concerned that delegation of care coordination is not planned until year 3 of the contract.

- Lack of detail provided regarding physical security and business continuity for information systems and ability of the system to manage ad-hoc requests.
- Did not sufficiently illustrate reporting and monitoring systems/capabilities for New Mexico program nor demonstrate ability to submit, configure, and analyze reports.

Discussion items

- Follow progress of New Mexico Insurance license application if awarded a contract.
- Clarification on the scope and payment for services for members at-risk for institutionalization.
- The Evaluation Team was very concerned about the Offeror's approach to Adverse Childhood Experiences.

5

HCSC INSURANCE SERVICES COMPANY, OPERATING AS BLUE CROSS BLUE SHIELD OF NEW MEXICO (BCBS)

The final score for BCBS was 1,544 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1,390 | 944 |
| References | 300 | 285 |
| Cost Proposal | 400 | 315 |
| Total | 2,090 | 1,544 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations

Strengths

- Demonstrated an understanding of care coordinator role and responsibilities and supported care coordinators with valuable member-specific data through mobile technology.
- Comprehensive project plan and risk and mitigation strategies around systems changes/implementation and MMISR.
- Health literacy outreach includes housing education and use of an innovative on-line portal for health literacy education.
- Availability of provider training materials in convenient formats. Electronic data exchange with providers and weekly cross-function team meetings to identify trends to address provider administrative burden.
- Strong competency in the development and implementation of appropriate performance improvement projects.
- Described desirable strategies to identify members with non-emergent use of the emergency department and to intervene with community health workers and peer supports.
- Desirable claims payment accuracy process used for new-hires in the Offeror's claims staff, 100% of claims are reviewed by a Quality Control committee.
- Shadow pricing with providers to build readiness for VBP adoption.

Weaknesses

- The organizational chart indicates many corporate siloes that do not report to one CEO.
- Concern that the volume of sanctions in other states (Texas and Illinois) could negatively affect the business in New Mexico.
- In general, several responses lacked detail and were not indicative of expectations for an MCO that has been operating in the state since 2014.
- Response did not provide outcomes and clear process descriptions for the Diamond Outcomes member engagement model for cost-effective use of services.
- Response did not sufficiently demonstrate systems capabilities to meet reporting requirements, continuous improvement activities or fraud waste and abuse detection and prevention programs.
- Detail on data, outcome measurement, and cost savings for VBP proposals was lacking.

Discussion Items

- Proposed contract modifications in the exhibits binder as allowed in RFP section 2.3.15.

6

MOLINA HEALTHCARE OF NEW MEXICO, INC. (MHC)

The final score for Molina was 1,350 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1390 | 942 |
| References | 300 | 288 |
| Cost Proposal | 400 | 120 |
| Total | 2,090 | 1,350 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Multiple modalities and social media platforms to engage members, provide ongoing information and access to health care information, and use of ethnicity and language data to inform health education activities.
- Partnerships with key community partners, provider agreements in boarder states to support New Mexico networks, development plan for PCMH expansion, and proactive outreach to expand the behavioral health workforce.
- Higher than average member incentive rewards and redemption, provider involvement in strategies to increase member participation in incentive programs, and targeted measurement of outreach strategies.
- Desirable innovations for quality improvement spanning paramedicine, SUD crisis response, PCMH Neighborhoods, opioid reduction, and VBP initiatives for nursing facilities.
- Experience with risk corridors and other capitation reconciliations, including use of encounter acceptance to support reconciliations.

Weaknesses

- The Evaluation Team is concerned that the financial stability of the company puts the New Mexico line of business at risk.

- Evidence of a pattern of late and/or inaccurate reporting related to parent, affiliated, and/or related business entities that has resulted in penalties and corrective action plans in many states.
- Offeror did not sufficiently address compliance with current and emerging federal standards for electronic coding and transmission of health care data.
- Member education approach on cost-effective use of services is directive and potentially punitive in tone rather than interactive and customized.
- Response did not describe VBP strategies for each of the contract years.
- A few committees did not find the charts inserted in the proposal to be detailed enough to adequately evaluate the response. More narrative was necessary to explain the chart and provide a comprehensive response to the question.

Discussion items

- N/A

7

PRESBYTERIAN HEALTH PLAN, INC. (PHP)

The final score for Presbyterian was 1,771 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1,390 | 1,146 |
| References | 300 | 288 |
| Cost Proposal | 400 | 337 |
| Total | 2,090 | 1,771 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Overall strong response demonstrating a good understanding of the cultural diversity of the state and the Centennial Care population.
- Member services strategies to address social determinants of health (including housing and internet access) and comprehensive modes of communication between the Offeror and members.
- Collaboration with other MCOs on provider education strategies to reduce provider burden and streamline processes across MCOs for providers.
- Solid provider recruitment and retention strategies, especially for behavioral health providers.
- Strong strategies to create member-PCP relationships and address non-emergent use of the emergency department.
- Response for the development and implementation of performance improvement projects (PIP) was innovative, desirable, multi-faceted, and addressed complex nature of the scenario.
- Strong responses across entire reporting and program integrity section with several elements desirable to the State.
- Processes for risk corridors and other capitation reconciliations and for ensuring provider and subcontractor claims payment accuracy through auditing.
- Behavioral health competency and experience with VBP models.

Weaknesses

- Absence of innovative approaches to use technology for member engagement and education.

- Use of Tier 3 VBP exclusively for delegation may limit providers who can participate and described nursing facility VBP models that may not be reasonable.
- Did not address system processing of ad-hoc requests and lack of detail on timeframes for pre-audits, audits and disputes.
- Limited experience with rider services and lack of member outreach strategies and management of rider services.
- Absence of innovative strategies to build the broader LTSS community-based provider network.

Discussion items

- N/A

8

UNITED HEALTHCARE OF NEW MEXICO, INC. (UHC)

The final score for United was 1,497 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1390 | 932 |
| References | 300 | 165 |
| Cost Proposal | 400 | 400 |
| Total | 2,090 | 1,497 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Designated Director of Delegated Care Coordination and full delegation providers will have a care coordination liaison.
- Scalability of system changes based on membership changes, integrated Medicare and Medicaid system, and desirable system security and access.
- Measurement of effectiveness of member services considers multiple data sources to drive improvement in member communication strategies in a culturally sensitive manner. Provider and member (including Native Americans) engagement to identify quality improvement opportunities.
- Rewards for sobriety milestones, job training, and parenting classes, and rewards can be loaded on MasterCard for premium payment.
- Strong processes for monitoring provider adherence to clinical practice guidelines.
- Described a VBP model for personal care service providers.

Weaknesses

- The Offeror's response to developing and implementing a home visiting program implies opposition to the program.
- Described insufficient processes for systems change management and responding to data requests from the State's contractors and auditors.

- Review team is concerned at Offerors ability to meet all VBP contractual requirements, including implementation of VBP Level 3 models. Use of the fee schedule as proxy of costs for provider is a concern for review team.
- HSD did not receive one of United Healthcare's three required references and was unable to score that reference.

Discussion items

- Proposed a contract modification in the exhibits binder as allowed in RFP section 2.3.15.
- Review conflict of interest issues for United and Optum as noted in pages 16-17 of the proposal.

9

WELLCARE OF NEW MEXICO, INC. (WC)

The final score for WellCare was 1,273 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1390 | 954 |
| References | 300 | 167 |
| Cost Proposal | 400 | 152 |
| Total | 2,090 | 1,273 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Specialized focus on Medicaid, pipeline of 150 staff candidates for New Mexico line of business, and experience with full delegation model.
- Described strategies to leverage local organizations to address provider shortages, expand use of CHWs and CHRs, and apply best practices to network development.
- Detailed system modifications and use of encounter scorecards to manage subcontractors and providers.
- Proposed innovations for quality monitoring and improvement relied on analytics, provider and member engagement to address gaps in care, and linkages to social determinants of health and improved health literacy.
- Strong Medicaid experience with VBP arrangements in other states, including models that align Medicare and Medicaid.

Weaknesses

- In general, the proposal lacked specific details, was not member-centric, and provided limited innovative approaches to addressing the issues in New Mexico.
- Response suggests lack of understanding of requirements for self-direction, PASRR, Health Homes, and FMA.
- Response lacked clear evidence of successful engagement and efficacy in other markets related to incentive programs.

- HSD received a reference for WellCare that was a brief letter and not the form required in the RFP. The procurement manager sent an email to the reference source requesting that the reference be resubmitted using the required form and did not receive a response. The committee did not receive the information that was required on the form and was unable to score this reference.

Discussion items

- N/A

10

WESTERN SKY COMMUNITY CARE (WS)

The final score for Western Sky was 1,560 out of a possible 2,090 points.

| SECTION | POSSIBLE POINTS | EARNED POINTS |
|--------------------|-----------------|---------------|
| Technical Proposal | 1,390 | 1,022 |
| References | 300 | 284 |
| Cost Proposal | 400 | 254 |
| Total | 2,090 | 1,560 |

The evaluation team noted the following strengths and weaknesses in the response. In addition, we have provided potential items for discussion during any negotiations.

Strengths

- Overall, the response provides innovative strategies, based on experience, for addressing the needs of Centennial Care members, including justice-involved members.
- Offeror demonstrated a strong focus on person-centered planning and good understanding of the need to consider social determinants of health in order to address the comprehensive needs of a member with complex health conditions.
- Addressed LTSS outcomes, including member experience during nursing facility transitions.
- Described clear communication processes for systems changes within the organization and with external stakeholders.
- Desirable topics and access to provider training modules (e.g., poverty sensitivity, motivational interviewing, mental health first aid).
- Promising emergency diversion results in other states.
- VBP experience with PCPs, specialists, hospitals, ACOs, and LTSS providers, and significant pre-work conducted in New Mexico related to VBP models.

Weaknesses

- Provided limited information about the structure of the organization.
- Pattern of penalties for late payments and untimely service authorizations.
- Lack of detail in the areas of systems flexibility, care coordination tracking and alerts, ad-hoc testing, and systems flexibility.
- Approach to member engagement for incentive programs was passive and undesirable.

- Response lacked detail on strategies to improve health literacy and use of copayments to drive more cost-effective use of services.
- Response did not address capitation reconciliation process.

Discussion items

- N/A

ATTACHMENT 1 – TECHNICAL PROPOSAL CONSENSUS SCORE SHEETS

SCORING METHODOLOGY

| | | |
|---|--|------|
| 5 | The response is excellent. All elements of the question were addressed, the approach is highly desirable to the State, and the response included sufficient detail | 100% |
| 4 | The response is good. All elements of the question were addressed, and the approach is desirable to the State; however, the response was lacking detail. | 80% |
| 3 | The response is acceptable. Nearly all of the elements of the question were addressed, and the approach is acceptable to the State; however, some additional detail was needed to fully evaluate the approach. | 60% |
| 2 | The response is minimally acceptable. Most elements of the question were addressed; however more detail was needed to fully evaluate the approach and/or the State did not find the approach desirable | 40% |
| 1 | The response is poor. Only some elements of the question were addressed and it lacked sufficient detail to evaluate the approach and/or the State did not find the approach desirable | 20% |
| 0 | The response is unacceptable. It fails to meet the requirements or has major deficiencies OR no response was provided | 0% |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 3-5 |

| |
|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question.
- ***Proposed a contract modification that the reinsurance be allowed to be self-funded.***

Superior Elements

- Provided information about MCO capabilities that exceeded the requirements of the question.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 5-93 |

| |
|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Answered all elements of the question. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 95-108 |

| |
|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">• Answered all elements of the question.• Found the organizational structure very complex and difficult to understand. | <ul style="list-style-type: none">• Proposing a regional care coordination model. Expect more detail to appear in the care coordination section of the proposal. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | Exhibit Binder 111-1008 |

| |
|--|
| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Noted some efforts to remediate the security issues.<i>Discuss additional reinsurance provisions and other remediation for potential issues upon contracting.</i> | | <ul style="list-style-type: none">Have unresolved premium tax dispute with OSI. If unresolved, the result would be material.Major IT security issue in 2015 resulted in PHI breach and multiple settlements have been paid. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | Exhibit Binder 1089-1133 |

| |
|---|
| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The MCO was responsive to some elements of the question. | | <ul style="list-style-type: none">Two cases in NM and under Anthem 13 cases nationwide but no monetary penalties, CAPS or sanctions were noted since 2013. This seems unresponsive to the evaluation team.Indicated that the State should contact the MCO attorney for information about current and pending cases. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 1137-1187 |

| |
|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| | <ul style="list-style-type: none">• Huge company with lots of Medicaid experience with multiple populations. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 1189 |

| |
|--|
| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy filings. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | Exhibit Binder 1193-1221 |

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| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• There is a class-action lawsuit and counter-suit as well as a settlement in progress with the MCO.• Could not identify a separation between commercial and Medicaid accounts.• The team attempted to review statements on line but were unable to clearly identify Anthem audited statements on the website. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | Exhibit Binder 1223-1235 |

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| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Answered most elements of the question. | | <ul style="list-style-type: none">The team attempted to review statements on line but was unable to clearly identify Anthem audited statements on the website. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 1237-1245 |

| |
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| RFP Question |
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Indicate regional care coordination including detail about the structure and functions within the unit.Tribal program very strong including known leadership.Detailed and well laid-out. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | Exhibit Binder 1247-1282 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• Answered all elements of the question.• <i>Address in final/negotiations that the proposed team has limited experience in the proposed positions (most will be promotions).</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 9-17 |

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|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Many of the expected elements and detail are present in the plan. | | <ul style="list-style-type: none">Did not include sufficient detail in LTSS and behavioral health components. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | Exhibit Binder 1283-1324 |

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|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| | <ul style="list-style-type: none">The evaluation team liked that there were a minimal number of vendors and many vendors are known and experienced. | <ul style="list-style-type: none">Did not address Xerox/Conduent, Focus or Support Brokers which are all necessary subcontractors in NM. Indicates they did not do complete research on the specific state requirements.Unclear if the MCO will contract with Express Scripts (Earlier responses indicate they are terminated). |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 14 |

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|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 16-333 |

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|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 299-333 |

| RFP Question |
|--|
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 335-337 |

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| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed.<i>Follow progress of application if awarded a contract.</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 339-345 |

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| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

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| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 347-374 |

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| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Lots of experience in Medicaid and demonstrate relevant experience with both high density and rural populations. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 4 |

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| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy filing noted. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 375-758 |

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| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">The MCO reported a \$160 million loss in 2016 on the public side but no explanation was provided. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | Exhibit Binder 475-477 and Pg 5 |

| |
|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">Only provided two years of audited statements. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 479-481 |

| |
|--|
| RFP Question |
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Needs more detail in general and specifically IT/Data/Claims and actuarial support. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 7-10 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• All key positions listed as interim.• Review of resumes indicates that potential staff have limited experience in markets in the West. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 11-18 |

| |
|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Did not submit an implementation plan instead indicated broad categories and they “will” build an implementation plan.• Dates proposed seemed very late including training and activation of a call center.• Lacked detail.• Network development activities (including VBP) seemed underdeveloped. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 513-616 |

| |
|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| | <ul style="list-style-type: none">• Liked the use of Nalari as a creative approach. | <ul style="list-style-type: none">• References/responses were weak and/or non responsive for subcontractors.• Used lots of vendors for activities that can be completed in-house.• Did not mention Conduent/Xerox, Focus and support brokers. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 13-16 |

| |
|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed.<i>Proposed contract term changes for review and discussion.</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 16-63 |

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| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 16-63 |

| |
|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 65-77 |

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| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 78-186 |

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|---|
| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Did not find evidence that pending litigation was covered by insurance.• Concern that the volume of sanctions in other states (Texas and Illinois) could negatively affect the business in NM.• Unresolved premium tax dispute could have consequences. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 187-197 |

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|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | <ul style="list-style-type: none">Limited experience outside of NM listed with similar duration and size. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 198 |

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| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

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| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy on record. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 200-593 |

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|--|
| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
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| Response Consideration(s) |
| a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 594 |

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|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• No findings or corrective actions were issued. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 595-596 |

| |
|---|
| RFP Question |
| Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• There is lots of corporate siloes. The different units do not report to one CEO.• Perceived a lack of accountability on the local level.• Did not provide supplemental description as required in question.• Lacked evidence of a matrix for reporting issues. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 1-4 and Exhibits 597-606 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 4-20 |

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|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">New initiatives in the Waiver were addressed. | <ul style="list-style-type: none">Work plan had same date ranges for all elements in the first seven pages. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 607-803 |

| |
|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | | <ul style="list-style-type: none">Large number of subcontractors.Many business functions are delegated and multiple systems are involved. Preference for more handled internally.Many of the responses lacked detail and many of the references were weak. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 9-11 |

| |
|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 13-106 |

| |
|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 13-106 |

| |
|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|--------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 107-127, 390 |

| |
|--|
| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 391-396, 421-428 |

| |
|---|
| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• There is evidence of a repeated pattern (late reporting, inaccurate reporting, and failure to meet requirements, failure to report, reports incomplete) across the board in many states resulting in CAP and fines.• Not much information on CAPs or other remediation. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 429-469 |

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|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Extensive experience in multiple states. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 471 |

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| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy reported. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 473-510 |

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|--|
| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Team concerned about change in corporate leadership, huge losses reported for Puerto Rico and reducing workforce by 10%. There are specific risks and uncertainties noted in the response. If contracted, the state will need to discuss additional protections for NM.• The team is concerned that the financial stability of the company puts the NM line of business at risk. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 511-514 |

| |
|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Use of “to the best of our knowledge” when discussing findings. The team believes the MCO should know definitively if there were findings. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 515-535 |

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|--|
| RFP Question |
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Good detail for each functional unit | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 539-577 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | | <ul style="list-style-type: none">Noted the short tenure of several of the key positions |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 15-19 |

| |
|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Included DSNP agreement and delegated care coordination.Addressed cultural competency. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Molina | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 20-21, 579-1004 |

| |
|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Generic information, lack of detail about vendors and MCO approach to oversight.• Lots of vendors with minimal NM experience/presence. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 20-191 |

| |
|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• <i>Proposed changes to contract terms for discussion.</i>• <i>Review conflict of interest issues for United and Optum as noted in proposal pages 16-17.</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 20-191 |

| |
|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 20-191 |

| |
|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 192-193 |

| |
|--|
| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 196-238 |

| |
|---|
| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
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| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Repeated deficiencies in reporting.• Provider reimbursement issues for providers specifically in NM that led to litigation. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 236-366 |

| |
|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Extensive experience including with duals and CHIP. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 11, 366 |

| |
|--|
| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

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|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy noted. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 368-430 |

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|--|
| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 11, Exhibits Binder 430 |

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| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 431-432 |

| |
|--|
| RFP Question |
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• No summary included.• Not clear where staff physically located. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 3-12, 433-450 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 13-18 |

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| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Lacked details in timeline.• Did not address implementation of VBP, home visiting, delegation of care coordination. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 451-534 |

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| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Many of the letters of recommendation for subcontractors come from United.• Response lacked detail regarding oversight of subcontractors. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 31-32 |

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|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 33-140 |

| |
|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 141-157 |

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|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 158-161 |

| |
|--|
| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• <i>Confirmation from OSI that application was received. Monitor licensure upon contracting.</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 162-181 |

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|---|
| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
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| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Indicated that they cannot disclose some litigation.• Noted that other issues are a matter of public record and NM can request information. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 182-206 |

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|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| | <ul style="list-style-type: none">Specialized focus on Medicaid/Govt. business only. | <ul style="list-style-type: none">Limited experience in rural/frontier areas. Some AZ work but it is relatively new. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 207 |

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| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

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|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">No bankruptcy filed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 208-891 |

| |
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| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
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| Response Consideration(s) |
| a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | |

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|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• Findings were reported for some recent acquisitions and resolved. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 894-902 |

| RFP Question |
|--|
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Will place welcome rooms in 2 major citiesNative American Liaison reporting directly to CEO. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 903-942 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Have pipeline of 150 candidates for NM. | <ul style="list-style-type: none">Leadership does not have NM experience. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 8-18 |

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| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Staffing patterns seem too low.• Lacked detail in work plan for new initiatives. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|----------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 943-1052 |

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| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Large number of vendors (27).• Lack detail on oversight of subcontractors.• Not clear how subcontractor for claims processing will tie in with claims processing handled at corporate. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 29-30 |

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| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|--------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 33-130 |

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| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 131-197 |

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| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 199-412 |

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| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 417-459 |

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| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| | <ul style="list-style-type: none">• Low number of sanctions and monetary actions. | <ul style="list-style-type: none">• Significant number of cases in litigation with too little detail about what the litigation was about.• Did not include damages being sought or awarded. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 463-476 |

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|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Considerable experience. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 477-479 |

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|--|
| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 483-537 |

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|--|
| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 539-543 |

| |
|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed.No Audit findings | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 545-558 |

| |
|--|
| RFP Question |
| <p>Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">Did not provide written summary of the org chart. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 559-604 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 5-20 |

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|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Included new initiatives including delegated care coordination and VBP.Nice detail. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 605-662 |

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|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Manageable number of subcontractors with experience in NM. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 1 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 6 |

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|---|
| RFP Question |
| Describe the Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Please also provide the Offeror's federal and State taxpayer identification numbers. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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|---|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's form of business will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 2 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 7-186 |

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|--|
| RFP Question |
| Provide copies of all articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Are there any concerns that any of the issues in the provided business documents may prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 3 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 186-220 |

| |
|--|
| RFP Question |
| Describe the Offeror's relationship and provide any relevant documentation regarding the Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if the Offeror is owned by a corporation or is an affiliate or subsidiary. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Are there any concerns that the Offeror's business relationships will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? c) Is the organizational structure clear including who will be performing the work for New Mexico? d) Are there any concerns about the scope of the parent company's management agreement, particularly related to any contractual requirements that may be identified as the responsibility of the parent company? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">Limited information about the structure of the organization. Very little detail. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 4 | Contract Section(s) | 3.1.1 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 221 |

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| RFP Question |
| Provide (i) a copy of the Offeror's New Mexico Insurance Division license or proof of application for a New Mexico Insurance Division license that allows the assumption of risk for prepaid capitated contracts under New Mexico State law and (ii) a copy of any report filed with the DOI during the last twelve (12) months. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all requested materials? b) Is the Offeror in good standing with DOI? c) Are there any concerns that the Offeror's standing with DOI will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed all elements of the question.<i>Monitor progress on licensure in NM if contracted.</i> | | |

Centennial Care 2.0 RFP Consensus Score Sheet



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|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 5 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 221-314 |

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| RFP Question |
| <p>Provide a statement of whether there is any pending or recent (within the past five (5) years) litigation against the Offeror, Directed Corrective Action Plans, or sanctions levied by a Medicaid agency. This shall include but not be limited to litigation involving the failure to provide timely, adequate, or quality physical, behavioral, or long-term services and/or sanctions levied due to deficiencies in performance of contractual requirements related to an agreement with a Medicaid agency. The Offeror does not need to report workers' compensation cases. If there is a pending or recent litigation against the Offeror, the Offeror shall describe the damages being sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair the Offeror's performance in a contract under this RFP. Also include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The Offeror shall include its parent organization, affiliates, and subsidiaries. Additionally, for the last five (5) years, list any monetary sanctions Offeror has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement and resolution. Include in your response, a brief description of any corrective action plan the Offeror has been under during the same time period. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> <p>Note: Because HSD believes it is important to have an understanding of the full extent of an Offeror's standing, we require all information pertaining to all litigation, or pertaining to sanctions/fines for functions performed under the Centennial Care Contract as well as those performed in another state with another Medicaid agency. Regarding disclosures for affiliates and subsidiaries of the Offeror, the request pertains to litigation information and monetary sanctions information of subsidiaries and affiliates used in performance of the Contract.</p> |

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| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is any of the pending and/or recent litigation related to the scope of work in the Centennial Care contract?</p> <p>c) Is there any concern that the pending and/or recent litigation will prohibit or impair the ability of the Offeror to perform the scope of work in Centennial Care?</p> <p>d) Is the pending and/or recent litigation covered by insurance?</p> <p>e) Is there a pattern of repeated sanctions levied by a Medicaid agency that indicate substantial deficiencies in a particular area?</p> <p>f) Does the response include information about how any issues resulting in a CAP were resolved/remediated?</p> <p>g) Based on the response does it appear likely that any issue noted is likely to occur within the context of the Centennial Care contract?</p> |

Centennial Care 2.0 RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• MediCal sanctions for confidentiality breach and failure to provide access.• Large sanction/liquid damages noted without necessary detail.• Pattern of late payments, late authorizations and payment to providers and HEDIS.• Lacked information about insurance or reserves to cover financial penalties. |

Centennial Care 2.0 RFP Consensus Score Sheet



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|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix I |
| Question Number | 6 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 315-378 |

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|---|
| RFP Question |
| Using the Experience Template provided in Appendix I of this RFP, identify all other publicly-funded managed care contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide: a brief description of the scope of work; the duration of the contract; the contact name, email address, and phone number; the population types and number of Members; the annual contract payment amount(s); whether payment was capitated or other; and the roles and names of major subcontractors, if any. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror have experience with populations similar to New Mexico? c) Does the Offeror have experience with populations the size of Centennial Care? d) Does the Offeror have experience providing services to populations with geographic challenges similar to New Mexico? e) Does the Offeror have experience providing a similar scope of services to that in Centennial Care (i.e., physical, behavioral and long-term care supports and services, including self-directed LTSS) and D-SNIPs? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Extensive experience. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 7 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 379 |

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|--|
| RFP Question |
| <p>Include a statement of whether, in the last ten (10) years, your organization, a predecessor company, your parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i></p> |

| |
|--|
| Response Consideration(s) |
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Are there any concerns that the bankruptcy or insolvency proceedings will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care?</p> |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 8 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 0 | Proposal Page(s) Reviewed | 380 |

| |
|--|
| RFP Question |
| Provide copies of the Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which the Offeror is responsible. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the Offeror provide all sufficient documentation? b) Does the response fully address all aspects of the question? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Link to financial statements either does not work or was too complicated as no member of the evaluation team could find the audited financial statements. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 9 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 381 |

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|---|
| RFP Question |
| Describe any findings in any of the Offeror's prior three (3) years of audits (including subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action taken in the past, or currently being taken, to address these findings. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail regarding corrective actions taken? c) Are there any concerns that the Offeror's financial standing will prohibit or impair the Offeror's ability to perform the scope of work in Centennial Care? |

**Centennial Care 2.0 RFP
Consensus Score Sheet**



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• Addressed all elements of the question.• Provided statement that there have been no audit findings. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 10 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 382-387 |

| RFP Question |
|---|
| Provide an organizational chart or diagram of the organizational structure your organization will employ to fulfill the requirements of this RFP. The organizational chart or diagram should present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas including (contract management, IT/data systems (includes claims processing, encounter data submission and reporting), finance, quality/disease management, care coordination, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart should show the corporate structure and lines of responsibility and authority in the administration of your organization's business as a health plan. Include a description to supplement the chart. <i>These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the description adequately support and describe the organizational chart? c) Does the organizational chart demonstrate a structure adequate to implement and provide oversight of Centennial Care? d) Are key positions located in New Mexico or outside of New Mexico? e) Do key positions report directly the CEO of Centennial Care or are there multiple layers between the CEO and key positions? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1 |
| Question Number | 11 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 388-419 |

| RFP Question |
|---|
| <p>Provide the names, titles, job descriptions and resumes of the proposed personnel that will fulfill the following roles in New Mexico. <i>Resumes are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1. The narrative portions of this response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i></p> <ul style="list-style-type: none"> a) CEO of Centennial Care 2.0 b) CFO of Centennial Care 2.0 c) CIO of Centennial Care 2.0 d) Implementation Manager e) Medical Directors f) Long Term Care Manager g) Contract Manager |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Is information provided for all described personnel? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed all elements of the question<i>Have a large number of positions reporting to the COO but did not provide resume. State to review resume upon contracting.</i> | <ul style="list-style-type: none">Identified a Native American liaison from Ohkay Owingeh. | |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix M |
| Question Number | 12 | Contract Section(s) | N/A |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 13-19 |

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|--|
| RFP Question |
| Provide a Centennial Care 2.0-specific work plan that captures (i) key activities and timeframes, and (ii) projected resource requirements from your organization for implementing requirements specified in Sample Contract (Appendix M). The work plan should cover activities from Contract award to Go-Live. <i>This response shall be placed in the Technical Response Binder and counted towards the section 6.1 page limit.</i> |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the project plan address all relevant activities between Contract award and Go-live? c) Do the timeframes and activities appear appropriate based on your experience in New Mexico? d) Does the work plan leave adequate time for remediation of any issues that may hinder progress? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Did not include enough detail.• Did not address new CC 2.0 initiatives. |

Centennial Care 2.0 RFP Consensus Score Sheet



| | | | |
|-----------------|-----------------------------|---------------------|-----------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Experience & Qualifications | RFP Section(s) | 6.1; Appendix K |
| Question Number | 13 | Contract Section(s) | N/A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 420-517 |

| |
|---|
| RFP Question |
| HSD will assess for approval all proposed delegated/subcontracted functions. Provide a list of those functions (e.g., Utilization Management, non-risking bearing Behavioral Health) your organization proposes to delegate (subcontract). Provide the information requested in Appendix K for all proposed Subcontractors performing services to Members and Providers and the processing of Medicaid business, including administration and systems functions. <i>Use Appendix K for Proposed Subcontractors Template. These documents are to be placed in the Exhibits Binder and will not be counted in the page count for Section 6.1.</i> |

| |
|--|
| Response Consideration(s) |
| a) Does the response fully address all aspects of the question? b) Does the Offeror provide sufficient detail for each proposed delegated/subcontracted function? |

Centennial Care 2.0 RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| | <ul style="list-style-type: none">Model for life share looks innovative. | <ul style="list-style-type: none">References are generic.Performance monitoring lacked detail.Many subcontractors not in NM. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 18-25 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> Good network strategy table. Outlines how MCO will determine network adequacy. Addresses specialty provider challenges in NM in frontier and rural areas. Discusses approaches for simplifying and minimizing provider administrative burden. Provides financial support for BH professionals co-located with PH partners. Offers higher rates for BH providers who rotate in mobile health clinics. Strong in references to addressing linguistic and cultural needs of minorities. Training academy. Student loan repayment program for BH providers that practice in shortage/rural areas. | <ul style="list-style-type: none"> Very light on contracting with providers to address children health needs. MCO notes that it will evaluate the structure for CHRs as opposed to specifically noting it will provide funding to increase availability of provider. MCO does not address 638s. Noted NOMI peer supports but ignores statewide peer support program. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 25-30 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">LOI with UNM.Establishes a mentoring program with staff and medical students with the intent to expand access to needed providers.Monthly and quarterly nursing home meetings.Supports repayment of student loans if provider accepts jobs in FQHCs.Flexible value added services.Highly desirable telehealth program.Opioid dependency program.Car repair grants for members to increase access to transportation.VBP for low volume providers. | <ul style="list-style-type: none">No mention of Project ECHO.Mentions 638s but nothing specific regarding engagement.Weak on FQHCs and provided limited details. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 30-32 |

| RFP Question |
|--|
| <p>Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring:</p> <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">MCO re-surveys providers after 90 days after implementation of a CAP. | <ul style="list-style-type: none">No details on how the MCO will monitor for and ensure ongoing compliance with NMAC requirements.Cost sharing limited to balanced billing.Network adequacy section is very weak response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 33-34 |

| |
|---|
| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Initiatives to sustain clinically integrated models.
- Uses collaborative care and co-location models.
- Understands integration. For example:
 - Talks about relationship with dentistry for the IDD and BH populations.
- Quality incentive program that is BH specific.
- Provides training and tools for SBIRT.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Responsibility falls to PCP to identify issues.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 34 |

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| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- MCO will not delegate.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- No discussion of integration.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 34-35 |

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| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• The response was minimally acceptable and did not address most elements of the question.• Follow-up on timeframes for readiness. | | <ul style="list-style-type: none">• No discussion of VBP – not addressed in timeline.• Confusion regarding what is meant by 60 day timeframe for provider orientation and training and 30 day timeframe for provider network.• Timeframe lacks specificity. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 36-37 |

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| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Online access to health information.
- Community outreach vehicle.
- Good innovations for transportation solutions.
 - For example operationalized use of Lyft in other states.
- Opioid dependency risk assessment and support.
- Training academy.
- Public health acupuncture program.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 21-25 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Discussed wanting to streamline the application and credentialing process.Discussed financially supporting UNM recruitment and provider development efforts. | <ul style="list-style-type: none">General and very little specificity on the “how” – average response.Poor on noting anything about the linguistic and cultural needs of the various populations served in NM. Specifically, the MCO did not reference any specific populations and how their needs would be addressed. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 26-30 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Very general and non-specific response. MCO discussed the problem but provided no solutions.Exceptionally poor response regarding NEMT. No discussion of the challenges in NM and how this relates to poor member outcomes.Some but not all provider associations referenced for partnering. For example, the BH Association was not discussed.Only named one FQHC.MCO did not address the Native American Advisory Board. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 30-33 |

| RFP Question |
|--|
| Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring: |
| <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Very general and vague response – no details.Lack of understanding about how the program operates.Referenced LODs but did not seem to understand the use of supplements.MCO does not seem to understand the purpose of ECHO Hub.No detail about auditing and monitoring providers to ensure ongoing compliance with all applicable requirements.MCO does not appear to understand the current cost sharing requirements. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 33-36 |

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| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Missed the mark on the question; lacks demonstrated understanding of the current system or problems in NM around BH workforce issues.No follow through on ideas or concepts.Poor on description of BH expansion. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 36 |

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| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed but the response lacked detail. | | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 36-38 |

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| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none"> The response is poor, only some elements of the question are addressed. | | <ul style="list-style-type: none"> Strategy and response is poor. Does not address all aspects of the response. Lack of understanding or nature of VBP and the NM program. For example: <ul style="list-style-type: none"> Does not recognize the need to customize VBP arrangements for each provider setting. Does not understand that it applies to providers other than critical access hospitals. No discussion of levels of VBP. MCO does not provide an adequate timeframe for implementing VBP arrangements. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 38-40 |

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| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Skilled NFs involved in ECHO program is desirable. | <ul style="list-style-type: none">MCO notes that it will offer training on writing grants. The issue is how feasible or meaningful this will effort will be given other areas of need – limited funding available.ECHO Hub for network management – team noted concern about how this will be implemented and operationalized. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 21-26 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> Nearly all elements of the question were addressed. | <ul style="list-style-type: none"> Able to enhance network through other Medicaid Blue plans in other states. MCO considers these providers in-network providers. Contracts with 6 Native American tribes (Logisticare) to provide transportation. MCO notes different kinds of languages spoken by providers to align with various needs of members – Spanish, Vietnamese and Navajo languages as examples. Contracts with 21 CSAs; 2 are health homes. Serves pregnant women with substance use issues. 12,000 individual providers. MD Line – outside business. | <ul style="list-style-type: none"> MCO does not appear to take an active role in seeking/contracting with providers. Geo-access discussion references exhibits which were not reviewed since they are not permitted for this response. The response text alone lacked sufficient detail. Page 22 – listing of providers is was difficult to follow. Not clear that the MCO is contracting with all BH providers. Page 23 – MCO states it will engage with county governments for mobile crisis teams but not clear how this will occur. The example refers to an existing mobile health team. LTSS description lacking details. MCO notes it has contracted with 279 LTSS providers; this seems like a limited number for an existing MCO given the current LTSS providers across the state. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 26-29 |

| RFP Question |
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| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Contracts with 6 Native American tribes (Logisticare) to provide transportation.Nurse Practitioners paid equal to doctors. | <ul style="list-style-type: none">Contract with Medicaid certified facilities vs. Medicare certified facilities.Weak recruitment and retention efforts and strategies. The team does not believe the MCO is as aggressive as they need to be.MCO does not address specialists.Per MCO, NFs are paid at 100% of fee schedule so there is no incentive to join network. The team is concerned that the MCO is dismissing this provider type is not considering other enhancements to pursue the providers to participate in the network. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 29-32 |

| RFP Question |
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| Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring: |
| <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">MCO audits 1/3 of its PCS providers each year as additional measure to ensure compliance.MCO allows providers up to 10 additional days to address identified issues prior to moving to CAP. | <ul style="list-style-type: none">Discussion on cost sharing is weak. MCO addresses provider/member education but no discussion on provider data sharing. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 32-35 |

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| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> All elements of the question were addressed. | <ul style="list-style-type: none"> Noted good experience. Grants for telehealth. Financial support for recruiting new graduates. Participating in various workforces such as the Aging Recruitment Workforce. Strong regional networks. For example: <ul style="list-style-type: none"> Working with 27 detention centers. Working with 5 different wellness centers. Pre-purchasing appointment slots for members as a means of ensuring better 7 and 30 day follow-up. Good paramedicine program – provides good demonstrated data to support outcomes. Pilot workforce development and retention program for rural, tribal and frontier areas of NM. Mentorship opportunities for seasoned BH professionals. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 35-36 |

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| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">MCO is not willing to commit to establishing a sustainable funding source for CHRs. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 36-39 |

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| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Not allowing providers who wish to do so to re-contract for Centennial Care 2.0. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 39-40 |

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| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Pre-purchasing appointment slots for members as a means of ensuring better 7 and 30 day follow-up.Good paramedicine program – provides good demonstrated data to support outcomes. | <ul style="list-style-type: none">Needed more information to evaluate the approach.MCO describes good programs but no sense of an innovation strategy.<ul style="list-style-type: none">1 of the innovations listed is limited to the MCO provide support for an initiative (not initiating) and another is not an innovation but instead a contract requirement. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 24-29 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">ROSC – recovery oriented systems of care – good system.Mpact program – high utilization members BH and co-morbidities – page 2863 NFs participating in some kind of VBP arrangement. | <ul style="list-style-type: none">Weak on details on addressing needs of children and adolescents. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 29-33 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Leveraging providers from TX network.Good examples of telemedicine efforts, including dermatology. | <ul style="list-style-type: none">For LTSS only noted about VBP for NF providers.MCO only notes its existing experience – does not discuss challenges of building a network.No mention of advisory boards. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 33-36 |

| RFP Question |
|--|
| Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring: |
| <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- MCO has contracts in place with providers in boarder states that can be leveraged for NM initiative.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- MCO does not note what it has learned from monitoring initiatives. Does not address how results will drive future plans and strategies.
- More detail on cost sharing is needed. MCO does not provide comprehensive discussion of current strategies such as data sharing.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 36-40 |

| |
|---|
| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Proactive outreach to providers to expand services.
- Provides funding to develop high fidelity wraparound program.
- Funding to Santa Fe fire department for community engagement initiative.
- Comprehensive gap analysis.
- Telemedicine efforts in Gallop and Navajo nation.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Emphasis primarily on paraprofessionals rather than making the pipeline bigger for clinical providers.
- Funding not made available to frontier, rural and tribal areas.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 40 |

| |
|---|
| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Notes delegating care coordination down to the provider level.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- No mention of health homes either existing or efforts to expand to delegate care coordination.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 40-41 |

| |
|--|
| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Provides a good outline of intent.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 41-42 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">Several initiatives to strengthen network such as collaboration with Dona Ana Institute of Wellness.Working with local organizations to develop community-based programs to encourage and educate providers on VB contracting.Good rural hospital network. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 22-32 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Provide a 5-step cyclical process to ensure network sufficiency.• Notes strategies to fill gaps and emphasize quality.• Recruiting 3 out of state provider groups to support access.• Quantifying results and outcomes that drive future initiatives.• CSA transparency.• Contracts with multiple out of state children's hospitals.• High fidelity wraparound program.• Collaborative care model.• Direct secured messaging.• Provide results of survey.• Filling in the specialty gaps for pediatrics – extensive provider network• EPSDT program – physicians available for home visits. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 32-33 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.
- For Orals, clarify role of PMG and LTSS.

Superior Elements

- Willing to pay providers' travel time and expenses as a means to increase provider willingness to travel tribal and rural areas.
- Recruitment and retention of specialty providers such as:
 - Educational loan repayment program for certain specialties.
- Demonstrates understanding of NM objectives for VBP.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- MCO provides nothing innovative about transportation.
- MCO provides nothing innovative about LTSS – only mentions NFs. Lack of detail on how to expand LTSS – reference only to VBP for NF.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 33-36 |

| RFP Question |
|--|
| Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring: |
| <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> Robust provider monitoring process. Good tracking of copays and notifying providers when max is reached. Educate Update regarding provider regulations. Provider profiling and dashboards available to allow providers to compare their performance against their peers. Good practice pattern analysis. Measures to ensure cost sharing does not apply to psychotropic medications. Onboarding process for providers. MSIP – example of the array of tools available for measuring access. Measures to monitor effectiveness of VBP arrangements – for improvements and expansion. | <ul style="list-style-type: none"> Discusses education of providers about NMAC on the front end of the process but did not address how it will specifically monitor compliance with NMAC ongoing. Does not reflect timing for provider monitoring strategies. Not clear how it will identify provider issues. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 36-38 |

| |
|---|
| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Solid recruitment and retention strategies, specifically for BH including:
 - Peer and family support initiatives.
 - Career assistance.
 - Competitive salary.
 - Enhanced starting salaries.
 - Opportunities for full time employment.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Does not provide data or statistics to support outcomes.
- Does not provide any geographically specific strategies.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 38-39 |

| |
|---|
| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">• Nearly all elements of the question were addressed.• For Orals – what does delegation mean? Specifically, what is being delegated, MCO relationship with Magellan and oversight. | | <ul style="list-style-type: none">• No details about the delegation, the functions that are being delegated, the monitoring/oversight and how the delegation comports with section 7.14. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 39 |

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|--|
| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">• All elements of the question were addressed but the response lacked detail.• Clarify that the MCO will re-contract with all interested providers – the reference to “as appropriate” is confusing. | | <ul style="list-style-type: none">• Does not provide the year it will enter into VBP arrangements.• Does not provide specifics regarding monitoring committee and evaluation, how it will conduct monitoring and criteria for monitoring. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 39-41 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> Good innovative strategies such as: <ul style="list-style-type: none"> Computerized cognitive behavioral therapy. Talkspace text therapy. Practice pattern software – analyzes their practice patterns. High fidelity wraparound services. NAPPR – partner with CHRs with whom they engage in Native American communities. | <ul style="list-style-type: none"> Response focuses primarily on BH – LTSS component is very weak. Support broker restructuring is not a provider innovation. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 19-24 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Express access providers – faster appointment times.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Weak on linguistic and cultural references.
- Inconsistent numbers regarding the number of psychiatrists in the network.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 24-28 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- The MCO is thinking outside of the box on NEMT, for example using Lyft.
- Transitioning to new NEMT vendor – with creative flexibility in requesting services.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Limited details on recruitment.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 28-30 |

| RFP Question |
|--|
| Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring: |
| <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Tracking and trending provider cost sharing compliance – good practice.Good array of comprehensive member cost sharing requirements. | <ul style="list-style-type: none">MCO does not address how it will monitor ongoing compliance with NMAC requirements.MCO does not address all elements of the question, such as PCP selection process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 30-33 |

| |
|---|
| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Good experience in other states, for example KS and Utah.Medicare providers in network are seamlessly enrolled as a Medicaid provider.Offered online CEUs to clinician. | <ul style="list-style-type: none">MCO does not address older adults.Taking credit for existing programs.Discusses good experiences in other states but does not always note how they will bring this experience to NM. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 33-34 |

| |
|---|
| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Conducts annual audits.
- MCO delegates provision of BH. MCO is solely responsible for meeting contract requirements and notes how it will monitor.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Does not understand that BHSD is a division of HSD.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 34-36 |

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| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">MCO notes that it is expanding the VBP footprint but provided no details.Lacks a detailed implementation timeframe. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 36-38 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Paramedicine in rural, frontier and tribal areas of the state.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- MCO is very conservative regarding its concept of innovation and notes limited areas that they were calling innovation.
 - A lot of examples are collaborative opportunities
 - Some are already existing

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 19-27 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> MCO indicated that it will contract with all willing providers that meet quality standards. Experience working with culturally diverse states such as HI and NY. Good network development approach. Webchat for providers. Aggressive outreach to providers as demonstrated by LOIs. Reimbursement mechanisms for CHRs. Looking for alternative approaches for housing for adult foster care. Positive approach to working with providers, for example: <ul style="list-style-type: none"> Discussed collaborating with other MCOs to address provider administrative burden. Offering grants to address technology challenges. Strong LTSS focus: <ul style="list-style-type: none"> For example, training personal care attendants – and offering incentives Offering grants to tribal communities for purchasing technology. | <ul style="list-style-type: none"> Several approaches noted but generally weak on details to how the MCO will implement. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 27-31 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none"> Nearly all elements of the question were addressed. More details on NEMT approach IntelliRide needed and how it will be operationalized. As part of Orals, follow-up on strategies for contracting with NFs. | <ul style="list-style-type: none"> Offered good examples of innovative best practices such as: <ul style="list-style-type: none"> Community paramedicine program is a best practice Hub and Spoke – work with providers to offer clinic days – best practice NEMT Mobile services include paramedicine concept Field based provider engagement model Discussed collaborating with other MCOs to address provider administrative burden. PCA providers | <ul style="list-style-type: none"> They referenced LTSS providers but did not address NFs and the challenges. Only reference 2 FQHCs. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 34-36 |

| RFP Question |
|--|
| <p>Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring:</p> <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Creating adequacy standards for specialty providers.
- Good approaches to identify and address access issues such as:
 - they will use drill down to the county reports
 - identify and county level data
- Good strategies for ongoing monitoring audits.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Does not provide sufficient detail regarding cost sharing.
- Weak on details regarding specific strategies for monitoring ongoing compliance with NMAC.
- Does not specifically address PCP selection component of the network.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 34-36 |

| |
|---|
| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none">Justice involved care coordination liaison – good practice. | <ul style="list-style-type: none">Does not seem to have a good understanding of health homes. For example, mixed up health homes and VBP arrangements.Nothing about certified peer support specialists.Lacks details on how it will implement approaches from other states.Does not talk about state registration process for non-traditional providers.Heavy on ABQ.Does not talk about CPSWs.Lack of understanding of the available capacity of mid-level nurse practitioners. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 36 |

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|---|
| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed but the response lacked detail. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 36-37 |

| |
|--|
| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Good understanding of VBP –
 - They have implemented in other states
 - Good timeline for implementation
- Offered providers' support in their ability to be successful by offering industry best practices that help to support, educate and train – such as analytics and clinical support.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- MCO does not allow VBP contracting BH providers in the first year.
- No timeline on how MCO will develop the entire provider network.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 37-38 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none"> • All elements of the question were addressed but the response lacked detail. • Need clarification that initiatives will be implemented in all parts of the State. | <ul style="list-style-type: none"> • Several different innovations offered such as: <ul style="list-style-type: none"> ○ Mobile services – expand to rural, frontier and tribal areas of the state ○ LOI with AMR (ambulance service provider) • Expanding LTSS delivery system. • To promote self-direction MCO will implement video that describes self-direction from the member's perspective. • Grants for telehealth technology. • Teleneurology. • Partnering with the Hispanic Medical Association to address diabetes. | <ul style="list-style-type: none"> • No reference to areas of the state north of ABQ. • Did not address integration to address innovations. • Project based but no integration innovations addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 14 | Contract Section(s) | 4.8; Attachment 2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 21-30 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure a sufficient network that allows for timely access to a continuum of behavioral health, physical health, and long-term care providers to deliver the full array of Covered Services as outlined in of the Sample Contract (Appendix O in this RFP). The response shall also include how your organization will build a sufficient provider network that specifically addresses the needs of the following populations:</p> <ul style="list-style-type: none"> a) Individuals with mental health and/or substance abuse issues; b) Children and adolescents; c) Persons with a comorbid physical, mental health and substance use conditions; d) Native Americans; e) Linguistic and cultural minorities; and f) Persons who need Long Term Services & Supports (LTSS) including Home and Community Based Services (HCBS). |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response adequately address the unique New Mexico challenges of providing access to services in rural, frontier, and Tribal areas? d) Does the response adequately address how the Offeror will contract with FQHCs, RHCs, I/T/Us, CSAs, and other publicly supported providers? e) Does the response adequately demonstrate an understanding of the provider screening and background checks required by state and federal statutes and regulations, such as the managed care final rule? f) Does the response demonstrate an understanding of the services where building and maintaining a provider network may be challenging and ways to overcome such potential challenges? g) Does the response demonstrate an understanding of the covered services provided in Centennial Care listed in Attachment 2 of the contract? h) Does the response indicate that the Offeror has begun discussions with providers in New Mexico? i) Does the Offeror ensure members will have access to a 24/7 pharmacy in each geographic region where one is available? j) Does the Offeror indicate they will make good faith efforts to contract with State teaching hospitals? k) Does the Offeror indicate how they will utilize telemedicine, Project ECHO, and/or other innovative strategies to address gaps in services? l) Does the Offeror describe ways in which they will expand services in rural, frontier, and underserved urban areas? m) Does the Offeror describe specific strategies for attaining and maintaining adequate provider networks? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">Touched on every county in NM.LOA with Sante Fe Health Department.Good at incorporating what they learned from other states not just what they used.Innovative use of promotoras for outreach and diversion.Practice coaches to assist on the business side of BH.Strong understanding of system of care issues – particularly important for kids.Go-live – monitoring of claims and developing prepayment methodology to ensure there is no disruption in care. | <ul style="list-style-type: none">Pharmacy and DME provider types not addressed in response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|----------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 15 | Contract Section(s) | 4.8; 4.9 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 30-33 |

| RFP Question |
|--|
| Describe your organization's strategies for dealing with the challenges of building a provider network for rural and frontier parts of New Mexico, including contracting with Indian Health Services, Tribally Operated Facility or Programs, and Urban Indian Clinics (I/T/Us) and critical access providers such as Federally Qualified Health Centers (FQHCs), Nursing Facilities (NFs) and Non-Emergency Medical Transportation (NEMT) providers, including retention and recruitment efforts for primary care and specialists in these areas. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate previous experience in contracting with I/T/Us and critical access providers? d) Does the response indicate how the Offeror will use training and technology to retain I/T/Us and critical access providers? e) Does the response demonstrate an understanding of challenges that the Offeror is likely to encounter in recruiting and retaining I/T/Us and critical access providers and provide reasonable ways to overcome such challenges? f) Does the response adequately demonstrate knowledge about the special payment considerations with regard to I/T/Us, FQHCs, and RHCs? g) Does the response indicate whether the Offeror will utilize the Native American Advisory Board for assistance/guidance in recruiting and retaining efforts? h) Does the Offeror ensure discrimination will not occur against providers that serve high-risk populations or specialize in conditions that require costly treatment? i) Does the Offeror's response demonstrate innovative approaches to providing access to transportation services in rural and frontier areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none"> • All elements of the question were addressed but the response lacked detail. • Follow-up regarding NEMT transportation provider. | <ul style="list-style-type: none"> • Traveling specialist and mobile vans. • NF training on PASRR. • Exploring alternative approaches to NEMT such as Lift and Uber as alternative approaches. • Thinking outside the box: <ul style="list-style-type: none"> ○ Addressed retention of specialty care providers in addition to primary care. ○ PCP retention. • Psychotropic medication utilization review to assure appropriate prescribing for elderly and disabled members • Specifically references NFs and assisted living facilities regarding VBP arrangements. • Pooling performance of smaller providers. | <ul style="list-style-type: none"> • Did not mention a specific NEMT contract provider. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 16 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 33-36 |

| RFP Question |
|--|
| <p>Describe your organizations' strategies for monitoring and addressing contract provider issues including monitoring:</p> <ul style="list-style-type: none"> a) Compliance with access standards and improving access as needed; b) Provider network adequacy including developing services and providers where they are needed; c) Provider compliance with cost-sharing requirements; and d) Provider compliance with HSD Rules and the New Mexico Administrative Code (NMAC). |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe a methodology to review network adequacy on an ongoing basis? d) Does the response demonstrate an understanding of the access (ratio, distance and appointment standards) requirements in Centennial Care? e) Does the response describe how the Offeror will monitor contract providers regularly to determine compliance and take corrective action if necessary? f) Does the response describe the approach the Offeror will take to educate PCPs about special populations and associated service needs? g) Does the response describe how the Offeror will ensure primary care provider responsibilities are met? h) Does the response ensure procedures governing the process of member PCP selection and request for change(s)? i) Does the response ensure HCBS provider compliance with 42 CFR 441.301(c)(4)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> Leveraged provider champions to support recruiting efforts. Barrier Removal Fund – for provider accessibility to equipment. Financial and non-financial assistance to providers for increasing access such as incentives for weekend and after hours care. Appointment Wizard – allows staff to schedule appointments with built in appointment reminders. NMAC compliance reviewed as part of annual audit. Good examples of training of BH provider network. Member service representative – reaches out to member if co-payment issues are identified. Training for the families of members with SUD. | <ul style="list-style-type: none"> Although good that NMAC compliance will be addressed as part of annual audits this appears to be very PCP focused. Weak on how the MCO is planning to expand provider financial competencies. Lacks details regarding BH telehealth program. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 17 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 36-39 |

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| RFP Question |
| Describe your organization's experience with enhancing the behavioral healthcare workforce within a state, and efforts or plans to do so in New Mexico. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the Offeror's experience in New Mexico or other States? d) Does the Offeror identify specific geographic regions or certain behavioral health provider types that would be a focal point when developing the network? e) Does the Offeror describe challenges that will be present when enhancing the behavioral health workforce within the State? f) Does the response include exploring opportunities to collaborate with other health plans? g) Does the Offeror's response seem appropriate to address the challenges in the New Mexico system of care? h) Does the Offeror provide innovative approaches to addressing behavioral healthcare workforce issues? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">MCO talks about how it will work with certified peer support specialists in various ways.Levering resources, including various trainings that already exist.Higher education programs sound promising – beyond collaborating with UNM.Very well written. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 18 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 39 |

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| RFP Question |
| Please describe any current delegation or plan to delegate the provision of Behavioral Health Services to another entity in compliance with Section 7.14 of the Sample Contract (Appendix O in this RFP). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response ensure the Offeror will not subcontract behavioral health services to a managed, risk-bearing Behavioral Health Organization? d) Does the response ensure that any delegated behavioral health services will be in writing and will specify the delegated activities? e) Does the response ensure the Offeror will revoke delegation or impose sanctions if the delegated entity's performance is inadequate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• MCO is not delegating the provision of BH.<ul style="list-style-type: none">○ Fully integrated health plan – one system and one program for PH/BH – seamless integration.○ Focus on all elements of the programs –LTSS/BH/PH. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 19 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 39-40 |

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| RFP Question |
| In order to maximize Value Based Purchasing initiatives and advance initiatives in Centennial Care 2.0, all successful bidders, including incumbents, are required to enter into new contracts with provider organizations to establish its Centennial Care 2.0 provider network. Please describe your organization's strategy and timeframe for accomplishing this requirement. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Did the Offeror include or note they would develop an annual VBP strategy? d) Did the VBP strategy (if provided), include all three levels of VBP for the first contract period (Jan 1 – Dec 31, 2019)? e) Did the response provide the Offeror's strategy in developing a network of providers participating in VBP? f) Does the Offeror already participate in any VBP programs (commercial, government or otherwise)? g) Did the Offeror note all required VBP quarterly and annual reports will be submitted on time? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Weak discussion on implementation of strategies across the state.Strategy of how they will enter into VBP arrangements lacks details. For example:<ul style="list-style-type: none">Lack of specificity regarding activities between dates of April 1- October 1 of 2018. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--------------------------------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Provider Network/Provider Agreements | RFP Section(s) | 6.2 |
| Question Number | 20 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 40 |

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| RFP Question |
| Describe your organization's proposed innovations in the provider network area (development, adequacy and access, etc.). Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response reduce the administrative burden of network providers? d) Does the response include innovative HIT to enhance care coordination or other integrated activities? e) Does the response include incentives to providers for maintaining member access in the Offeror's network? f) Do the proposed innovations make sense in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• The response is poor, only some elements of the question are addressed.• MCO went over the page limit so the team was limited to evaluating the response based on the limited information found on page 40. | <ul style="list-style-type: none">• Mentions VBP for LTSS providers. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 38-43 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question but the response lacked detail.

Superior Elements

- Response addresses diabetes and asthma in addition to behavioral health.
- Provider Medication review notes.
- Reference the role of care coordinators.
- Pharmacy techs call members regarding medication issues.
- Virtual reality therapy for pain and anxiety – noted as a value added service.
- Talked about elderly at high risk for medication monitoring.
- Attestation for providers documenting training as additional measure to enforce contract requirement for PBM participation.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Offeror did not address cultural considerations in response.
- No detail on how training would be done or how often.
- Response did not describe strategies in no tech zones.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|---|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 43-45 |

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|--|
| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Response notes that Offeror will follow Governor Council's recommendations.Offeror will not delegate PBM functions. | <ul style="list-style-type: none">In general, the approach is non-committal. For example, the Offeror notes that it will help to make sure that providers participate in PBM but no details about what this means and how it will occur.Offeror will require prior authorization for all specialty medications and opioids. Concern that this approach may be overly restrictive and does not recognize that not all use of specialty meds and opioids are bad or inappropriate. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 45-49 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Success in reducing complaints in Florida.Good quality monitoring strategies:<ul style="list-style-type: none">Performance GPSPost trip surveys available online.Ensures that vehicles are in good condition.Availability of 4x4 sport utilities for rough terrain.Bus passes and gas cards made available to members. | <ul style="list-style-type: none">Response does not address the geographic challenges of New Mexico.Methods to track members were low impact, such as the use of board meetings.Unclear from response if Florida experience would be applied in New Mexico.Response did not address tribal providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 49-53 |

| RFP Question |
|--|
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Notified utility company about member oxygen usage.Caregiver assessment provided for daughter.Offered enhanced respite as part of value added service.Engaged the family from the beginning of the process.Linked to disease management as a strategy. | <ul style="list-style-type: none">Environmental modifications did not address the fact that the member lives in a 2-story house.Goals do not sound like they were written by the member.ABQ example.Offeror did not indicate how it will engage members and ensure participation of all providers in the planning process. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 53-55 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Crisis text service specifically for adolescents.Offeror noted coordination with NMCAL warm line. | <ul style="list-style-type: none">Offeror notes development of crisis support by region – concern that this has workforce implications that may not have been considered.Offeror may not understand scope of COST program as it is currently limited to one area.Response did not provide details provided on tribal providers.More details needed about partnerships for crisis supports.The chart included in the response is confusing. Not clear how to read it and what it means given limited narrative support. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 55-58 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Incentivizing providers by providing 20% of the fee for NCQA accreditation and 50% (up to \$1000) for full accreditation as PCMH.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- The response is limited in terms of substance and specifics.
- The response is not New Mexico specific – relying on standards taken from professional associations.
- Provided testimonials but did not specifically address experiences from other states.
- Response did not discuss outcomes.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 58-60 |

| |
|---|
| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none"> Response is poor and addresses only some elements of the question and lacked sufficient detail. | | <ul style="list-style-type: none"> Vague response with very few details provided to evaluate effectiveness for New Mexico. Not clear the Offeror understands the distinction between home visiting and care coordination. Response demonstrated little knowledge of New Mexico specific challenges and needs. Response did not include outcome data. Home visiting providers noted as a category but not clear how this is defined. The response did not accurately note the services provided as part of home visiting. <ul style="list-style-type: none"> Addressed value added services for pregnant women which was not within the scope of the home visiting and demonstrated lack of understanding of the initiative. Provided ER data – not appropriate. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 60-62 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all aspects of the question.

Superior Elements

- Dedicated technology staff.
- Offeror addressed Native American members and strategies to meet their needs such as video brochure.
- Noted that they have experience administering and monitoring co-pays and premiums in Indiana.
- Offered acknowledged that approach would be HIPAA compliant.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Vague on details regarding how Offeror will monitor co-pays and premiums.
- Offeror did not provide innovative approaches.
- Response did not address connectivity issues in tribal, rural and frontier areas of the state.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 41-45 |

| RFP Question |
|---|
| Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will: |
| <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Response very disorganized, limited details provided on approaches as well as targeted populations.Response very weak on PMP, focused on provider education on PMP.Referenced care gap reports but no examples provided and no indication of populations targeted.Approaches for children prescribing patterns limited to asthma and ADHD but limited to these conditions.Response did not address care coordination.Response did not address how providers with problematic prescribing practices were identified. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|---|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 43-45 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none"> Referenced project ECHO. | <ul style="list-style-type: none"> Lacking details on specifics of approach in order to evaluate effectiveness for New Mexico, for example: <ul style="list-style-type: none"> No mention of how companies are managed. No mention of prospective review strategies. No mention of DUR board. No reference to data collection. No reference to how oversight of PBM will occur. Specialty drug program – referenced but no details on what it entails and how it will be implemented. Care coordinators are used as advocates which did not appear not consistent with Centennial Care. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 45-49 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none">Met with Navajo Nation to determine tribal member concerns.Noted vehicle inspections as part of the program. | <ul style="list-style-type: none">App is limited to drivers at this time and no commitment to developing app for use by members.Member profiles are not captured in the system.Offeror allows vendor to address complaints and grievances.Member must submit a formal grievance before the issue will be addressed.Collaborates with AAAs as a general approach but this is only relevant for the LTSS population.No commitment to addressing the need of members who have a no shows. Reimburses providers for no shows but not a comparable approach for members. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 49-53 |

| RFP Question |
|--|
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none"> Evaluation Team found the response very confusing in terms of the description of roles that were not clearly defined. Approach lacks necessary details such as: <ul style="list-style-type: none"> No reference to educating member on program and care coordination. Not clear how the Offeror is identifying goals. The description is not member centric, does not address individuals of the member's choice such as family or friends. LOC assignment inappropriate. Behavioral health assessment not provided. Discharge planning team limited to Offeror staff. Approach relies heavily on neighbors to provide transportation instead of utilizing covered services. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 53-55 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">• The response was minimally acceptable and did not address most elements of the question.• Offeror noted that they will employ CHWs for crisis intervention. | <ul style="list-style-type: none">• Will provide training to state law enforcement on crisis interventions and supports. | <ul style="list-style-type: none">• Response seems very non-committal – lacked details about what the Offeror would specifically do, lacked program specifics for Centennial Care and how it would be implemented.• Lacking details necessary to evaluate effectiveness. For example:<ul style="list-style-type: none">○ Did not reference crisis triage centers.○ Cited NMCAL but no strategies or details noted.• Indicated that they will work with interested tribes but no details about what this looks like or entails.• No reference to peer supports. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 55-59 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Staff person designated as practice transformation director.Offers reimbursement for non-traditional services not typically covered by Medicaid – such as online consultants.Clear plan to expand PCMHs with timeframes. | <ul style="list-style-type: none">Response did not address collaboration with other MCOs to reduce burden on providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 59-61 |

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|---|
| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none">The approach addressed good elements such as:<ul style="list-style-type: none">Focus on trainingTeam based careCommunity partnerships | <ul style="list-style-type: none">Offeror appears to confuse care coordination with home visiting. The description seems more consistent with care coordination and lacks understanding of home visiting.The response does not reference DOH or CYFD.No discussion of other high risk populations beyond pregnant women. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 61-64 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Member mobile app available with multiple functions.Smartphones fully integrated with online web portal.Premium payments and copays available through web portal and app.Redetermination reminders available through app.Offeror noted that it will integrate program with Centennial Rewards. | <ul style="list-style-type: none">All member engagement activities were targeted to pregnancy population.No reference to social media. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|----------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 41-44 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question but the response lacked detail.
- ***Need to have a better understanding of how Offeror will monitor provider contracts to ensure provider participation in the PMP.***

Superior Elements

- Discussed the role of care coordination in addressing and monitoring for pharmacy utilization gaps.
- Plan to monitor narcotic use in children.
- Emphasis on monitoring high risk medications for elderly population.
- Training of school based providers on medication monitoring.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Generally the response was not very innovative.
- Offeror lacked details on provider outreach strategies.
- Primary strategy for prescription monitoring was education and approach to provider education was very traditional.
- Needed more detail about how to ensure PMP provider participation to evaluate proposal.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|---|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 44-47 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Controlled substance scoring system.
- Partnership with Walgreens for mail order prescriptions.
- Provided good examples of peer to peer education opportunities.
- Edits in place for rejecting triple therapies for opioids.
- Risk stratification algorithm for members.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- No discussion of alternative therapies.
- Very restrictive utilization management requirements that could impact availability of opioids and specialty medications when medically appropriate.
- Needed additional detail on Prime Runs referrals to evaluate the program.
- Roles and responsibilities between the Offeror and PBM were not unclear.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 47-51 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Onsite, undercover spot provider checks will be implemented to ensure compliance with NEMT requirements.Provided data on improved outcomes.Will implement post trip surveys to members.30 day proactive monitoring after member complaint is received to ensure complaint resolution.Ridesharing options were included in response.Process in place to address immediate service complaints and identify needs. | <ul style="list-style-type: none">No baseline data provided to evaluate to effectiveness of noted interventions.Lack of details on technology platforms for members to schedule transportation services.Lack of detail on tribal transportation needs.Lack of detail on monitoring of NEMT providers and approaches to address negative trends.Lack of detail on how grievances are recorded and addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-----------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 51-53 |

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| RFP Question |
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none"> Recognized the Referenced the need for transportation of socialization. | <ul style="list-style-type: none"> Did not demonstrate a good understanding of what is needed to address the needs of the member described in the scenario. The following are some of the identified issues in the response: <ul style="list-style-type: none"> Did not provide assurance that the member had services in place prior to discharge. No indication that the care coordinator had provided continuous monitoring of the individual throughout all phases of care. No indication that the member met NF LOC. Not a clear understanding of the environmental modifications benefit. No back up plan developed prior to discharge. No reference to an evaluation after 75 days of discharge. Did not discuss the involvement of the PCP in discharge planning. Inappropriate delegation of care coordination to the fire department. Scenario did not approach care in a member-centric manner. Used an urban example which is not culturally representative of the majority of the population served in Centennial Care. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-----------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 53-56 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Behavioral health care coordinators in the field.Peer specialists in 4 counties. | <ul style="list-style-type: none">Very noncommittal response.General approach to “stay informed and attend meetings” did not describe process to use information to make decisions.Approach did not indicate that behavioral health services were integrated with physical health services.Lacked sufficient detail on deployment strategies for peer support specialists will be deployed.Shared function model implies an unwillingness to delegate to community providers.Response did not indicate that policies and procedures were in place for CSAs. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 56-58 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Access to medical management platform for any delegated member in real time.Increased financial incentives for providers to participate as PCMHs. | <ul style="list-style-type: none">Approach to PCMHs was general and lacked innovation.Response only discussed ER and hospitalization outcomes when other outcomes may have been more relevant to PCMHs. More discussion needed on what outcome measures would be implemented to determine success of interventions.Response did not address how they will support provider transformation.Response did not address collaboration with other MCOs to reduce burden on providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 58-62 |

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| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none"> Nearly all aspects of the question were addressed. | <ul style="list-style-type: none"> Good understanding of the agencies involved in the program and the need to partner with these agencies. Response indicated a willingness to work in a collaborative manner to define and implement the program. | <ul style="list-style-type: none"> Response focused on pregnant women and did not address other populations. Provided general experience in other states but did not provide outcome measures and did not clearly indicate that approaches would be implemented in New Mexico. Not clear how they will incorporate existing programs such as community health workers into the home visiting program. Not clear if Offeror had experience with other existing programs besides the pre-term labor program. Lack of details on member incentive initiatives. Evaluation team was concerned about scope of pilot as it appeared to be limited to 2-4 counties. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------------|---------------------|------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 62-65 |

| RFP Question |
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| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question but the response lacked detail.

Superior Elements

- Flex spending on debit cards - \$50.00 for use.
- Use of BGM with WIFI and tablets.
- Premium and copay tracking functionality in another state.
- Strategy to develop point system to pay premiums (Infinity proposal).
- PAVE program for medication adherence using community pharmacists.
- Mobile app used by care coordinators automatically uploads data and functions offline.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not address communities with no tech zones.
- Response was general and very limited on innovative approaches.
- Did not include youth-focused strategies.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 43-46 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> Addressed some aspects of the question. | <ul style="list-style-type: none"> Addressed the role of care coordinators in monitoring and education for high risk members. Community connectors program. Noted good approaches such as 17P and pharmacy lock-in program. | <ul style="list-style-type: none"> In general response lacked sufficient detail to determine/understand if they are desirable. Limited details regarding cultural considerations. PMP not required in provider contracts nor any consequences noted for lack of provider participation. Lacking details regarding monitoring of prescription drugs for children or adolescents. Response did not address monitoring of opioid prescribing practices. Response only addressed prospective DUR review. Response appeared to confuse prescription monitoring and DUR program requirements. Response did not mention the PCP lock-in program. Response indicated that innovative approaches to address underutilization were described in a table but a table was not provided. No details regarding outliers or communications with prescribers regarding outliers once issues are identified. Evaluation Team did not understand approach to integrate PMP and EDIE integration. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|---|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 46-47 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. <i>Molina conducts all UM for specialty in house. Confirm approach if selected.</i> | | <ul style="list-style-type: none"> Reasonable ways to ensure access to needed drugs not addressed in the response – concern is that the UM approach may be too restrictive. Lacked detailed and minimally addressed specialty claims and edits. Response lacked details on UM. Concern that Offeror appears to be behind and is just implementing or planning to implement standard approaches to address inappropriate opioid use such as: <ul style="list-style-type: none"> Limiting opioids. Implementing edits for opioids, including methadone. Response did not discuss strategies to identify and address at risk opioid users. Response did not address strategies for specialty prescriptions such as cancer drugs. Response lacked detail on poly-pharmacy auto-denials to assess proposal. Response did not describe how PBM performance is monitored. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 47-50 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none"> Addressed nearly all aspects of the question were addressed. | <ul style="list-style-type: none"> Developing two tribal programs. Contracting with air ambulance and Southwest airlines for additional transportation support. Autism example is desirable. At least weekly meetings with transportation provider and monthly reports. | <ul style="list-style-type: none"> Response did not clearly address tribal transportation issues. Response did not describe oversight to ensure appropriate mode of transportation. Delegation model not clearly explained in the response. Corrective action plan is limited to two performance standards. Response did not clearly describe the implementation/availability status of the mobile app. Response noted Curb to curb rides but the implementation status is unclear. Response did not appropriately address use of internet. Baseline data and performance standards did not address no shows and pick-up status. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 50-51 |

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| RFP Question |
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">• The response is poor.• Referral to housing specialist. | | <ul style="list-style-type: none">• Response lacked details and proposal was not member centric. Flowchart is a process flowchart and does not provide sufficient detail to address the specific member issues identified in the scenario.• No text or narrative provided to support the flowchart which makes it difficult to evaluate the appropriateness of the approach.• Only addresses inpatient but not rehab.• No indication of discharge planning with rehab.• Services not arranged prior to discharge, such as DME.• No clear indication of assessments being completed prior to discharge.• Care coordination not clearly outlined.• Response only noted that the member received personal care services. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 53-55 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all aspects of the question.

Superior Elements

- The response speaks to a recovery oriented system of care that has been encouraged for adoption by other Centennial Care MCOs.
- Cross referrals to NMCAL.
- Uses peer support specialists in wellness centers.
- Addresses tribal crisis response and working with tribal hospitals.
- Expands mobile crisis teams statewide and peer supports included on teams.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Description does not expand the system – based on current approaches. For instance, there is no reference to work force development.
- No mention of admissions within timeframes.
- Response does not address justice-involved members.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 55-58 |

| |
|---|
| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> • Answered all elements of the question but the response lacked detail. • <i>Confirm that PCMH proposals will apply to Centennial Care.</i> | <ul style="list-style-type: none"> • Bonus payment for timely feedback • Funding to providers for targeting high cost members. • PCMH staging - range from 1-6 – more achievable approach. Development plan leading to more successful outcomes. | <ul style="list-style-type: none"> • Not clear how Offeror collaborates with providers for improved outcomes. • Not clear how PCMH will conduct care coordination. • Difficult to determine if PCMH model supports Integrated service delivery. • Not clear that existing contract requirements are addressed such as: <ul style="list-style-type: none"> ○ How community resources will be used. ○ How HEDIS measures are used. • No details regarding telemedicine approaches. • Response did not address collaboration with other MCOs to reduce burden on providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 59-62 |

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|---|
| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all aspects of the question.

Superior Elements

- Good partnerships for behavioral health integration.
- Response addressed identification of pregnant women through claims history.
- Response indicates partnership with paramedics to develop telemedicine capability.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response overall was average.
- Response did not address rural or frontier areas.
- Discussion of nursing facility transitions did not appear relevant to the question.
- Response noted value added benefits but the examples provided are not value added benefits.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 62-66 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> • Answered all elements of the question but the response lacked detail. • <i>Follow-up on development of remote patient monitoring functionality – biometric monitoring.</i> | <ul style="list-style-type: none"> • Seven different kinds of social media that are in active use. • MDLive breakthrough app. • App for high risk members with co-morbid conditions. • Provision of TrakPhones. • Innovative use of webportal: <ul style="list-style-type: none"> ○ Care coordinators and members can interact through webportal. ○ File grievance through webportal. ○ Change PCP through webportal. • Piloting behavioral health care management app. | <ul style="list-style-type: none"> • Limited information – 2 sentences – regarding notification of members of premiums and copays. No identified strategy. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 42-47 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Comprehensive and thorough response.Monitors member utilization monthly.Program interfaces with care coordination platform.Strong data analytics and utilization review processes.Comprehensive methods to engage members.PMP participation specified in provider contracts and strategies includes audits to ensure engagement.Real time automatic drug alert messages.Complex member rounds with multi-disciplinary teams.Strategies to identify poly pharmacy issues.Reporting functionality for members that have not picked up prescriptions..Described provider and pharmacy lock-in programs. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|---|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 47-49 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Very thoughtful and comprehensive response.Provided five examples of specialty medications – not just focused on behavioral health.Addressed best practices in pain medication and alternative therapies.Provider referrals to Project ECHO for additional training on Narcan.Supply limit strategies to minimize waste (e.g., 14 day supply to evaluate effectiveness for member).Monthly monitoring of utilization and response addressed identification of drug patterns.Referrals to pain management specialists as appropriate.Identification and remediation of prescription high risk patterns.Comprehensive approaches to integrating pharmacies and prescribers such as referrals to addiction treatment and role of pharmacist in medication counseling. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 49-52 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> Answered all elements of the question but the response lacked detail. | <ul style="list-style-type: none"> Six contracts with Native American owned companies. Reimbursement for transportation provided by family and friends. Availability of Trip Spark app and online portal for scheduling rides and notifying member of driver location/arrival time. Proposal included buses, transportation at nursing facilities, and Rail Runner as additional transportation resources. Real time resolution of member issues connects member and vendor via telephone. Demonstrated understanding of challenges of tribal, urban and frontier areas and noted feasible approaches to address challenges. 98% favorable rating on transportation services. Corrective action plans and financial penalties for inadequate driver performance. Addressed transportation considerations for members who are immunocompromised. | <ul style="list-style-type: none"> Did not specifically address ridesharing. Description of attendant and escort policies did not necessarily align with the state's policies. Lack of detail on functions of the transportation improvement team. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 53-54 |

| RFP Question |
|--|
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question but the response lacked detail.

Superior Elements

- Arranged for hospital bed on first floor.
- Identified available supports.
- Included peer supports.
- Included a disaster plan.
- Online counseling for depression.
- Addressed availability of meals.
- Addressed role of the PCP and specialist in the planning process.
- Identified that member was on Medicare and accessed those services prior to Medicaid-covered services.
- Essential benefits in place before transition to the community, such as environmental modifications.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Used an Albuquerque example.
- Did not specifically address composition of the transition team, needed more detail on transition of care processes.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 54-58 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> • Answered all elements of the question. • <i>Follow up on plan for future deployment of the Presbyterian Center for Community Health platform.</i> | <ul style="list-style-type: none"> • Crisis triage system integrated pharmacist with clinicians. • Crisis specialists are linked with care coordinators. • Staff calls crisis line with member. • Discussed development of a crisis safety plan. • Free online training for behavioral health interventions. • Collaboration with other MCOs to improve the crisis response system. • Discussed the future state of crisis intervention. • Quality improvement plan and measures specific to behavioral health and crisis prevention. • Strategies for member engagement prior to crisis occurring. • Strategies to work with law enforcement on jail diversion strategies. • Discussed expansion of tribal health homes. • Deployment of care coordinators to high volume hospitals. • Proposal integrated interventions to address social determinants of health. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 58-62 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">• Answered all elements of the question.• <i>Clarify point person within organization tasked with leading PCMH efforts.</i> | <ul style="list-style-type: none">• Offeror demonstrated understanding of PCMH model through description performance metrics and shared savings models.• Focused support on hard to serve people and described additional resources and supports needed in PCMH model to address complex needs.• Clear progression plan in place for fostering development of PCMHs.• Discussed member outcomes.• Recognizes the importance of practitioner champion in PCMH.• Recognized the need to support tribes, including two tribal PCMHs and a tribal liaison on staff.• Proposal included strong VBP initiatives.• Startup funding available to help incentivize development of PCMHs. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 63-64 |

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|---|
| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Noted previous collaboration with CYFD on high fidelity wrap around.Described familiarity with the Complete Care model. | <ul style="list-style-type: none">Response lacked innovative approaches.Response did not address challenges and strategies in frontier and rural areas.Response did not describe a process to identify high risk members.Response conflated illness management and home visiting programs.Proposal focused solely on the pediatric population and did not reference strategies for the elderly population.Proposed caseloads raised concerns about quality of oversight of cases.Unclear from the response if the program would be limited in size. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 64-66 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Collaboration with Verizon.
- Computerized CBT, includes texting capabilities with a therapist.
- Members can initiate online depression screening through Smart Screener platform.
- Value added services using tablets.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Very limited detail made it difficult to evaluate the effectiveness of approach for New Mexico.
- Response was general and lacked innovative ideas.
- Response did not address social media strategies.
- Unclear if technologies were app-based or online-based.
- Notification of member copayments and premiums limited to web portal.
- Proposal did not address strategies to leverage the Centennial Rewards program.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 39-42 |

| RFP Question |
|---|
| Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will: |
| <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none"> Evaluation Team concerned that the prospective DUR edits typically result in an audit and would increase administrative burden for providers. Response did not demonstrate contract compliance with DUR requirements. Response did not demonstrate an understanding of DUR. Providers not required to participate in PMP, undesirable and weak response. Only addressed prescribing pattern monitoring for children in foster care. Response on PBM role in monitoring over and under-utilization lacked detail. Offeror did not address monitoring for drug utilization. Minimally addressed how the Offeror would identify providers who prescribe contra-indicated drugs, and address this practice. Wrong name for Governor's task force. Offeror did not address the role of care coordinators. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|---|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 42-44 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> Addressed nearly all aspects of the question. | <ul style="list-style-type: none"> Listed several interventions for 2018. Video-based member/pharmacist consultation services available. | <ul style="list-style-type: none"> Offeror did not mention alternatives to narcotics for pain. Offeror did not appear to have a sufficient number of edits in place for opioid utilization. Offeror did not address the oversight of the PBM and roles and responsibilities between the two entities were not clear. Referenced diagnosis to drug match program – more information would have been helpful. Response did not address quality monitoring system. No methodologies in place to address issues at member-specific level. No indication of member and provider notification of formulary changes. Not clear how provider non-compliance would be addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 45-48 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none"> Stated new initiatives to build capacity – such as Lyft and letters of agreement with tribes. Multiple ways to schedule transportation (via phone, website or smart phone.) Delegated to NMN with good monitoring: <ul style="list-style-type: none"> Utilization of service Track real time location of drivers Accommodates last minute requests for transportation. | <ul style="list-style-type: none"> Performance metrics not provided. No show drivers – not sufficient monitoring and issue resolution. Care coordination beyond HRA not addressed. Response did not address ride share. Not clear how drivers will be monitored and issues remedied, e.g., corrective action plans. Response demonstration lack of vendor oversight. Member can use smartphone to determine mode of transportation but Evaluation Team was concerned that determination of the appropriate mode was not addressed. Needed more detail on gas reimbursement proposal to fully evaluate the approach. Response indicated a reliance on care coordinators but did not address approach when a member does not have a care coordinator. Proposal to replace driver for a member does not address overarching issue with that particular driver. Not clear that the Offeror understands the contractual requirements for documentation and resolution of grievances if grievance is resolved within 24 hours. Verbal grievances must be documented even if resolved within 24 hours. Unclear if proactive monitoring is in place. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 48-51 |

| RFP Question |
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| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question but the response lacked detail.

Superior Elements

- Helping to coordinate services for DSNP member.
- Verified that meds had been picked up.
- CNA includes family needs and risk areas.
- Reviewed red flags.
- Implemented virtual visits.
- Addressed using Medicare.
- Demonstrated understanding of care coordination timeframes.
- Member centric approach.
- Addressed Lifeline and environmental modifications.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Used an ABQ example.
- Offeror did not address the house being 2- story.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 51-53 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Increase crisis response in tribal lands.Mentioned interventions for post-incarceration in a few counties. | <ul style="list-style-type: none">Several terms referenced but no details about what this would meanConcerned about timeframe for follow-up after transition.Needed more detail on the ABQ Indian Center to fully evaluate the proposal.Lack of detail on QPR – who would it be provided to and what will it entail.Crisis based community services are “in development,” needed more detail to evaluate innovative nature of proposal. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 54-57 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Strategies to increase PCMH accredited providers, including the learning collaborative, and implement VBP arrangements.Auto-assignment of members to a PCMH who do not select a PCP.Member outreach with a welcome call to increase opportunities to select a PCMH.PCMHs identified in provider directory. | <ul style="list-style-type: none">Response did not clearly articulate a plan for providers to transition to a PCMH and achieve full accreditation.Response lacked detail on integration of the PCMH with other services.Not all contract requirements addressed such as:<ul style="list-style-type: none">No mention of extending hoursNo mention of care coordination delegation to PCMH. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 57-60 |

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| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">The response is poor. | | <ul style="list-style-type: none">Offeror quoted the question as a response.Response implies opposition to the approach. No substantial details on proposal for home visiting.Not intending to provide technical assistanceResponse was not specific to Centennial Care. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 60-62 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Kiosks with internet access throughout the state.5 mobile apps, including transportation scheduling.Text messaging for copays and IBR prompts.Mail paper invoices and access to cost-sharing information through member app. | <ul style="list-style-type: none">Response did not indicate support for or integration with Centennial Rewards.No new engagement strategies.Limited social media.No mention of telehealth. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 39-44 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none"> The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none"> Reviews of behavioral health diagnosis to ensure metabolic screening. Algorithm to identify pharmacy lock-in participants includes ER use and drug seeking behavior. Provided strategies to address gaps in care for behavioral health and chronic conditions. | <ul style="list-style-type: none"> Offeror appeared to misunderstand the relevant provider in the question, .i.e., discussed role of network pharmacists rather than prescribing providers. Description of process to monitor prescribing strategies was very general and restated the RFP questions, insufficient detail to both understand and evaluate the proposal. Response was primarily focused on behavioral health. Offeror did not define “pattern of consistent prescribing” or the criteria used to identify patterns, which would be a critical element to monitor prescribing practices. Strategy to ensure PMP provider participation was unclear. Point of service edits only address behavioral health and elderly population. Roles and responsibilities between PBM and Offeror were unclear. Offeror did not address monitoring narcotic use in children. Offeror did not address cultural considerations. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|---|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 44-45 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked overall detail.
- Roles and responsibilities and oversight structure between the Offeror and PBM was not clear.
- Response did not discuss pain management or alternative therapies.
- Response did not describe a process to identify members at risk for opioid use.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 45-49 |

| RFP Question |
|---|
| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Strong oversight strategies of the transportation vendor, e.g., unannounced visits and performance improvement plans for drivers.
- Drivers have tablets that allow for real time communication with members.
- Instant authorization or denial to members through internet portal.
- Scheduling via app or internet.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response did not address performance standards.
- Offeror did not address geographic challenges specific to NM in regard to member transportation needs.
- Offeror did not address strategies to obtain member feedback.
- Response did not address strategies to address and resolve member issues in a timely manner.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 49-53 |

| RFP Question |
|--|
| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.
- Telemonitoring (biometric monitoring) used in strategy.

Superior Elements

- Incorporated Medicare benefits in strategy and acknowledged Medicaid as secondary payer.
- Noted language preference as part of process.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Proposal to remove member from her residence to another town is not consistent with Centennial Care's goals.
- Evaluation team was concerned that the Offeror did not understand the distinction between the Health Risk Assessment and Comprehensive Needs Assessment.
- Proposal did not clearly explain "senior housing" to evaluate if the approach would be applicable in New Mexico.
- Evaluation team was concerned that the Offeror confused agency-based and self-directed community benefits.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 53-55 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• The response was minimally acceptable and did not address most elements of the question.• Proposal to address provider shortage by leveraging local organizations. | | <ul style="list-style-type: none">• Proposal lacked sufficient detail to evaluate interventions.• Role of care coordination was unclear.• Unclear how proposal to work with ER would link to crisis supports and interventions.• Proposal lacked member-centric elements.• Unclear how employment support interventions post-incarceration was relevant to the question.• Proposal did not address warm handoffs or connection with NMCAL hotline. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 55-58 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Extensive experience in eleven other states.
- Described strategies learned from previous experience and lessons learned.
- Referenced social determinants and talked about working with other entities.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Plan for NM was limited and lacked details.
- Response focused on PMS and First Choice.
- Not a clear path for assisting providers in transitioning to PCMH model.
- Response confused NM Care Link with PCMH model.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 58-60 |

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| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Noted experience with 17P programs in other states.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Offered steps that would be put in place but not clear that they are sufficient to support home visiting program.
- Proposal did not address workforce development and evaluation team was concerned that proposal had unrealistic expectations.
- Weak on innovative approaches.
- More details about WellCare At Home would be helpful to understand its relevance for New Mexico.
- Lacked detail on Emphasis on field based care management to evaluate the proposal.
- Did not address collaboration with existing state agencies to implement home visiting program.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 60-64 |

| RFP Question |
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| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.
- ***Ensure that social media accounts are active and monitored.***

Superior Elements

- Web portal available in English and Spanish.
- Noted Smartphone applications.
- Internet enabled smartphone for high need members.
- Partnership with TriCore for real time data and information.
- Deployment of tablets to members.
- Placement of Kiosks throughout state.
- Targeted text messages to individuals with special needs.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Expand availability of smartphones to high risk pregnant members.
- Offeror did not answer question about tracking copays and premiums.
- Limited use of social media platforms.
- Offeror not provide data to demonstrate outcomes for engagement strategies.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|----------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 21 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 42-44 |

| RFP Question |
|---|
| <p>Describe your organization's process for monitoring prescribing practices of providers, as it relates to prescription drugs. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Identify providers who prescribe contra-indicated drugs, and how the Offeror will address this practice; b) Ensure that prescribers participate in the New Mexico Prescription Monitoring Program; c) Ensure that medications provided to children/adolescents are appropriate to the diagnosis, symptoms, and age of the child/adolescent; d) Manage over and underutilization of pharmaceuticals; and e) Monitor drug utilization for members. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address cultural considerations including where members may use alternative remedies and how such remedies may interact with prescriptions? d) Does the response include references to how the care coordination team will be utilized in monitoring prescription use and prescribing practices? e) Does the response include details on how the Offeror will train providers regarding prescribing practices and identification of drug seeking behavior? f) Does the response indicate how the Offeror will use data sources to systematically identify contra-indicated drug prescriptions or drug seeking behavior? g) Does the response indicate the ways the Offeror will determine when medications are inappropriately prescribed to children/adolescents and the measures the Offeror will take to influence the prescribing practices? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none"> Answered all elements of the question but the response lacked detail. | <ul style="list-style-type: none"> Noted successful experience with member compliance with HIV drug use – track and monitor to ensure appropriate drug usage and identify issues. Require prescriber to sign attestation of PMP participation before prescribing and required in provider agreement. Specialized PR reviews. Applying psychotropic drug use monitoring for elderly members. System to automatically generate interventions triggers based on prescriber patterns. Addressed strategies to reduce provider burden. Reviews of prescriber practices could be triggered by both internal and external (outside of the company) resources. Psychotropic monitoring for children includes a claims review to ensure that children on psychotropic medications are receiving other services. | <ul style="list-style-type: none"> Response did not address cultural considerations. Response did not specifically address concurrent DUR. Response did not address alternative therapies to pain management/opioid use. Response did not address narcotic use for children. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------|---------------------|---|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 22 | Contract Section(s) | 4.10.2.9;4.12.10.5.5;4.12.10.5.7;7.14.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 45-46 |

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| RFP Question |
| Describe the role of your organization's pharmacy benefit manager (PBM) in the utilization management for specialty medications (rheumatologic, immunologic, oncologic, etc.) and opioids. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response present a strategy to adequately manage specialty medications and prevent inappropriate utilization of opioids? d) Does the response present a strong oversight role on the part of the Offeror regarding the performance of the PBM? e) Does the response demonstrate timely collection and use of data to drive decision making? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> • Answered all elements of the question but the response lacked detail. • <i>May need to address site of care – need to ensure that the system addressing nuances and takes into account modifications for where the member is receiving care.</i> | <ul style="list-style-type: none"> • Predictive modeling of high risk users. • Prescription compliance education. • Quantity limits for opioids. • Behavioral and physical health crossover utilization monitoring. • Offeror will manage site of care to look for best site to address member needs and work with providers. • Achieved drug savings without restricting access. • Good strategies to identify and address over and under-utilization. <ul style="list-style-type: none"> ○ Predictive modeling for high risk users. ○ Data to identify opioid overuse and CAPs for prescribers with identified issues. • Strong discussion of PBM role in drug management. • Addresses specialty medication categories from the question. | <ul style="list-style-type: none"> • Response did not address about pain management. • Exemptions to prior authorization are limited to cancer and palliative care and sickle cell. • Response did not provide elements for predictive modeling. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 23 | Contract Section(s) | 4.4.5.5.5;4.8.2.4.5;4.8.11.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 47-50 |

| RFP Question |
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| <p>Describe how your organization will provide and monitor transportation services provided to Members in Rural, Frontier, and Tribal areas of the State. At a minimum, the response should include how the Offeror will:</p> <ul style="list-style-type: none"> a) Ensure appropriate mode of transportation for a Member. b) Ensure that your Non-emergency Medical Transportation (NEMT) quality assurance program adequately monitors and identifies issues and addresses identified issues in a timely manner. c) Address pick-up and delivery deficiencies identified by Members. d) Address member grievances/complaints regarding transportation issues. e) Ensure that transportation providers provide Internet and smart phone based systems for requesting and accessing transportation needs. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include how the Offeror will use community resources and demonstrate an understanding of how transportation services are currently provided and utilized in New Mexico? d) Does the response demonstrate an understanding of the unique geographic challenges in New Mexico and provide creative examples for how to overcome such challenges (e.g., utilizing telemedicine, having specialty providers travel to certain areas of the state, encouraging efficient and lower-cost transport alternatives that are available in urban areas)? e) Does the response demonstrate an understanding of the unique needs of specialized populations regarding transportation (e.g., mobility limitations, communications barriers or need for an attendant)? f) Does the response indicate whether and how the Offeror will utilize the care coordination team in determining a member's transportation needs? g) Does the response provide clear, concise and convincing explanations of how the Offeror will monitor applicable driving standards and quality assurance? h) Does the Offeror describe how it will: 1) monitor and track member issues and complaints, in a timely manner; 2) resolve identified issues and convey results to members; 3) use identified issues/complaints to make program improvements, both systemically and at the member level? i) Does the Offeror describe how technology solutions will be used for Members to request and engage with transportation providers? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> Nearly all aspects of the question were addressed. <i>Hold MCO accountable to implement proposed approach and hold to quality strategy regardless of selected vendor.</i> | <ul style="list-style-type: none"> Addressed tribal and Native American concerns. Explored using Lyft or Uber. Discussed involvement of friends and family – certified community drivers. Using peer to peer approach to educate members and encourage use of the app. Noted experience in rural, frontier and urban areas. Transportation touchpoint workgroup – develop and implement formal way of addressing issues. Develop and implement after ride surveys. Standing orders for recurring transportation appointments. Driver training on mental health first aid. Transportation secret shopper. Ensured availability of transportation for after hours and on weekends. Good quality checks: <ul style="list-style-type: none"> Annual compliance audits. CAP and monetary penalties. Alternate transports noted for NEMT provider no-shows. | <ul style="list-style-type: none"> Evaluation Team was concerned that proposal would be difficult to implement as no specific vendor was identified. Response did not include any specifics on performance metrics. Concerns about the availability of provider network. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 24 | Contract Section(s) | 4.4.1; 4.4.5; 4.4.9; 4.4.15 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 50-54 |

| RFP Question |
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| <p><i>A 72 year old female has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Hemiparesis to her right side. The Member was discharged from a local hospital and admitted to an inpatient facility for rehabilitation following a Cerebral Vascular Accident (CVA). The Member has completed her therapy and is ready to be discharged. Before her CVA the member was very self-reliant. She was able to drive and live alone in a two story, three bedroom home. Upon discharge the member will remain on continuous oxygen due to her COPD and will also use a walker to stabilize mobility. She is unable to drive due to her right sided hemiparesis.</i></p> <p>Describe how your organization will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the Member.</p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the response provide a person-centered approach to assessing need and service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the Member, including but not limited to transportation assistance, home health, nursing services, medical equipment, environmental modifications and using the assessment results to develop the develop a care plan? f) Does the response provide details regarding how the Member will be educated about the process, steps in the process, timeframes and available options? g) Does the response indicate how it will assist the Member in all transitions of care, follow-up and monitoring following transitions to ensure successful outcomes? h) Does the response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the Member transitions home such as home health services, nursing services and transportation assistance? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Strong focus on person-centered planning and transitional supports, included assessment of member's goals.Use of "Retrain your Brain."Engaged daughter in process, included training on use of equipment.Provided oxygen cylinders in the event of power outage.Addressed social determinants of health as part of the assessment process.Used all Medicare services before accessing Medicaid.Daily admin and discharge report from hospitals to assist in identifying persons in need.Monitoring outcomes and specified frequencies.Completed NFLOC assessment. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|-----------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 25 | Contract Section(s) | 4.4.10.3;4.5.4.3;4.8.10.3.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 54-58 |

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| RFP Question |
| The New Mexico Behavioral Health Collaborative has a vision of a statewide crisis response system that meets unique community and Member needs. Describe how your organization's crisis intervention services will be provided to Members in Urban, Rural, Frontier and Tribal areas of the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate creative and effective ways to utilize community resources in establishing a statewide crisis response system? d) Does the response provide clear and concise examples of how crisis intervention services will be utilized to avoid hospitalization or incarceration? e) Does the response identify effective early intervention and treatment strategies to prevent crisis situations? f) Does the response indicate how it will use community health workers, care coordinators, tribal providers, and others in crisis prevention/crisis diversion activities? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question but the response lacked detail. | <ul style="list-style-type: none">Tribal warm line – tribal support benefit staffed by peers.7 Cups – online therapy and post crisis support.Receive real time notification through the VA crisis line that allows for timely identification of members in need that require support.Ensured that all members have access to a crisis navigator through a pilot program.Training provided for peer support. | <ul style="list-style-type: none">Lacking detail regarding how to identify and develop workforce. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 26 | Contract Section(s) | 4.13.1 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 59-61 |

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| RFP Question |
| Describe your organization's proposed strategies or previous experience the Offeror will employ to advance the use of Patient-Centered Medical Homes and monitor outcomes achieved by Members' participation. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in Patient-Centered Medical Homes? e) Does the response note the role of care coordination the Patient-Centered Medical Home initiative? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none"> Addressed all elements of the question but the response lacked detail. | <ul style="list-style-type: none"> Strong past experience regarding PCMH in other states. Provided good outcome data to support results. Hosts provider summits for providers – opportunities for peer to peer education. Share data between providers. Practice coaches and behavioral health wellness coaches. Delegating care coordination to PCMH. Strong demonstration of cultural competency. Use of CENTELLIGENCE - advance analytics to monitor outcomes – <ul style="list-style-type: none"> Generate supports and actionable data. Practice improvement planner. Will use both financial and non-financial incentives to drive outcomes. | <ul style="list-style-type: none"> Offeror generally addressed VBP but did not provide details. Response did not address collaboration with other MCOs to reduce burden on providers. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 27 | Contract Section(s) | 4.13.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 61-63 |

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| RFP Question |
| Describe your organization's strategies and/or experience in implementing a home visiting program, such as for pregnant women and other high risk populations. Include evidence of improved outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate innovative approaches relevant for the Centennial Care population? d) Does the response indicate an understanding of New Mexico's statewide home visiting network, the services that are available, and offer strategies to build upon this network of providers and services? e) Does the response indicate how the Offeror has defined and demonstrated measurable outcome improvements for persons participating in a home visiting program? f) Does the response include creative approaches for providing access to services in rural/frontier/Tribal areas (e.g., use of existing community resources)? g) Does the response indicate how the Offeror tracks and monitors successful outcomes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed nearly all aspects of the question. | <ul style="list-style-type: none">Nurse Family Partners implemented in other states.Portal for home visiting partners to share data and information.Create incentives for member participation.Good outcomes data provided for In-home palliative care.Workforce training oversight and monitoring. | <ul style="list-style-type: none">Cited a lot of experiences in other states but not clear how they will leverage this experience and what specific programs/approaches will be adopted in New Mexico. Difficult to evaluate the effectiveness of the approaches for New Mexico without additional detail.More focused on chronic disease management than a home visiting program. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------|---------------------|------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Benefits & Services | RFP Section(s) | 6.3 |
| Question Number | 28 | Contract Section(s) | 4.4.10.1.19;4.8.16;4.14.11.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 63-66 |

| RFP Question |
|--|
| Describe your organization's strategies for developing and/or implementing technology for Member services, including but not limited to: |
| <ul style="list-style-type: none"> a) Utilization of smart phones, social media, and other emerging technologies; b) Notifying Members of their Premiums and Copays status in real-time (or near real-time); and c) Engaging Members in improved health outcomes. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response enhance the use of telemedicine initiatives currently underway in the State? d) Does the response recognize connectivity issues in rural and frontier areas of the State and propose strategies to address this challenge? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> Addressed all elements of the question but the response lacked detail. | <ul style="list-style-type: none"> Online HRA. Breast feeding mobile app made available to members. Electronic wallet for Centennial Rewards that includes the ability to track and monitor co-pays and premiums. Passive sensor monitoring of LTSS members in their home – enables transition of data to care coordinators. Cellphones to members without online access. Care plan available on line. My Strength – program to encourage members to take responsibility for behavioral health. My Western Sky Mobile app – available in English and Spanish – multiple features such as health alerts Copays and premiums provided to members in real time. Targeted alerts on provided to members to address specific needs and issues. Availability of kiosks. Enhanced business process to ensure consistent messaging and health literacy. | <ul style="list-style-type: none"> Special features of mobile app only available for pregnant women. No discussion of disease management for LTSS members. Need more details to fully access comprehensive member engagement strategies. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 63-67 |

| RFP Question |
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| <p>Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response:</p> <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Community interveners' use desired.
- Understanding of local community organizations and resources.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Training in care coordination lacked details.
- Minimal details on how community resources will be used.
- Referenced exhibit that was not part of question.
- Response does not effectively address BH and lacks significant details.
- Compensation plan for Tribal Elders lacks some cultural sensitivity and may be problematic.
- Overall response lacked details.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 67-68 |

| |
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| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Measurable results provided including program savings and multiple state examples.
- Use of CHWs to reduce ED utilization success in another state may translate to NM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Super-utilizer program lacked details to fully evaluate.
- Response focused primarily on LTSS and lacks details for other service areas.
- Response lacked details for how plan will implement in NM.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 68-70 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient details to fully evaluate.Did not provide engagement strategies.Database functionality was not defined.Response did not demonstrate competencies with homeless population.Lack of cultural sensitivity with Native Americans; Animated videos may not be culturally appropriate. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 71-73 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed

Superior Elements

- High turnover and burnout with care coordinators is addressed
- Technology solutions were desirable

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 73-74 |

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|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Full delegation explanation was clear and adequate
- Oversight and evaluation is included

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- NCQA requirements explanation lacked details
- Shared -delegation plan lacked sufficient details to fully evaluate

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 74-76 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Experience on national level with Health Homes

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Health Homes were only provider types and VBP arrangements addressed
- Response lacked details on how approach will be implemented

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 76-78 |

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|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Successes and data were provided

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Not all items from the contract were addressed
- How care coordination activities will be monitored and evaluated is lacking details
- Unclear how some metrics link to evaluation of care coordination

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 78-83 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Level of care supported
- MFP model is used
- Use of Spanish speaking Promotora
- Resources found and provided to family

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details
- Baby's support lacked some details
- Minimally addressed transportation and access issues

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|-----------------------|-----|
| Offeror Name | | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 83-87 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Use of Treat First ModelUtilization of community resourcesMOU with local community resource to assist with engagementOffer peer support training for members who desire to become peer supportsEngagement level is good | <ul style="list-style-type: none">Does not leverage EMTs who have relationship with member and missed opportunity for delegationResponse lacks follow through with VAHomeless management location system lacks detail to fully evaluateResponse does not include contract timeline requirements |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 4 | Proposal Page(s) Reviewed | 87-92 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Clear understanding of duals, community benefits and care of aging populationValue added services for E-modWandering prevention kitCoordination with personal care agency and DME included in response | <ul style="list-style-type: none">Touch points not referencedAttempts to resolve grievance not attempted prior to grievance |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 92-96 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Coordination with Medicare benefit
- Home Assessment for home modification plan was promising

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Transportation plan lacked details
- Coordination with EMS lacked details
- Progress and measurement of CCP lacking
- Missed opportunity for delegation with CHR
- BH issues are not adequately addressed
- Family issues not fully addressed
- Touch points not addressed

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 96-100 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Collaboration with school is desired

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- BH issues are inadequately addressed
- No specific crisis plan
- Response lacks details to understand how interventions will work and how outcomes with member are achieved

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|----------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 100-105 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Some elements of the question were addressed.

Superior Elements

- NF transitions are addressed

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response indicates lack of understanding that transition of care is required for all groups
- Response lacks details
- Justice involved lacked active transition of care
- 1915c to 1115 transition is inadequate and unclear
- Lack of reference to contract requirements

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 105-107 |

| |
|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- HIIT program includes integration of PH-BH, but lacked detail

Superior Elements

- Telehealth leveraged

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details in how innovations will be implemented
- Describes other state examples and other innovations but does not describe how efforts will benefit or be applicable to NM
- PCN site program outcomes are promising but does not indicate how partnerships with providers will be achieved in NM

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 65-69 |

| RFP Question |
|--|
| <p>Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response:</p> <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.
- Good coverage/knowledgeable of local resources.

Superior Elements

- Cover cost of certification for CHW and CHR.
- Monitor cultural competency plan for efficacy.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Insufficient coverage of native, migrant and other populations.
- Restated contract requirements, not enough "how".
- Paramedicine not addressed.
- Lacked detail about BH/PH integration. Ensure the plan hires individuals with this specialty.
- Training weak.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 69-71 |

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|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Good health initiatives (BEST, Prenatal care).
- Demonstrated positive outcomes in programs that could be leveraged in NM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Minimal detail provided.
- Did not tie examples and outcomes to NM.
- Lacked any BH coverage.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 72-75 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Some elements of the question were addressed.
- Engaged the right partners and had good coverage for DD population.

Superior Elements

- Indicated they will build at least one community wellness center in NM.
- Will not request/use a family member to translate.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Too vague – not enough detail in the response. It is not clear “how” the MCO will achieve many of the elements of their response
- Did not mention a Native American care coordinator.
- No collaboration with tribes mentioned
- Not specific about languages prevalent in NM.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 73-75 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the response were addressed.

Superior Elements

- Use of IT solution/application to monitor care coordination travel time and other elements to monitor caseloads.
- Partner with Comcast to provide in-home technology

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not address supervision, vulnerable populations, or IT challenges.
- Lack of detail regarding how the MCO will manage member dissatisfaction with care coordinator.
- Unclear how the MCO will decide to place some members in a direct (L1) of care coordination since it is not a staffed level or how they would source the staffing for a (1:20 ratio).

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 79-82 |

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|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including Promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.
- **Address timeline for implementation of delegated care coordination. MCO indicates 3 years in the response.**

Superior Elements

- Experienced with delegation to AAAs in MI.
- Will implement ECHO with delegated providers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- The committee is concerned that delegation is not planned until year 3 of the contract.
- Response lacked detail.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|----------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 83-85 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not commit to adopting NCQA standards for quality.
- Did not provide a plan to avoid duplication.
- Response lacked detail.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 86-87 |

| |
|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Look at health outcomes and tie to care coordination.
- Weekly process monitoring.

Superior Elements

- Very good evaluation process including timelines and identifying opportunities for improvement.
- Created motivational coach position.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 88-90 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | | <ul style="list-style-type: none">Care Coordination Level for mom does not seem appropriate – ended CC after mother delivered the baby.Did not address specific care coordination activities around ED use or prenatal program.The approach appeared too “hands off” and lacked member education or a comprehensive approach.Not a desirable approach for the evaluators. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|-----------------------|-----|
| Offeror Name | AmeriHealth | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 90-93 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | | <ul style="list-style-type: none">Too reliant on the VA for interventions – very hands off.Lacked thorough crisis planning.Missed opportunity for delegation with paramedicine.Level 3 assignment not supported.Unclear how the CNA is facilitated. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 3 | Proposal Page(s) Reviewed | 93-96 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Increased personal care hours appropriately.
- Evaluated member preferences for care coordinator.

Superior Elements

- Care coordinator will be same for DSNIP and centennial care.
- Supervisor outreach to member after conflict resolution.
- Reached out to PCP regarding falls.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not address phone/internet access.
- Did not address DME
- Did not address BH
- Needed more detail about how level 3 was assigned. (risk in community)

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 96-99 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.
- Addressed BH needs for sons.
- Need additional information about services for members at-risk for institutionalization. Unclear how these services are paid for and what they are.

Superior Elements

- Review member to determine if they are eligible for at-risk for institutionalization. Member can get some services even though she is not NF eligible.
- Reference 8 Pueblos Program.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Inadequate emergency plan
- Missed opportunity for delegation – indicate that the Pueblo CHR will follow-up and visit but did not indicate a formal arrangement.
- Did not appropriately address rolling blackouts.
- Lacked detail regarding transportation needs.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 99-102 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Care plan was good
- BH first aid for caregivers addressed.
- Utilize centennial care rewards.

Superior Elements

- Good plan for transition back home.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not support L3 care coordination assignment.
- Missing BH from the interdisciplinary team.
- Care plan not specific enough with regard to physical health conditions.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 102-106 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.
- Addressed PASRR.

Superior Elements

- Transition coordinators embedded in high volume hospitals.
- Utilize MDS to identify members who might transition
- Value-add service of additional funds (\$1,500) to cover some housing expenses.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Not enough detail regarding collaboration between CMs when a Member moves from 1915 to 1115.
- **Not enough detail in the justice involved transitions.**

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 106-109 |

| |
|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Virtual house calls and tele-med, particularly e-prescriptions as avenues to quick care. | <ul style="list-style-type: none">Did not feel all of the programs suggested were innovative (ECHO required, temp and supported housing).Very concerned about approach to Adverse Childhood Experiences – the approach is not desirable to the State. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 66-70 |

| RFP Question |
|--|
| Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response: |
| <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Tuition reimbursement.
- High volume of Bilingual staff.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Exhibit F (Organizational Chart) not available to review team.
- Lacking detail in how community resources are used for delegation.
- PH-BH integration was lacking details.

Centennial Care RFP Consensus Score Sheet



4

| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 71-74 |

| |
|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Use of paramedicine program.
- Transition of care program has measurable outcomes.
- BH liaison pilot demonstrated positive outcomes.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- How EDIE will be used is not clearly detailed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 74-79 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Address lack of WiFi and efforts to solution.
- Initiating transition of care coaches in NF's.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail in response.
- Difficult to contact members lacks innovative methods to engage.
- How rural providers will be engaged for delegation activities lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 79-83 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Low attrition rate with care coordinators.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lacks detail regarding contracting for delegation to new providers.
- Text messaging plan does not take into account member's phone minutes.
- Resolving member and care coordinator conflicts lacks details to determine if desired or innovative approach.
- Answers were combined in response which made review challenging.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 81-83 |

| |
|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Some elements of the question were addressed.

Superior Elements

- New Care Coordination system is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Plan to require providers to use BCBS care management system is not desired.
- Shared delegation lacks diversity of providers and lacked details on how providers are identified.
- Answers were combined in response which made review challenging.
- Response lacked details.
- NCQA requirements related to delegation lacked details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|----------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 84-86 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Care Coordinator liaison assigned to each health homes.
- Have a plan to measure member satisfaction.
- Use of Delegation Oversight Department is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Care Coordination management system lacks details on how the system is used for delegation oversight.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 86-88 |

| |
|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Audit tool is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Evaluation follow up activities not fully addressed.
- Response lacked details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 88-91 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Response addressed needs of both members in scenario.
- Use of variety of community resource referrals.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Inappropriate care coordination level assignment.
- Missed ED use as reason for Level 2 assignment.
- Baby care coordination level not supported and lacks detail.
- Back-up plan in response does not meet contractual definition of term.
- Reference to Institutional Medicaid is incorrectly applied.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|-----------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 91-94 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | <ul style="list-style-type: none">Use of Treat First Model.Contracting with Peer Support Specialist. | <ul style="list-style-type: none">Transportation support was lacking.No reference to resolution of conflict with provider.How will member access member portal was not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 4 | Proposal Page(s) Reviewed | 94-97 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">All element of question were addressed | <ul style="list-style-type: none">Use of paramedicine supports for members who are homebound.Care Coordinator uses teach back method.EVV is used and member educated on EVV. | <ul style="list-style-type: none">Member not offered supports for all resource needs.Referrals to community resources for E-mod assessment may delay access to modifications with limited details on follow up plan.Care Coordination levels assigned are not supported by contractual requirements for level. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 97-100 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of question were addressed.

Superior Elements

- Good back-up plan.
- Collaborating with PCS agency.
- Contracting with CHR for Shared Delegation.
- Offering peer supports and addressing son's issues.
- Planning for future goals provided to member.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks understanding of rolling blackout.
- Teach back not leveraged in educating member.
- Anxiety and depression not included in care plan.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|---------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 101-103 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of question were addressed.

Superior Elements

- SCA offered to help member remain in state.
- Family meetings leveraged.
- Use of project ECHO.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Teach back not leveraged in educating member.
- Missed opportunity to use Centennial Rewards.
- Back-up plan in response does not meet contractual definition of term.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 103-106 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All element of the question were addressed.

Superior Elements

- Transition of care coach does post discharge calls.
- 1915c to 1115 demonstrates understanding of process.
- Identified 2 justice involved sites and use of transition of care.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response does not meet contract requirements for post hospital contacts.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 106-109 |

| |
|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- HIP model that encourages staff to bring innovative solutions for member's health care needs.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Several elements included in response lacked innovation.
- iNona System remote monitoring system did not include timeline for implementation.
- Response lacked details on how interventions will be implemented in NM.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 67-74 |

| RFP Question |
|--|
| Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response: |
| <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Hiring practices reflect cultural diversity of population.
- UNM recruitment efforts for new graduates.
- Use of biometric devices.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Details regarding dually eligible members was lacking.
- Use of bilingual staff lacked details.
- Evaluated the effectiveness of training was not discussed.
- Acronyms used were not defined within the response section.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 74-77 |

| |
|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Details regarding integration of behavioral health lacked details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 77-84 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Partnerships with key community partners.
- Outreach innovations.
- Funding of mobile clinic.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Use of bilingual staff lacked details.
- Some areas lacked detail in actual operations.
- Efforts to engage difficult to reach members lacked innovation.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 85-87 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Proposal indicates the offeror would put members with a NF LOC in level 1 care. coordination which is inconsistent with contract
- Satisfaction follow up process was not desirable.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 88-91 |

| |
|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Delegation plan to support coordinating care between settings was desirable but lacked some details.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Referred to exhibits not included in question response.
- Response includes requests for exceptions to the contract regarding delegation.
- Response does not demonstrate an understanding of delegation model.
- Response does not demonstrate how the offeror will meet NCQA requirements.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 91-93 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Referred to exhibits not included in question response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 93-94 |

| |
|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all of the elements of the question were addressed .

Superior Elements

- Interventions based on audit results.
- Include social determinants of health in health goals.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Automated leveling up and down of members and process does not include CNA.
- Response lacked details in how ideas are operationalized.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 97 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">No efforts to obtain Medicaid under another category.Care coordination assignment is lacking.Response does not fully address needs of baby and mother.Response lacked details to fully evaluate the approach.Back-up plan insufficient. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-----|
| Offeror Name | Molina | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 99 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Overall response lacked details.Engagement of member was insufficient including how offeror will find member.Member outcomes in response lack understanding of challenges of homeless population and process to achieve the outcomes lacked details.Response does not demonstrate how to apply methods described in proposal. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 2 | Proposal Page(s) Reviewed | 101 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Response does not indicate how Level 3 determined.Response does not detail path to member behavioral change.Response does not include referrals to community resources.Back-up plan unaddressed.Unclear why adult protective services is needed to support member.Community Benefits Questionnaire is not included in response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 103 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked detail on how actions achieve stated results.Risk stratification is not clear.Response does not address frontier nature of member's home.Understanding of community resources is lacking.Understanding of age and potential challenges of member were not fully addressed.Back-up plan is insufficient. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 105 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Some elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Overall lacked detail.
- Response lacked detail on how actions achieve stated results.
- Behavioral health services provided lacked sufficient detail.
- Emergency plan was lacking.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 107-110 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Approach with justice involved members is desirable.
- NF to community transitions were desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked detail.
- Transitions of care in hospitals demonstrated a lack of understanding of new contract requirements.
- Coordination between case managers was lacking.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 110-112 |

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|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Several innovations were desirable including use of paramedicine, eConsults, remote member monitoring with biometrics and telemedicine.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Some innovations in response included elements that are not offeror products or did not demonstrate innovative nature.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 67-75 |

| RFP Question |
|--|
| Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response: |
| <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Specialty care coordination teams to focus on complex members.
- Transition of care team.
- Delegated care coordination description desirable.
- Person first model.
- Cultural Competency committee.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Use of community resources lacked sufficient detail.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 75-78 |

| |
|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Outcomes demonstrated desirable results in ED, admissions and out of home placements.
- Collaboration with CYFD.
- Special team to outreach difficult to engage members with cost savings desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 79-82 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response summarized versus providing details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 82-85 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Case-load maximums are lower than contract requirements.
- Use of warm transfers.
- Described process to monitor delegated case-loads.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 86-88 |

| |
|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Delegated model target goals desirable
- Care coordination training campus for staff training.
- Work plan in response desirable
- Partnering with Kewa Pueblo for delegated care coordination.
- Use of financial incentives to providers for complex case management.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Use of Tier 3 VBP exclusively for delegation may limit providers who can participate.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|----------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 89-94 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Pre-delegation audits.

Superior Elements

- Annual care coordination surveys and focus on member satisfaction.
- Delegation in Health Homes process
- Quality metrics were clear.
- Quality improvement at provider level is desirable.
- Addressed ITU providers and how they will be accommodated.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 94-95 |

| |
|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Platform includes aggregate HEDIS
- Monitoring members not engaged in care coordination.
- Plan to measure effectiveness of care coordination.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 95-96 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Variety of resources considered for mom and baby.
- Back-up plan includes family supports.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Follow up and evaluation of supports and education provided was not defined.
- Back-up plan could have been more developed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|-----------------------|-----|
| Offeror Name | Presbyterian | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 97-98 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Approach leverages supports that are engaged with member and offeror detailed coordinating with existing supports.Housing support specialist provided with active touches.Recommendation for pain specialist and education on Narcan.All of member's issues were addressed.Interventions to link members to supports provided.Demonstrated strong knowledge of homeless populations and challenges. | <ul style="list-style-type: none">Evaluation of success of supports and education provided were not noted. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 4 | Proposal Page(s) Reviewed | 98-100 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Behavioral support consultation offered.
- Coordination with D-SNP.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response focuses on member issues and does not address staff education or training and does not include internal process evaluations.
- Member satisfaction is not fully assessed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|---------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 100-102 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Care coordinator was culturally appropriate.
- Shared delegation with IHS.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Tools and resources for member to manage substance issues not fully addressed

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|---------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 102-103 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Home health referrals.
- Transition of care plan includes parents and providers.
- Behavioral health respite provided
- Care coordinator is BH specialist.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Physical health issues not completely addressed.
- Outcomes provided focus on BH issues.
- Details regarding how placement for treatment was selected was not provided.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|----------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 104-109 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: |
| <ul style="list-style-type: none"> a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Transition of care was good.
- Waiver transition was thoughtful and included a transition of benefits across the waiver benefit packages.
- Specialized care coordinators support this population and attend annual IDT meetings.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked safety evaluation.
- Transition of care requirements including 3 day post follow up and monthly requirements were not addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 110-111 |

| |
|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Innovations and ideas proposed were desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked data and outcomes to support innovations and proven success.
- Response indicates that NF will be required to participate in VBP arrangements which may not be reasonable and response lacked details on how offeror will engage NF's in VBP arrangements.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 63-67 |

| RFP Question |
|--|
| <p>Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response:</p> <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Leveraging training instructors from community is positive.
- Diverse and culturally sensitive staff.
- Diabetes management program is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked detail in use of local resources.
- BH-PH integration lacked sufficient details to fully assess.
- Elements under development did not include details on timing of implementation.
- Training table was not clear regarding required elements.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 67-69 |

| |
|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Program savings was not addressed.
- ED reductions and other outcomes were minimal.
- Evaluating effectiveness was lacking.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 69-75 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Delegation to providers will include alerts and partnerships with community providers.130 Care Coordinators with BH expertise and use of peer supports is desired.Collaboration with tribes.Live-immediate access to translation services and LOA with tribes for translation services. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 75-79 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Reductions in care coordinator turn-over.
- Good supervision of care coordinators.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Care coordination and member satisfaction not fully evaluated.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 79-81 |

| |
|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Full delegation providers will have a care coordination liaison for support.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Full delegation at VBP Tier 3 only may limit providers who can participate.
- Identification of appropriate providers is not clear.
- Details on how offeror will address NCQA requirements were lacking.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 81-84 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- **VBP arrangements with Care Link were proposed and it unclear if they understand this is not possible.**

Superior Elements

- Director of Delegated Care Coordination is desired.
- Satisfaction surveys as part of delegated agreements and supplemental CAHPS.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 84-86 |

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|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Aging out report is desirable.
- Tracking indicators toward goals of timeliness of care coordination, quality of services and quality of documentation is highly desired.
- Spot rewards to care coordinators for outstanding work and share lessons learned across care coordination team and involve staff.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 86-89 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">LCDF coordination and outreach.Addressed key problems and issues in scenario.Community referrals were relevant.Crisis plan was good and included use of virtual appointments.Use of Promotoras was desired. | <ul style="list-style-type: none">Transportation solutions are not specific and insufficient.Referral to Level 1 care coordination was confusing as this level does not provide care coordination. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | United Healthcare | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 89-92 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• Most elements of the question were addressed..• Written crisis safety plan was addressed.• Continuing to assess and reassess for NF LOC. | <ul style="list-style-type: none">• Use of police department to assist in crisis intervention.• Use of peer support with similar experiences.• Return demonstration education techniques. | <ul style="list-style-type: none">• Lacked details to determine how outcomes where achieved.• Lacked description of how member was outreached and engaged.• Unclear how member was determined to be Level 3 assigned.• Missed opportunity for formal delegation of care coordination.• Weekly follow up desired, but unclear how and where these meetings occurred.• Approach did not leverage existing supports including paramedicine effectively. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 3 | Proposal Page(s) Reviewed | 92-94 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | <ul style="list-style-type: none">Provided voice activated phone and ERS system. | <ul style="list-style-type: none">Response does not include evaluation of care coordinator and member's satisfaction with care.Falls prevention was not proactive.Community services were not fully assessed and comprehensive.Transportation solutions are vague and lack plan.Unclear how member assigned Level 3.ADL deficits are not fully detailed. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 95-97 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Shared Delegation with Community Health Resource Representatives.
- Collaborate with local fire departments for wellness checks.
- Crisis plan included sons and who to contact for utility issues.
- Tribal social services inclusion.
- Care plan included BH exploration for peer supports and addresses alcohol issues.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Addressing rolling blackouts insufficient.
- Technology solutions may not be optimum selections for member's geographic location.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 98-100 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of question were addressed.

Superior Elements

- Delegation shared with Children Medical Center and school based health programs.
- Level 3 assignment supported.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- BH support consultation NF LOC requirement not addressed.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|----------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 100-104 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: |
| <ul style="list-style-type: none"> a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Hospital discharge includes scheduling home visits within one day of discharge.
- Case Management collaboration is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Monthly follow ups required for NF and IP discharges are not addressed.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|---------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 104-107 |

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| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed

Superior Elements

- Identification of members with persistent utilization.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Algorithm identifies members but response lacked details regarding how information is used.
- Innovations were focused on data and lacked solutions that involve member centric solutions.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 65-70 |

| RFP Question |
|--|
| <p>Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response:</p> <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Evidence offeror has met with providers and community based organizations and tribes.Comprehensive training, including ride-alongs.Stratification goes beyond claims and utilization.Gave examples from other states.Have developed agreements with community partners including Promotoras and CHW's and CHR's. | |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 70-72 |

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| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Comprehensive CQI, that includes desired metrics..Examples provided from other states with positive outcomes.Success with NF transitions to community in several states.Influenced prescribing outcomes by tracking pharmacy data.Evaluation of Bipolar Disorder that led to decrease IP and ED utilization. | |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 72-78 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all of the elements of the question were addressed.
- **No CM involvement from UNM.**
- **Virtual health visits for justice involved individuals lacks engagement with these individuals.**

Superior Elements

- Will deploy successful state program in NM.
- Experience with program in KY may translate to NM.
- Forming partnerships with key and desired community partners.
- Strategies for unable to contact members was desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- No CM involvement from UNM.
- Virtual health visits for justice involved individuals lacks engagement with these individuals.
- Response lacked details regarding engagement with NFs.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 79-81 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Care Manager Assignment engine functions were desirable.
- Stable member reassignment process
- Care Managers are supported with diverse training.
- Response is person-centered.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Offer high-risk members smart phones, but response does not address geographic challenges with the use of cell phones.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 81-83 |

| |
|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all of the elements of the question were addressed

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Addressing NCQA requirements was not addressed thoroughly.
- Response lacked information on how NF LOC is completed in full delegation.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 83-85 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Selection process was follow up approach to delegation is desired.
- Provider performance score cards.
- Will deploy other state best practices.
- Have experience with full delegation in another state.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Training and preparation of providers for delegation was lacking.
- Response lacked details on preventing Care Coordination duplication of services.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 85-87 |

| |
|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Reported Care Coordination satisfaction results are good.
- Satisfaction surveys done regularly.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 87-90 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Evaluation team does not agree with level of care coordination assigned to member and believes member would benefit from care coordination services and a care plan.
- CAL acronym is not defined.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|-----------------------|-----|
| Offeror Name | WellCare | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 90-93 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Use of smart phone.Use of pharmacy lock-in.Monitor ED use by TriCore.Member is provided supports and treatment timely.Person-centered approach and care plan that reflects member goals. | <ul style="list-style-type: none">Care coordination timeframe not described.Relationship with UNM not clear on ED alert.Missed opportunity to leverage existing paramedicine relationship with member. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 4 | Proposal Page(s) Reviewed | 93-97 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- **Clarify with offeror that Personal Care Services are not provided through the NM Department of Aging and Long Term Services.**

Superior Elements

- Providing tablet and glasses to member
- Coordinate with D-SNP.
- Member centric approach in response.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 97-101 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Assigned a Native American care coordinator.
- Good crisis plan.
- Plan to engage with Pueblo Leadership.
- WiFi access challenges are noted.
- Use of tele-monitoring.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Chapter house references are not accurate and response did not demonstrate good knowledge of Native American infrastructure.
- Response does not demonstrate complete understanding of care coordination levels.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|---------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 101-104 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Addressed needs of entire family and member.

Superior Elements

- Working with school is desired.
- Use of grand rounds to staff case.
- Weight issues are addressed.
- Diabetic remote monitoring.
- Appropriate level of care coordination supported.
- Telepsychiatry.
- Care Coordinator assigned was appropriate and experience with complex BH.
- Crisis plan is detailed.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Member satisfaction lacked some detail.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|----------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 104-107 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: |
| <ul style="list-style-type: none"> a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Justice involved members outreach was not timely and does not meet contractual requirements.Engagement level is minimal and lacks understanding of challenges with population.No indication of return to home setting.Hospital discharges lacked detail.Response lacks safety assessment.Lacks clear understanding of the processes required for NF and hospital transitions. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|---------|
| Offeror Name | WellCare | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 107-109 |

| |
|---|
| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Integrated identification and stratification.
- WellCare At Home promising.
- Opioid program results promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Most elements were minimally innovative and some not directly related to care coordination.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 29 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 67-73 |

| RFP Question |
|--|
| Describe the staffing and organizational structure of the Offeror's care coordination unit. At a minimum, the Offeror shall include in the narrative response: |
| <ul style="list-style-type: none"> a) The title, function, and responsibilities of managers within the care coordination unit; b) How the Offeror will ensure a diverse and culturally sensitive staff; c) How the Offeror ensures training on care coordination for complex members, such as Individuals with Developmental Disabilities (IDD), Brain Injury (BI), Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), Dementia and Dually-Eligible Members; d) How the Offeror will employ and utilize care coordinators, with both behavioral health and physical health expertise, who can assess Members with varied needs including housing, employment, food and access to available community resources; e) How the Offeror will make use of existing resources at the local level; and f) How the Offeror will implement internet and smart phone based care coordination and disease-specific care pathways. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response take into account the specific geographic and cultural aspects of New Mexico and provide options for use of local resources? c) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including CSWs? d) Does the response demonstrate a sufficient number of care coordinators and staff to adequately address the needs of members? e) Does the response address levels of supervision that you believe are sufficient to ensure the quality of care coordinators work? f) Does the response include a comprehensive plan for training staff to work with complex populations including ways to measure the efficacy of training? g) Does the Offeror describe the specific activities it will undertake to ensure a diverse and culturally sensitive staff? h) Does the Offeror plan to have staff who are bilingual? i) Does the structure support use of care coordinators experienced in physical and behavioral health needs such that service delivery is fully-coordinated and seamless to the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Person centered practices and certified person planning trainer.
- On-demand real-time glucose monitoring.
- LGBTQ health competency.
- Leveraging and contracting with community organizations.
- Online peer support is a promising practice.
- Team based care that includes addressing SDH.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Efficacy of training was not noted to be evaluated.
- Training regarding dually eligible members not addressed.
- Staffing plan and organizational structure lacked details.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 30 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 74-75 |

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|--|
| RFP Question |
| Identify any measurable results in terms of clinical outcomes and program savings that have resulted from the Offeror's care coordination and/or service coordination initiatives. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the care coordination initiatives are measured with regard to improving coordination of services, quality of care and outcomes? c) Does the response quantify the program savings achieved and how those results could be realized in New Mexico? d) Does the response include measurable successes in New Mexico and/or other states? e) Does the Offeror describe any initiatives focused on behavioral health or integration strategies? f) Does the response include information about how outcomes resulted in program changes or how the "lessons learned" would be applied in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Data shared and some health outcomes were promising.
- Focus on outcomes in LTSS and successful experience in NF transitions.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Some elements lacked sufficient detail.
- Savings and some outcomes reported lacked detail in how savings and outcomes were achieved.
- BH is not addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 31 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 75-79 |

| RFP Question |
|---|
| <p>Describe strategies for reaching Members to engage in care coordination activities. Please address specifically members who are or have:</p> <ul style="list-style-type: none"> a) Homeless and/or transient; b) Significant behavioral health issues (mental health and/or substance abuse); c) Significant cognitive deficiencies and/or Individuals with Developmental Disabilities (IDD); d) Living in Rural, Frontier, and Tribal areas; e) In out-of-home placements (foster care, nursing home); f) Not English speakers; g) Difficult to contact; h) Justice involved; i) Native American; j) Members residing in Nursing Facilities; k) Members who have high Emergency Department utilization; and l) Members who are resistant to participation in care coordination. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question and identified member populations? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities including strength based (identifying member's self-determination and strengths), member-centric care planning? e) Does the response demonstrate knowledge of and plans to utilize and collaborate with local programs and providers currently serving affected members? f) Does the response indicate plans to provide resources with specialized skills to working with members with cognitive and behavioral health needs? g) Does the response demonstrate an approach to working in Tribal areas that is inclusive of Tribal resources? h) Does the response include a variety of methods to engage hard to find or hard to engage members that extend beyond telephonic outreach? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Approach desirable to state.
- Use of Treat First Model.
- Current effort with local hospital.
- Will work closely with NM Health Care Association and NF staff to provide training on MH, first aid and behavioral management.
- Partner with UNM for trainings.
- Justice involved program in AZ will be implemented in NM with research on resources in NM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 32 | Contract Section(s) | 4.4.12 |

| | | | |
|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 79-82 |

| RFP Question |
|---|
| <p>Explain the Offeror's approach to achieving compliance with the maximum Member-to-care-coordinator ratios proposed in the procurement. Include a description of strategies you will employ to:</p> <ul style="list-style-type: none"> a) Monitor and balance caseloads; b) Reassign care coordinators to adjust for caseloads; c) Notify Members of care coordinator assignment and changes in care coordinators; d) Address conflicts between Members and care coordinators; e) Accommodate for travel requirements in Rural, Frontier, and Tribal areas; f) Address high turnover of care coordinators; and g) Implement internet and smart phone based technologies to allow and encourage Members to communicate directly with their care coordinators. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address specific member needs as a focus in care coordinator assignment, including seamless transition to a new care coordinator? d) Does the Offeror's plan allow for flexibility when approaching changes for the most vulnerable members receiving care coordination? e) Does the plan include appropriate levels of supervision to ensure quality and compliance? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Care Grant Program.
- Will install phone line.
- License reimbursement for staff.
- Evaluate effectiveness for staff retention.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Case load balancing lacked some details and evaluation of member satisfaction regarding staff changes.
- Response appears to confuse CNA and HRA.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 33 | Contract Section(s) | 4.4.19 |

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|--------------------------------|----|---------------------------|-------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 82-85 |

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|---|
| RFP Question |
| Explain the Offeror's approach to delegating care coordination in both of the models defined in the Sample Contract while adhering to the oversight and monitoring requirements of care coordination. Include the Offeror's strategies and innovative ideas for addressing NCQA requirements related to care coordination delegation. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the Offeror will identify the ideal providers to conduct delegated care coordination? d) Does the response demonstrate an understanding of and alignment with the State's desire to utilize local, community-based staff including promotoras, Community Health Workers and Community Health Resources? e) Does the response address both partial and full delegation? f) Does the oversight and monitoring described include quality of care coordination as well as adherence to requirements? g) Does the response include a detailed plan to monitor providers, including audits to ensure all care coordination program requirements are met? h) Does the response include technical assistance to delegated providers on care coordination requirements and standards? i) Does the response indicate ways that the delegation of care coordination will benefit the member? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Bi-directional information sharing portal is desirable.
- Working with desired community partners and providers to facilitate LTSS shared delegation and VBP.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details on how NCQA requirements will be addressed.
- Response does not address all functions when describing full versus shared delegation.
- Planned VBP approach limits shared delegation opportunities.
- Delegated care coordination requiring Tier 3 VBP may limit provider who can participate.
- Plan to have discussions with every provider related to ICC appears unrealistic.

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|----------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 34 | Contract Section(s) | 4.4.19, 4.13.2 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 85-87 |

| RFP Question |
|--|
| <p>New Mexico currently has two Health Homes authorized through section 2703 of the Affordable Care Act and is permitting the delegation of care coordination through Value Based Purchasing agreements. Explain how your organization will maintain oversight of the provision of care coordination when delegated to Health Home providers and to other providers/health systems participating in a delegated care coordination model. Responses should address the following:</p> <ul style="list-style-type: none"> a) Oversight and monitoring activities, including audits; b) Evaluation of Quality Assurance; c) Selection process of delegated providers; d) Member satisfaction, including how delegation of care coordination is seamless to members; and e) Assurance that care coordination and services are not duplicated. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the health home model? d) Does the response indicate an understanding of the requirements of full delegation and address ways to ensure compliance between this model and a Health Home provider? e) Does the response include a detailed plan to monitor providers, including audits to ensure all program requirements are met? f) Does the response provide innovative ideas related to building more provider based care coordination that can be implemented in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- **Unclear if offeror understands that health homes should not be included in VBP arrangements.**

Superior Elements

- Monitoring and oversight response was detailed.
- Discussions with health homes have occurred.
- Delegated care coordinators have access to same training as internal staff.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Unclear if offeror understands that health homes should not be included in VBP arrangements.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 35 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|----|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 88 |

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|---|
| RFP Question |
| Describe how the Offeror will assess and evaluate effectiveness of its care coordination processes. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach described include a focus on both compliance and quality? d) Does the approach include an appropriate formal program evaluation at least annually? e) Does the response describe potential activities to implement based on results of evaluation? f) Is there enough supervision to provide correction and guidance when care coordination is less effective than desired? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Utilization data for self-directed care is evaluated.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Timeliness of assessments and outreach lack benchmarks that are consistent with contract standards.
- Process of assessment and effectiveness of care coordination lacked significant details.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 36 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 88-91 |

| RFP Question |
|---|
| <p>A 25 year old female member who is an undocumented immigrant from Mexico lives in Anthony, New Mexico near the U.S./Mexico border. This member originally received coverage through Category of Eligibility (COE) 085 (Emergency Medical Services for Aliens) and was later enrolled in COE 049 (Medical Assistance for Refugees) and recently gave birth. During the member's pregnancy, the member was a high utilizer of the ED due to pregnancy complications. After giving birth, the member's infant son has been diagnosed with Jaundice. The nearest primary care provider is 30 miles away from the member's home, and the member does not own a vehicle. Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; h) Monitoring improvement of Member outcomes; and i) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address the needs of the baby and mother? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the MCO assess for the need of a Spanish speaking CC? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the types of issues presented in the scenario resulting in proven strategies? f) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? g) Does the response include active support to link the member to community resource needs that extend beyond providing community resource contact information? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? j) Does the response include appropriate follow-up with the member to ensure all issues are fully resolved? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Person-centered planning was evident.
- Bilingual care coordinator was provided.
- Pediatric Case Management offered to baby.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Pregnancy management program was not defined and unclear how model functions.
- Insufficient resources identified for baby.
- Post delivery services were not defined.
- Did not address access issues.
- Provider options still posed significant transportation issues for member.
- Transportation options beyond neighbors should be explored.

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | Committee Member Name | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 37 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 91-94 |

| RFP Question |
|--|
| <p>A 53 year old Caucasian, male member is a homeless veteran living in Albuquerque, New Mexico. He has Post Traumatic Stress Disorder (PTSD), and substance abuse issues (alcohol and prescription opioid medications). The member is often unreachable and lacks reliable contact information. However, the member frequently utilizes different EDs in the metropolitan region to obtain pain medication or when he overdoses. The only providers that have regular contact and knowledge of his whereabouts are Emergency Medical Technicians (EMT) who have restricted Personal Health Information (PHI) access.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; j) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate effective strategies to locate and maintain contact with the member (use of local resources like EMT, homeless shelter contacts, CHW, real-time notice from ER)? d) Does the response suggest the member may be evaluated as appropriate for delegated CC such as health home or PCMH practice or Shared Functions Model such as Paramedicine program? e) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? f) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies, particularly addressing substance use and behavioral health issues? g) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• Need more information on the SUD-segmentation model. | <ul style="list-style-type: none">• Coordination was good.• Use of housing specialist.• Referenced existing community resource agencies.• Use of BH Home.• Plan to develop shared agreements with paramedics.• Level 3 assignment was supported.• Crisis plan was comprehensive and anticipated potential needs.• EDIE is leveraged for engagement and follow up. | <ul style="list-style-type: none">• Not clear how the delegation will work including oversight and how duplication will be avoided. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|-------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 38 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Score (0 – 5) for part (a) | 4 | Proposal Page(s) Reviewed | 94-98 |

| RFP Question |
|---|
| <p>An 85 year old female member is home bound and needs assistance with bathing, meal preparation and has fallen several times down the stairs in her front porch. She has no natural supports. The member is often verbally abusive to her care coordinator. She frequently contacts the State to express dissatisfaction with her care coordinator and lack of services.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; k) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address potential behavioral health needs and include an assessment and/or referral to services? d) Does the response address the member's social needs to improve successful outcomes (food, shelter, transportation)? e) Does the approach include interventions to support the member in the community and reduce risk of facility placement? f) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? i) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Active listening and motivational interviewing leveraged.Clear understanding of requirement to contract with eligible PCS providers.Plan was proactive for potential needs.Passive sensor monitoring is promising.Pilot with Options (PCS agency) to use mobile technology phone app that connects PCS providers to the MCO is desirable.Care Giver training model desirable.Active solicitation of member's preferences and outreach to member.Level 3 assignment is supported. | <ul style="list-style-type: none">Concern about HCBS functional assessment.DME needs not addressed.Smart phone access issues not detailed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|--|---------------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 39 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 98-101 |

| RFP Question |
|--|
| <p>An 88-year old Native American female lives in a pueblo community, approximately 40 miles from the nearest Indian Health Service (IHS) clinic. She lives in a four bedroom Housing and Urban Development (HUD) rental home with her two adult sons who are both alcoholic and unemployed. A Community Health Representative (CHR) from her pueblo provides transportation several times a month for regular Primary Care Physician (PCP) appointments. The CHR also confirms this member has heat/wood, electricity, and water as utilities that the pueblo shuts off periodically during rolling blackouts. Furthermore, the CHR checks in on the member every week to make sure the member is safe as her sons are often intoxicated. In the event of a major health event, such as a fall, this member would need emergency transportation to the nearest urban hospital. In extreme weather, her home may be difficult to access due to dirt roads.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ol style="list-style-type: none"> Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; If applicable, list services included in the Comprehensive Care Plan; If applicable, monitoring of the comprehensive care plan and involvement of other team members; If applicable, referrals to other community services; Frequency of care coordinator engagement with member; Relationship with Utilization Management and other internal and external parties; Resolution of conflict and crisis situations; Monitoring improvement of Member outcomes; and Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the Offeror plan to provide the member with a Native American care coordinator and include methods to coordinate with the CHR and avoid duplication of effort? Does the response take into account the specific geographical and cultural aspects of New Mexico? Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? Does the response include specific information about development of an emergency plan and ideally what might be included in the emergency plan? Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Most elements of the question were addressed.Assignment to Level 2 support is unclear; need to understand what Offeror means by “complex social needs” | <ul style="list-style-type: none">Response includes installation of land-line in home.BH supports to family.Leverage community health representative. | <ul style="list-style-type: none">Lack of understanding of rolling black outs and LIHEAP is not considered.Some resources were web-based which may not be best choice given age, culture and geographic location of member.Assignment to Level 2 support is unclear.Coordination with Medicare is lacking detail. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|--|---------------------------|---------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 40 | Contract Section(s) | 4.4 |
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 110-111 |

| RFP Question |
|--|
| <p>A 14 year old male with a diagnosis covered within the severe emotional disturbance criteria has been recently diagnosed with asthma and Type 2 diabetes. He is also morbidly obese. The family and behavioral health provider are requesting an out of home placement to treat his oppositional defiant disorder. However, he needs nebulizer treatments, insulin injections and weekly medical monitoring to assess stabilization of his medical conditions. The member and his family reside in Harding County and cannot easily travel to the proposed residential treatment center. He is not in CYFD custody and the family would need to be closely involved in his treatment at the out of home placement.</p> <p>Please describe the care coordination process the Offeror would implement for the Member in this Scenario. The Offeror's responses should address each of the care coordination elements listed below:</p> <ul style="list-style-type: none"> a) Based on the Comprehensive Needs Assessment, identify the level of care coordination and if the member meets a Nursing Facility Level of Care; b) If applicable, list services included in the Comprehensive Care Plan; c) If applicable, monitoring of the comprehensive care plan and involvement of other team members; d) If applicable, referrals to other community services; e) Frequency of care coordinator engagement with member; f) Relationship with Utilization Management and other internal and external parties; g) Resolution of conflict and crisis situations; m) Monitoring improvement of Member outcomes; and h) Identification of opportunities to implement internet and smart phone based applications to streamline each of the applicable activities above. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response include support services and training for the member and the family to understand and address the member's needs? f) Does the response indicate consideration for delegated CC to a Health Home or other community based practice? g) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? h) Does the response include appropriate interventions and supports to avoid out-of-home placement? i) Does the response address transitions of care with a focus on safety and member satisfaction? j) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? k) Does the response address coordination of service and a team approach to meeting physical and behavioral health needs for the member? l) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Use of childhood obesity program.
- Use of Centennial Care Rewards.
- Provided support services for family.
- Care giver assessment conducted.
- Use of ECHO.
- Identified community resources.
- Utilize UNM wrap-around.
- Care Coordination Level 2 assignment is supported.
- Integration of physical and behavioral issues is evident.
- BH needs of family were considered.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Football team solution was not linked to how physical issues may impact ability to participate
- BH respite not considered.
- **Referral to Health Home appeared to lack understanding of Health Home Care Coordination delegation.**

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|----------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 41 | Contract Section(s) | 4.4.15, 4.4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 105-110 |

| RFP Question |
|--|
| Describe your organization's care coordination plan for each scenario below that involves a Member who is experiencing a transition of care: a) Out-of-state to in-state placement; b) Hospital inpatient discharge; c) Nursing Facility to Community; d) 1915c waiver program to 1115 waiver program; and e) Justice-Involved Member released into the community. |
| Response Consideration(s) |
| a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the response demonstrate an understanding of and alignment with the State's priorities to design care coordination that is member-centered and customized to the member's strengths and needs? e) Does the response demonstrate experience in addressing the issues presented in each scenario resulting in proven strategies? f) Does the response address transitions of care with a focus on safety and member satisfaction? g) Does the response demonstrate a clear and effective approach to working with members who have multiple and complex needs? h) Does the response include an appropriate level of checks and balances for the quality of assessments and efficacy of services provided to members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

- Hospital transition plan comprehensive and met contract requirements and standards.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Transition from NF to community indicates CNA will be conducted post transition which is not consistent with contract requirements.
- Response lacks understanding of Agency based and self-directed eligibility requirements.
- Monthly contact requirement not addressed.
- ALTSD coordination not addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Care Coordination, Transitions, Assessments and Care Plans | RFP Section(s) | 6.4 |
| Question Number | 42 | Contract Section(s) | 4.4 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 45 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 110-111 |

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| RFP Question |
| Describe proposed innovations in Care Coordination. Provide examples of successful innovations implemented in New Mexico and/or other states. Identify opportunities to increase the use of personal technology to improve member access to services and improve cost effectiveness of services. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on measurable success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Some elements of the question were addressed. | | <ul style="list-style-type: none">Lacking details on how planned activities will be operationalized.Lack of outcomes and examples to support the planned approach.Technology focused solutions versus member centric solutions. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 108-110 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Schedule of future care coordinator visits.
- Use of tickler for Medicare enrollment.
- Value-add service for community transitions of \$1500 is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Aging out of COE 100 is not addressed.
- Self-direction offered prior to 120-day requirement.
- Health Home placement is not supported.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 111-115 |

| RFP Question |
|--|
| <p>Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively:</p> <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none">Hiring of an FMA manager.Semi-annual monitoring of FMA. | <ul style="list-style-type: none">Response lacks details on offerors processes.Back-up plan is not addressed.Monitoring of FMA and support brokers is not well addressed.Oversight activities lacked details.Support and education of members choosing self-direction is limited.Response demonstrates a lack of understanding of the role of FMA. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 115-117 |

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| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Data exchange from MMIS to Amerigroup and First Data was unclear.Monitoring responsibilities and frequency were not clear.Cures Act is not addressed.Experience in TN is lacking details.Health Insight Platform lacked details to understand functionality.Unclear if offeror understands requirement to contract with First Data.Fraud and abuse monitoring is not detailed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 118-119 |

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| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response is poor, only some elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked details to fully evaluate.Specialty services are not addressed.Response includes strong actions that may be taken with NF's and lacks partnering, training and education.Some elements in response do not appear aligned with question.Response indicates lack of understanding of Level 1 and Level 2 PASRR roles and responsibilities and process in NM. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 120-122 |

| RFP Question |
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| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Process flow for PCS is easy to follow.Member centric approach that includes meetings with member. | <ul style="list-style-type: none">Alternative services and/or community resources to support member and caregiver were fully explored and considered. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 122-126 |

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| RFP Question |
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- How offeror will manage members who are aligned and non-aligned is addressed.
- Educating providers on balanced billing is desired.
- E-meds home safety evaluation is desired.
- Leveraging experience in other states that could be leveraged in NM.
- Care coordinators are required to be familiar with Medicaid and Medicare coverage.
- Experience with cross-over claims.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 126-127 |

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| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | | <ul style="list-style-type: none">Annual presentation from vendor to drive emerging technology lacks details.Issues in rural and no-tech zones are not addressed or solutions provided. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------|---------------------|---------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 127-132 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- E-meds home safety evaluation.
- PCS incentive program is desired.
- Identification of members with IDD predictive profile and risk stratification model to conduct proactive care planning.
- Chronic illness intensity index is used to identify members who need complex care coordination and members with emerging risk is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 111-113 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Safe-link wireless with direct connection to care coordinators.
- Welcome Home benefit to supplement housing expenses.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- COE 100 is not addressed and response lacks understanding of member's eligibility and allocation process.
- More specificity in services offered to member is desired and community benefit services descriptions lacks details.
- CCP process is not described.
- Member privacy is poorly addressed.
- Transition of care is lacking details.
- Medicare is not addressed.

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 114-117 |

| RFP Question |
|---|
| Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively: <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> Nearly all aspects of the question were addressed. How Annual Flexible Benefit will work functionally was not clear and will require follow-up with Offeror. | <ul style="list-style-type: none"> Back-up plan monitoring process is desired. Offer training to direct service providers. | <ul style="list-style-type: none"> FMA monitoring lacks details regarding the process. How Annual Flexible Benefit will work functionally is not clear. Approval of services and budgets are not addressed. FOCUS is not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 118-119 |

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|---|
| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | <ul style="list-style-type: none">Rural and Frontier areas and addressing connectivity issues are addressed and include technology solutions. | <ul style="list-style-type: none">Fraud and abuse monitoring lacks details on methods to monitor.Response demonstrates a lack of understanding of current processes in NM- for example use of tablets.Evaluation of IP claims is promising process, but links to EVV are not detailed.Quick response code option is not well defined and review team would like more information. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 120-122 |

| |
|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Response demonstrates lack of understanding regarding roles responsibilities for specialized services and overall PASRR process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 123-125 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Offering caregiver supports and respite.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks detail regarding sequence of events.
- Response lacks details regarding appeal rights including Fair Hearings.
- References to functional calculator lacks details to fully evaluate.
- Limited follow up with provider agencies to ensure services commence.
- Limited exploration of community resources and supports for member.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 125-127 |

| RFP Question |
|--|
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Single care coordinator for aligned members is desired.
- Response includes outcome metrics for care coordination and would be applicable to NM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks details on how experience will be leveraged to support NM.
- How outcomes are achieved lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 128-129 |

| |
|---|
| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Collaboration with Home Care Association is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response does not include innovations or new ideas to improve EVV functionality.
- Quick response code is not clear and lacks details to fully evaluate.
- How Offeror will work with vendor lacks details.
- Experience does not include current use of EVV.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 129-133 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.
- Welcome Home Benefit appears promising, but needs more information to understand how this benefit works.

Superior Elements

- Technology solutions are desired including, Comcast technology solution medication reconciliation technology and home tele-monitoring.
- Use of project ECHO is desired.
- Welcome Home Benefit appears promising.
- Self-Direction flexible community benefit.
- Partnership with NM Direct Caregiver Coalition.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Institutional respite is promising practice but applicability to NM may be limited.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|---|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 110-112 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Partnering with ALTSD for care transition.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks details related to CCP and Community Benefit.
- Transition plan lacks details.
- Medicare coordination lacks details.
- Several coordinator types are referenced, but roles and responsibilities are not defined or how coordination will occur and who is single point of contact for member.
- Not clear the community resources or supports explored for member.
- Medically frail exemption is not addressed.
- Response demonstrates a lack of understanding of eligibility process.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 112-116 |

| RFP Question |
|--|
| Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively: |
| <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">• All elements of the question were addressed but the response lacked detail.• Standard reporting to measure FMA compliance. | <ul style="list-style-type: none">• Critical incident management as part of program monitoring is desired.• In person meetings with support brokers is desired.• 40- hours of orientation training to support brokers is desired. | <ul style="list-style-type: none">• Lack of details regarding monitoring member outcomes.• Back-up plan is not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 116-119 |

| |
|---|
| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the questions were addressed.

Superior Elements

- Audits conducted include details is a desired process.
- Authorizations and self-accountability is desired.
- Ad-hoc reports to investigate findings on First Health score card is a desired practice.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 119-120 |

| |
|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Utilization management reviews recommended services and makes recommendations to care coordinator.

Superior Elements

- Specialized services are addressed with examples.
- EDIE system used to track ED utilization and alerts care coordinator.
- IP utilization tracking with alerts to care coordinator.
- Care coordinator assesses that NF is providing services is highly desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-----------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 120-123 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.
- Fair hearing is addressed.

Superior Elements

- Consideration of PHI and sharing information with outside agencies is addressed.
- Consideration of other community benefit services is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Spouse needs are not addressed.
- Missed opportunity to consider respite.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 123-126 |

| RFP Question |
|--|
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Response indicates that Offeror only includes members who are aligned within their D-SNP and review team recommends follow-up on this process.

Superior Elements

- Supplemental benefits are provided to D-SNP members is desired.
- Community paramedicine program is used as D-SNP benefit to assess members after discharge is promising practice.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 126-128 |

| |
|---|
| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Response lacks innovations and new ideas.Commitment to solution no tech-zone issues is desired, but response lacks details.Detailed ad-hoc reporting within EVV and identifying cost efficiencies is desired but response lacks details on how this will be achieved. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|---------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 128-132 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.
- Use of hospitalist for NF rounds is desired and an element of the response the team would like to follow-up on.

Superior Elements

- Alexa pilot to contact care coordinators is innovative and promising practice.
- Home delivered meals is promising practice.
- E-mod use for at-risk populations is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response includes innovations but commitment to implementation is not clear for several innovative elements.
- Patient Activation program was not well defined.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 113-115 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Assisting with Medicare application is desired. | <ul style="list-style-type: none">Community benefit is not adequately addressed.Response indicates a lack of understanding of Medicaid eligibility.Unclear how housing need is addressed.Limited follow up to ensure BH services are provided. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 117-122 |

| RFP Question |
|--|
| <p>Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively:</p> <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none">• Self-directed roles are defined.• Support broker and FMA management is detailed.• Use of regular performance reports.• Good management of budget.• Regional Self-Direction Advisory Committees is best practice. | <ul style="list-style-type: none">• Response includes use of term 'agency' for personal support needs – the use of the term is confusing.• IPOC is noted but not relevant to self-direction.• Regional self-direction advisory committees noted but not clear how they will function and be fully functional. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 123-124 |

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|---|
| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Methods for monitoring are good.
- Emailing notifications to care coordinator when caregiver doesn't show or shows up late is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks detail on types of reports used.
- Response lacks detail on fraud and abuse process and responsible staff.
- Use of EVV for self-direction lacks details to fully evaluate the approach.
- Response indicates a lack of understanding of use of EVV with self-direction.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 125-126 |

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|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- NF embedded care coordinator reviews PASRR is promising practice.
- Specialty services are addressed.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Referring members to aging for waiver services lacks sufficient detail to evaluate.
- Response lacks understanding that Department of Aging is not part of HSD.
- IPOC is noted but it is not relevant for PASRR.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 127-128 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Communication with agency and personal caregiver is good.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding communication and coordination with agencies.
- Lack of written explanation to explain flow-chart.
- Caregiver needs are not fully addressed and lack detail.
- Community resource options lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 131-134 |

| RFP Question |
|--|
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? Or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Response includes details regarding process to manage aligned and non-aligned members.Aligned members are provided single care coordinator.Promote ICT participation through payment incentives.Crossover claims processing.Offeror Medicare experts are made available to training on benefit coordination and cost sharing. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 134-136 |

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| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- How Offeror will require vendor to update technology through contract requirements is desired.
- Leveraging lessons learned from experience in other states is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response contains limited innovations and new ideas.
- Response lacks details on how interventions will be implemented.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---------------|
| Offeror Name | Molina | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 136-139 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Supportive Housing Coalition MOU and Albuquerque continuum of care is desired.
- Relaxed check-out line training program dedicated to vulnerable populations is creative and promising.
- Evaluations to ensure vehicle type used is appropriate is promising practice.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Social impact financing mechanisms is not defined.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 112-116 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Person centered approach.

Superior Elements

- Each step of process is outlined and detailed.
- Notified Social Security Administration regarding change in member status.
- Identified change in ASPEN.
- Medicaid eligibility competency is clear
- Person centered approach.
- Facilitated tours of assisted living facilities.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- BH needs are addressed but lack follow up to determine outcome.
- Coordination with Medicare lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 116-122 |

| RFP Question |
|--|
| <p>Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively:</p> <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Robust oversight of support broker that includes daily monitoring, audits, and tracking member contacts.• Grievance process includes collaboration with agency for solution to identified issues. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 122-124 |

| |
|---|
| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.
- EVV functions description.

Superior Elements

- Areas of review cross multiple departments.
- Real time monitoring and daily reports.
- Response is structured and easy to read.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Types of data and reports that will be utilized lack details.
- References to support broker agency appears to be an error.
- Grammatical issues were noted by reviewers.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 125-126 |

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|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- The response was minimally acceptable and did not address most elements of the question.

Superior Elements

- Specialty NF LOC team within UM to review requests from NF's.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Specific services that will be provided are not detailed.
- MR or IDD are not included in response.
- Response does not include how PASRR specialty services are evaluated.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 126-128 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed

Superior Elements

- Considered a variety of alternative resources including technology solutions and respite for member and family.
- Follow-up with providers is evident and comprehensive.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 128-130 |

| RFP Question |
|--|
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? Or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Care Coordination lead is desired but review team would like to understand how care coordination is coordinated across the organization for aligned members.

Superior Elements

- Subpopulations are broken out with details.
- Face to face contacts used.
- Response includes good NM experience.
- Specialty care coordination team to support this population with detailed trainings and staff must pass core competencies.
- Enhanced interventions following hospitalization.
- Response demonstrates understanding of aligned members.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 130-132 |

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| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Working with ATT and Alltel to expand connectivity.
- Use of biometrics is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response focuses on current functionality and lacks innovations, new ideas or emerging technologies.
- Unclear how the MCO will enforce updates with EVV vendor.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 132-135 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Independent certified contractor for e-mod is desired.
- Critical incident coordinator is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Value based purchasing with long term care providers and NF's lacks new ideas or innovations.
- Medication management is desired but lacks details on how it will be operationalized.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|---|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 108-111 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> Nearly all aspects of the question were addressed. Use of custodial stay included information on transition to community. | <ul style="list-style-type: none"> Coordinating with D-SNP is desired. | <ul style="list-style-type: none"> Institutional care coordinator develops transition plan, then hands off member to a field coordinator. Review team was unclear why multiple care coordinators are needed and who single point of contact is for member. Identification of Ombudsman is not provided and role is not clear with regard to housing specialist functions. Supportive housing specialist role is not described and how housing issues are resolved. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 112-115 |

| RFP Question |
|---|
| Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively: <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed.Review team recommends follow-up on the support broker model being brought in-house. | | <ul style="list-style-type: none">Contractor's response focused on barriers versus opportunities to improve coordination and oversight of the FMA. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 116-118 |

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| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Dedicated staff for monitoring EVV is desired.
- Q-Card use with care giver is promising practice.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Staff responsible for and interventions for monitoring lacks details.
- How system will be used for reporting lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|-------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 119-122 |

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|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | | <ul style="list-style-type: none">No detail on how specialized services are assessed and included in care plan.Response lacks details regarding comprehensive care plan.Response fails to describe efforts to address instances where NF's fail to perform PASRR. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|-----------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 122-124 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Caregiver supports are addressed.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Fair hearing process is not addressed.
- Response indicates the offeror will only reassess if change in condition is supported. This is not consistent with contract requirements.
- Response demonstrates a lack of understanding of denials as defined in contract.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 125-127 |

| |
|--|
| RFP Question |
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Response demonstrates an understanding of the population and coordination required.
- Partial D-SNP members are evaluated for waiver eligibility.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Unclear how Medicare HRA will be used and relevance to this question.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 127-129 |

| |
|---|
| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• Nearly all aspects of the question were addressed.• Gather provider feedback on EVV improvements. | | <ul style="list-style-type: none">• Response lacks innovative ideas or emerging practices.• Response lacks details on requirements for vendor updates. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|---------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 129-132 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Caregiver support survey and caregiver self-assessments are promising practices.
- Telephonic support services for caregivers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks data and outcomes to support examples.
- Response is largely focused on dementia.
- PCS pilot appears promising but lacks details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 110-116 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Task timing tool for PCS hours is desired.
- Medically frail exemption is addressed.
- D-SNP alignment is addressed.
- Arranged for specialty services in NF.
- Person-centered approach is strongly desired.
- Proactive in engaging with local resources.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response demonstrates a lack of understanding of 120-day requirement.
- Response appears to demonstrate a lack of understanding of health homes.
- Comprehensive Care Plan distribution that includes non-covered services organizations lacks details on how PHI will be maintained.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 117-121 |

| RFP Question |
|--|
| <p>Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively:</p> <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none"> All elements of the question were addressed but the response lacked detail. | <ul style="list-style-type: none"> Financial reconciliation process was desired. Responsibilities for monitoring were outlined. Training of support brokers is desired. Support Broker monitoring process desired. Video on self-direction is promising practice. | <ul style="list-style-type: none"> Response appears to lack understanding that there is one FMA. Response lacks understanding around FMA requirements. Response lacks details regarding budgeting and how plan of care is developed and the role of FOCUS. EVV and personal care services are included but not currently used in self-direction. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 121 |

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| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">The response was minimally acceptable and did not address most elements of the question. | | <ul style="list-style-type: none">Response lacks understanding that EVV generates claims and claims would match EVV.Response lacks details.Vendors required by contract are not addressed in response.Response lacks details to demonstrate an understanding of how EVV functions in NM. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 121-122 |

| |
|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | | <ul style="list-style-type: none">Response lacks details.Response addresses specialty services but services were not comprehensive.Offering telemedicine/telepsychiatry is promising practice but needs more details on how service will be used.Monitoring of NF's to ensure PASRR is completed for all members is not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 122-125 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Attempts to build consensus with member regarding hours prior to denial is desired.
- Time and Task study to determine PCS hours is desired.
- Process is well outlined.
- Involving provider to verify the member's declining health or changes in health status is promising practice.
- Assessing spousal needs is desired.
- Member's plan of care and coordination with providers is conducted to support addressing a complaint with member.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Process includes multiple assessments and reassessments of member: for example, multiple time task studies.
- Deferring denial resolution to HSD is not desired.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 125-126 |

| RFP Question |
|--|
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all aspects of the question were addressed.

Superior Elements

- Application process for D-SNP in NM is started.
- Coordination of care includes coordination with other health plans.
- Discharge planning process prioritizes effective coordination of services.
- Payment to providers is addressed.
- Training for customer service representatives and care coordinators is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Some elements lack details.
- Response has limited information on how experience transitions to NM.
- Experience identifies states, but limited information on process and operationalization.
- Subpopulations are not fully addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 126 |

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| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">The response is poor, only some elements of the question are addressed. | | <ul style="list-style-type: none">Overall, response lacks sufficient detail to evaluate the approach.No updated technology and functionality are outlined.Vendor contracting is not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 127-129 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- PCA certification and training incentives are desired.
- Tips on self-direction videos are best-practices and translate to NM populations.
- Training on the web-portal and focus on claim submissions of non-traditional providers is promising.
- Health Connector Program increasing access to community partners is desired.
- Community provider performance scorecard is desired.
- Use of social media chat room is innovative and promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Missed opportunity to leverage community provider scorecards for value based purchasing efforts.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 43 | Contract Section(s) | 4.4.1, 4.4.1.7, 4.4.5, 4.4.9, 4.4.15, and 4.5.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 112-115 |

| RFP Question |
|--|
| <p><i>Scenario G. – for Question 43</i></p> <p><i>A 64 year old man was admitted to the hospital for a major stroke in early May. It has been determined that because of the stroke, this Member will need to be admitted to a NF for rehabilitation due to mobility limitations on the left side of his body. It is unknown if any mobility will ever return and if the member will be able to live in the community independently. The gentleman has no family members living in New Mexico. He lost his wife six months ago to cancer and is suffering from severe depression. The NF assisted the Member with the submission of the Medicaid application to the Income Support Division (ISD) in May and he was approved for Medicaid in July, retroactive to May. His current category of eligibility (COE) is 100 which is Other Adult Group (Expansion) category. Individuals can only have this COE until they turn 65 years old and become eligible for Medicare. This Member will turn 65 in October and will lose his Medicaid. He has made significant progress with his rehabilitation and is expressing desire to return to the community and receive long-term care services and support services at home. Although progress has been made, he has permanent mobility limitations, including the need to use a walker. After his wife passed way, he sold his home and moved into a one bedroom apartment which is no longer available.</i></p> <p><i>Using Scenario G: Describe in detail how the Offeror will initiate and manage care, including services, supports and treatment options to achieve the best outcomes for the member.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the Offeror's response address all relevant sections of the contract? b) Does the Offeror's response fully address all aspects of the question? c) Does the Offeror's response describe the role of the care coordinator, consistent with expectations under Centennial Care? d) Does the Offeror's response provide a person-centered approach to service delivery where the member is asked and defines objectives, goals and outcomes? e) Does the description address assessing the comprehensive needs of the member, including but not limited to physical health, behavioral health, LTSS, community benefits, supportive housing, medical equipment, etc., and using the assessment results to develop a transition plan? f) Does the Offeror's response provide details regarding how the member will be educated about the process, steps in the process, timeframes and available options? g) Does the Offeror's response indicate how it will assist the member in all transitions of care (including transition of data and plans of care), follow-up and monitoring following transitions to ensure successful placement? h) Does the Offeror's response address the measures that will be put in place to ensure adequate availability of and access to services and supports after the member turns 65 and loses Medicaid? i) Does the Offeror's response include how the member will be evaluated for potential eligibility for Medicare, LTSS and/or other waiver benefits? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Partnering with Area on Aging.
- Use of vocational rehabilitation is desired.
- Self-direction video is desired.
- Care plan is person-centered.
- Transitions standard checklist is promising practice and is person centered.
- Proactively connect with Medicare team for enrollment.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response does not indicate full understanding of medically frail exemption.
- 120-day self-direction community benefit requirement is not understood.
- Level 3 Care Coordination is not fully-supported.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 44 | Contract Section(s) | 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 115-120 |

| RFP Question |
|--|
| <p>Describe the Offeror's strategy for implementing and monitoring a self-direction long term care program. At a minimum, the Offeror's response should describe proposed strategies for effectively:</p> <ul style="list-style-type: none"> a) Overseeing and coordinating with the Fiscal Management Agency (FMA) (an MCO subcontractor); b) Contracting with or employing support brokers and ensuring that support brokers conduct required activities to support self-directed members; and c) Monitoring Support Broker activities and member outcomes. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include a description of how members are educated about the opportunity to self-direct their care and the supports available for those who chose to do so? d) Does the Offeror's response include a description of how budgets are developed, monitored and updated as appropriate and the triggers to ensure that these processes occur timely? e) Does the Offeror's response include a description of the criteria and measures that will be used to determine effective FMA practices, who will monitor, the timeframe for monitoring and how identified issues will be resolved? f) Does the Offeror describe how it will provide sufficient supports (such as training, FMA, etc.) to members to facilitate success? g) Does the Offeror describe the role of care coordinators and support brokers and the distinction between the two and how members will be educated about the roles of each? h) Does the Offeror's response include sufficient measures and processes to monitor member health and welfare and to implement necessary actions for those who are unable to successfully self-direct their care, or are not getting needs effectively met through self-directed care and require additional supports? i) Does the Offeror's response indicate how it will monitor to ensure back up plans are in place for each member who chooses self-direction, are appropriate and executed timely? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none"> • All elements of the question were addressed but the response lacked detail. • Use of UNM Center of Developmental Disabilities for FMA oversight was unclear to review team and warrants follow-up. • Use of employer of record self-assessment | <ul style="list-style-type: none"> • Emergency plan is good and includes secondary back-up support through contracted PCS agencies which is considered a best practice. • Response indicates good understanding of and experience with self-direction. • LOA initiated with 5 Support Broker Agencies. • Suite of training for members and care givers and direct service providers is desired. | <ul style="list-style-type: none"> • Details regarding FMA oversight is needed to fully evaluate. • Budget process and plan development lacks details. • Coordination between care coordinator and the support broker lacks details. • Unclear how community partner portal will align with FOCUS. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 45 | Contract Section(s) | 4.4.14 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 120-123 |

| |
|---|
| RFP Question |
| Describe how information received from the EVV system will be used by your organization to monitor for fraud and abuse and ensure appropriate service delivery? |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address the data that will be collected and shared? d) Does the response provide sufficient information regarding how monitoring will occur, who will conduct the monitoring and what it will entail? e) Does the Offeror indicate how the information will be used to improve the delivery of personal care (Agency-Based and Self-Directed) and respite services both at the individual and state level? f) Does the Offeror's response demonstrate experience with EVV systems? g) Does the Offeror's response demonstrate knowledge of the federal EVV requirements as set forth in the Cures Act? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question are addressed.

Superior Elements

- Experience with First Data in another state.
- Detailed information on reports and data that offeror will use.
- Notification alerts are used to monitor members and collaboration with provider agencies is highly desirable.
- Special investigations unit audits claims.
- EVV used as tool to identify gaps in personal care with intervention example.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 46 | Contract Section(s) | 4.4.10.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 123-125 |

| |
|--|
| RFP Question |
| Describe how your organization will monitor Pre-Admission Screening and Resident Reviews (PASRR) and provide specialty services. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide sufficient detail to indicate how the monitoring will occur, who will conduct the monitoring and what it will entail? d) Does the response indicate the Offeror's understanding of the PASRR process, the distinction between PASRR level 1 and PASRR level 2 screens and the timing of each? e) Does the response demonstrate the Offeror's understanding of specialized services and how they are used to support a member in an NF? f) Does the response include how the Offeror will ensure specialized services are provided to members when identified as a need through PASRR evaluations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Nearly all aspects of the question were addressed. | <ul style="list-style-type: none">Education and technical assistance to stakeholders; hospitals, advocacy organizations, and NF's is desired.Targeted Training Collaborative is desired.Process to ensure screenings are conducted prior to admission to NF is desired.Use of incentives to NF's for meeting PASRR requirements is desired. | <ul style="list-style-type: none">Specialized services are not addressed in response.PASRR Network is not defined and was unclear to review team. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 47 | Contract Section(s) | 4.4.5, 4.4.9, 4.12.11 and 4.12.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 125-128 |

| RFP Question |
|--|
| <p>Your organization recently received an authorization request for an increase in Personal Care Service (PCS) hours for a member. You have already approved 20 hours a week of PCS for this member, but the member's representative, who is also the member's spouse and unpaid caregiver, believes 45 hours are necessary due to the member's declining condition. The member's representative is very upset at the current allocation of hours and has contacted several different State and Federal agencies, including legislators.</p> <p>a) How would the Offeror address this situation with the member, the representative and involved agencies?</p> <p>b) Include an explanation of the Offeror's processes associated with both approval and denial of this request for increased PCS hours.</p> |

| Response Consideration(s) |
|---|
| <p>a) Does the response fully address all aspects of the question?</p> <p>b) Is the Offeror's description of the process for approval and denial consistent with contract requirements?</p> <p>c) Does the Offeror provide a description that clearly lays out a strategy for engaging each of the key stakeholders, how they are engaged, the order in which they are engaged and the substance of the communication with each?</p> <p>d) Does the response provide a logical description of the issue resolution process that is consistent with person-centered planning processes?</p> <p>e) Does the Offeror note the role of the care coordinator in the process?</p> <p>f) Does the Offeror's response indicate how it will determine the member's need for an increase in PCS hours?</p> <p>g) Does the Offeror's response address the possibility of alternative solutions such as authorizing other appropriate CB services (i.e., adult day health) and the ability of non-Centennial Care supports to provide assistance?</p> |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed but the response lacked detail.

Superior Elements

- Response leverages a variety of community resources and technological solutions.
- Caregiver assessment is desired.
- Case conference used prior to appeal is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response references old PCS tool.
- 40-hour maximum noted in response is incorrect.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 48 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 128-131 |

| |
|--|
| RFP Question |
| Describe your organization's experience working with dually eligible members (Medicaid and Medicare) and include any experience with Dual Eligible Special Needs Plans (D-SNPs). If the Offeror does not have any experience, describe plan to develop D-SNPs. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror's response reflect an understanding of the role of Medicare in providing services and supports to dually eligible members? c) Does the Offeror's response provide a description of the coordination with a member's Medicare benefits and services and how this occurs? d) Is the Offeror's experience relevant for the Centennial Care population? or e) If the Offeror does not have experience with dually eligible members, does the Offeror provide a comprehensive description of the steps it will take and timeframe to develop D-SNPs? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question are addressed.

Superior Elements

- Medicaid wrap-around benefits are addressed.
- Single-point of accountability to coordinate services regardless of Medicare status is desired.
- Data is provided to support outcomes.
- Initiatives to encourage and educate members toward alignment are desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacks some detail regarding who the "single point of accountability" will be.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 49 | Contract Section(s) | 4.4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 131-133 |

| |
|---|
| RFP Question |
| Describe how your organization will require the EVV vendor to update technology as it emerges to improve EVV functionality. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate the Offeror's understanding of the various available technology to support EVV functionality? d) Does the response demonstrate the Offeror's understanding of the technology challenges in the rural and frontier areas of New Mexico? e) Does the response indicate how the Offeror will monitor implementation of updated technology and measure effective and successful implementation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Land-line installation is considered.
- Enhancing EVV to include observation codes to report changes in member's condition is promising practice.
- Innovative approaches were provided.
- Readiness procedures to implement EVV with self-directed benefit.
- Agreements with EVV will include requirements to comply with 25th Century Cures and enhanced technology.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- FOB device in home appears innovative, but review team desired more details on functionality.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------|---------------------|---------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Long-Term Care | RFP Section(s) | 6.5 |
| Question Number | 50 | Contract Section(s) | 4.5.7 and 4.6 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 25 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 133-136 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in Long Term Care services and programs. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response indicate creative and effective ways to utilize community resources? c) Does the response indicate an understanding of the unique needs of LTSS populations and provide creative approaches to address these needs? d) Does the response demonstrate the Offeror's experience and/or understanding of how the unique challenges of providing LTSS in rural, frontier and underserved areas? e) Does the response demonstrate the Offeror's understanding of how to coordinate the care of LTSS populations, including the unique LTSS needs of Native American members? f) Does the response demonstrate the Offeror's understanding of how to coordinate the care for challenging LTSS populations, including members with behavioral health issues, substance abuse, dementia, and traumatic brain injury? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Partnerships with Areas on Aging is desired.
- Pilots in areas of home care training, passive sensor monitoring, and BH research to enhance PCS work force are promising.
- UNM-CDD partnership and focus on developmental disabilities is desired.
- Performance measure tracking in LTSS and link to VBP is desired.
- Assisting members with employment opportunities is desired.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Unclear how LTSS Portal will interface with FOCUS.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 133-139 Exhibit 1325-2630 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Provider enrollment process is not desirable.Did not mention supplemental roster.Detail was insufficient regarding encounter submission processes.Lack of detail regarding technical assistance for providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 139-144 Exhibit 2631-2680 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ul style="list-style-type: none"> a) Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; b) Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; c) System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and d) Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the implementation plan seem feasible in the allotted time span? d) Does the work plan indicate an understanding of the scope of the contract? e) Does the work plan allow for testing and corrections? f) Does the work plan account for planned system changes described in question 51? g) If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? h) Does the response address how the Offeror will meet staffing needs during any required systems changes? i) Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Risk and mitigation strategies.• Detailed project plan that included MMISR.• Customizable nature of current system capabilities and indicated no upgrades required. | <ul style="list-style-type: none">• Lack of detail in response relating to Part C of the question. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 144-146 |

| |
|---|
| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Process for system change management including various levels of governance. | <ul style="list-style-type: none">State approval process was not addressed.Lack of detail for State involvement in project progression and did not fully address providers and State users.Lack of detail regarding environment testing, including no mention of regression testing. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 146-152 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Real-time data replication.• SOA supports modularity. | <ul style="list-style-type: none">• Lack of detail regarding RTOs. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 152-156 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• System achieved CSF certified status from HITRUST.• Local presence of compliance staff.• Exceeded required scoring for third party assessments including security control statements. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 156-157 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail to evaluate SSNRI, including no description of implementation plan. |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|---|---------------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 157-159 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">WebMD's PHR support for members and providers.EHR and HIE integration with BH system. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 159-162 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Did not address reporting claims processing issues with HSD.Lack of detail regarding Part C of the question. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 162-164 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding Medicare encounter submissions. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|--|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 164-165 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding Ad-hoc request process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 165-167 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Video brochure for Native American members and use of native languages.Claims submission tools for non-traditional providers. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 135-141 Exhibit 629-652 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Financial and encounter reconciliation was addressed. | <ul style="list-style-type: none">Lack of detail regarding level of care and setting of care. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 141-146 Exhibit 653-756 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ul style="list-style-type: none"> a) Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; b) Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; c) System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and d) Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the implementation plan seem feasible in the allotted time span? d) Does the work plan indicate an understanding of the scope of the contract? e) Does the work plan allow for testing and corrections? f) Does the work plan account for planned system changes described in question 51? g) If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? h) Does the response address how the Offeror will meet staffing needs during any required systems changes? i) Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Level of detail in project plan. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 146-149 |

| RFP Question |
|---|
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Communication and notification process with stakeholders was not addressed.State approval process was not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 149-152 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding business continuity. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 152-154 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding information and physical security. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 154-156 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|---|---------------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 156-158 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Real-time provider and care coordinator notification of member discharge status. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 158-161 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Financials, encounters and claims reconciliation. | <ul style="list-style-type: none">Lack of detail for pricing copays for Medicare, value-based services and TPL. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 161-164 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Experience in other States with claims processing for LTSS & dual members. | <ul style="list-style-type: none">Did not address pricing methodology at OMB rate for FQHCs and I/T/Us. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 164-165 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Did not address ad-hoc.Did not address pre-audits. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 165-169 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Comcast technology solutions proposal.• Proactive data sharing with Project ECHO.• Telehealth with Navajos in rural areas. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 133-143 Exhibit 804-1485 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">MMISR implementation architecture.Implementation of Guiding Care system including level of care and setting of care assessments. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 143-146 Exhibit 1486-1571 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Risk identification and mitigation strategies.• Level of detail provided in the project plan.• Detail provided regarding MMISR. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 146-149 |

| |
|---|
| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Detail provided regarding systems capabilities for responding to changes. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 149-154 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Hurricane Harvey example of business continuity.• RTO breakdown into tiers. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 154-158 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">HITRUST certification. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 158-160 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">After implementation of MMISR, commitment of transmission of COBA claims system integrator. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 160-162 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 162-165 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Dedicated resources for I/T/Us.• Provided examples of exceeding all requirements and claims standards. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 165-166 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Regular interactions with IHS, regional area managers and business office managers. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 166-167 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Did not address ad-hoc requests. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 0 | Proposal Page(s) Reviewed | None |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Responses to this question were not evaluated.Evaluators reviewed 35 pages, 37 pages were included in the submission. All pages submitted within the required parameters were reviewed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 141-154 Exhibit 693-938 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Deployment of care coordination tracker. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 154-156 Exhibit 939-986 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Coordination with multiple MMIS vendors.• Level of detail provided in project plan. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 157-158 |

| |
|---|
| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">General lack of detail provided in the response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 158-163 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">All elements of the questions were addressed. | <ul style="list-style-type: none">Level of detailed for BCDR.RTO's by major system. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 163-164 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Direct feed from HR for active directory. | <ul style="list-style-type: none">Lack of detail regarding physical security. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 164-166 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Did not sufficiently address SSNRI, ICD-10 and COBA. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|--------------------------------|---|---------------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 166-167 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all of the elements were addressed.

Superior Elements

- Specific outcomes provided in Washington State example for use in NM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding HIE, EHR and PHR.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 167-171 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Monitoring pended claims real-time through work flow. | <ul style="list-style-type: none">Did not address reconciliations of paid claims and encounters. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 171-172 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Addressed OMB, including OMB rate process.Ability to process claims without prior authorization.Provider incentives. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 172 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">General lack of detail provided in the response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 172-175 |

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| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Daily out-of-pocket maximums tracker (NMCC accumulator).• Described innovations for both systems and claims management.• Remote patient monitoring system. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 136-149 Exhibit 663-844 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the response were addressed. | <ul style="list-style-type: none">Illustrated TPL effectiveness.Procedural and financial claims processing results.Member and provider web resources. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 149-152 Exhibit 845-878 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Identification of system enhancements for MMISR described in the project plan.• Dedicated implementation team for MMISR. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 152-154 |

| RFP Question |
|---|
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• End-to-end process for claims management.• Separation of duties for integrity and accuracy. | <ul style="list-style-type: none">• Notifications to external stakeholders was not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 154-157 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Level of detail addressing business continuity and disaster recovery. | <ul style="list-style-type: none">• Did not address ad-hoc.• Only addressed tier 1 RTOs. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 157-160 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Illustrated systems flexibility.• Special roles within systems allowing for state and federal access. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 160-163 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Working to implement new proposed HIPAA regulatory mandates by Q1 2018. | |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|---|---------------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 163-164 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• MyPatient Link web portal allowing network and non-network providers to access clinical data. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 164-167 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Oversight of subcontractors including demonstrated timeliness and accuracy.• Proposed approach to handling value-based services and payments. | <ul style="list-style-type: none">• Did not describe reconciliation process for paid claims to submitted encounters. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 167-168 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Exceeds HSD claims processing timeliness standards for specialty providers.Submitting HIPAA-compliant files through Risk Adjustment Processing System (RAPS) and Encounter Data Processing System (EDPS).Processing of COBA claims through system integrator. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 168-169 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Did not address ad-hoc.Lack of detail addressing specific timeframes for pre-audits, audits and disputes. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 169-170 |

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| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">• All elements of the question were addressed.• Review committee did not review Exhibit 17-61 (1) since exhibits were not allowed for this question. | <ul style="list-style-type: none">• Real-time innovations.• Robotic Process Automation (RPA)• Smart screener platform. | <ul style="list-style-type: none">• No detail regarding how proposed innovations would be implemented in New Mexico. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 133-147, Exhibits 535-586 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Response did not include external data sources for TPL.Pharmacy encounter submissions were not in line with HSD required processes. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|--------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 147-150 Exhibits 586-629 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Demonstrated experience with MMIS replacement lessons learned from other States (5 states included).• Enabling HSD access to provider reporting portal.• Level of detail provided in project plan (exhibit). | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 150-151 |

| |
|---|
| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Inadequate detail in response, lack of process for implementation, escalations/reviews, approvals and use of change control board.Response did not detail life cycle processes for system changes. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 151-155 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were met. | <ul style="list-style-type: none">Scalability of system changes based on membership changes. | <ul style="list-style-type: none">General RTO response was provided, did not specify/identify applications used.Response did not sufficiently address ad-hoc testing.Lacked detail around how business continuity and disaster recovery would be operationalized. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 155-158 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All of the elements of the question were addressed.

Superior Elements

- Security and access table provided was desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not adequately address flexibility in terms of system changes.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 158-159 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Process for MMISR handling of COBA claims. | <ul style="list-style-type: none">Did not provide enough detail regarding ICD-10 implementation.Plan for SSNRI was incomplete and did not reference implementation date.Did not sufficiently address emerging standards and requirements. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 159-160 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Level of detail provided for integration of EDIE and HIE.• Described cooperation with State EHR staff.• CIO chairs NMHIC advisory committee. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 161-164 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Did not address MMISR/Encounter relationship.No mention of reconciliation between claims submitted and encounters submitted.No mention of reconciliation process between encounters submitted and financials submitted. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 164-165 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Integrated Medicare and Medicaid system. | <ul style="list-style-type: none">Response lacked detail overall, especially in terms of payment methodology for FQHCs and I/T/Us.Did not provide enough specifics for communicating with I/T/Us. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 165-166 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Only some elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail provided for Drug Rebate program.Did not address Drug Rebate disputes, timeline requirements (pre-audit, audits, disputes) and claims collection process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 166-167 |

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| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">State reporting portal for designated staff.Claim Sphere Real-Time Perspective HEDIS Analytics | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 130-140 Exhibit 1056-1069 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Detailed modifications or enhancements and timing of enhancements.• Demonstrated positive reviews from another state.• Described strong reconciliation process.• Noted government partner portal. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|----------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 140-144 Exhibit 1070 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Addressed changes to accommodate MMISR.• Described capacity to expand system.• Developed applications consistent with CMS interoperability initiatives. Follow MITA guidelines. | <ul style="list-style-type: none">• Did not provide detailed project plan. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 144-146 |

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| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. | | <ul style="list-style-type: none">Lacked detail regarding notifications to stakeholders.Lacked detail describing prioritization and approvals processes. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 146-151 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the elements of the question were addressed. | <ul style="list-style-type: none">• Provided strong example and experience demonstrating consistent communication with stakeholders and business continuity during Hurricane Irma.• Defined desirable sequence of recoveries for all tiers within 72 hours.• Reduced recovery times by 50% in 2017 for BCDR system recovery test. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 151-153 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">HITRUST certification by 2019. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 153-154 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">All elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding HIPAA transactions. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 155-156 |

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| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Conducting pilot program with providers to submit EHR to allow care coordinators to close gaps with members.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding engagement with State EHR staff.

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 156-161 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Provided examples of ability to meet contractual requirements for encounter submissions, including ability to exceed requirements with specialty providers.• Use of encounter scorecards to track submissions to manage contractors, subcontractors and providers. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 161-162 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Real-time adjudication of pharmacy claims for dual-eligibles.System configurations allow for multiple encounters with multiple providers on the same date of service for the same members. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|--|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 162-163 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Legal Online Integrated Network Solutions (LIONS).Detailed methodology for minimizing Drug Rebate disputes.Clearly defined roles and responsibilities to improve response timeframes to the State. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 163-164 |

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| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Prototype bots assistants with AI capabilities.• Innovation idea box – internal social media tool. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 51 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 137-144 Exhibit 518-836 |

| RFP Question |
|--|
| <p>Submit detailed flowcharts, narrative descriptions, and operation manuals of your organization's existing or planned systems to meet the requirements in the Sample Contract (Appendix O of this RFP) and in the Centennial Care Systems Manual, addressing – at a minimum – the functional areas listed below. Your narrative response shall describe the extent to which these systems are: (i) currently implemented as opposed to planned; and (ii) integrated (or planned to be integrated) with other systems, internal and external. Describe your organization's experience in implementing and operating in New Mexico, other states, and/or other organizations. <i>(Flowcharts and Operations Manuals are to be placed in the Exhibits Binder and will not be counted in the Section 6.6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <ul style="list-style-type: none"> a) Eligibility, enrollment, and disenrollment management and data exchange; b) Provider network management, certification, enrollment, notification and confirmation file exchange; c) Member and provider information access; d) Report generation and transmission; e) Care coordination system; f) Level and setting of care assessments, determination, tracking, and communicating; g) Claims processing, edits, corrections, and adjustments due to retroactive eligibility changes or other reasons; h) Claims adjudication, payment, and coordination of benefits for claims with third party liability and Medicare; i) Systems modules to track and administer different Medicaid benefit packages, copays, and premiums; j) Encounter submissions, correction, voiding, and resubmission; k) Financial management and accounting activities; and l) Provider technical assistance for I/T/Us, Rural Health Clinics, FQHCs, NFs as well as other specialty providers. |
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract and Centennial Care Systems Manual, including all the functional areas (a through l) identified in the question? b) To what extent are the systems described already in place vs. planned? c) To what extent are the systems described already integrated with other systems vs. planned? If planned, were processes and timeframes for integration addressed in the response? d) To what extent do the systems allow for flexibility as requirements change? e) Do the systems described address the management of enrollments that are contingent on further action (i.e., NF LOC determination)? f) Does the response address staffing requirements for each area and if so, how much of the staff's time would be dedicated to New Mexico? g) Do systems allow for subcontractors' access to the Offeror's systems for any delegated functions (i.e., care coordination)? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Data warehouse reporting capabilities through Centelligence Data Service Bus. | <ul style="list-style-type: none">Lack of detail regarding flexibility of systems.Lack of detail for care coordination tracking and alerts. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 52 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|-------------------------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 144-147 Exhibit 839-845 |

| RFP Question |
|---|
| <p>Provide a description, timeline, project plan, and list of potential risks and strategies for mitigating them, regarding how your organization will implement all new information systems and all changes to any existing systems in support of the resulting Contract and changes necessitated by HSD's MMIS Replacement. Include a draft Gantt chart schedule and work plan detail for the transition phase. <i>(Gantt chart and work plan detail are to be placed in the Exhibits Binder and will not be counted in the Section 6 page count. Narrative responses for this question are to be included in the Technical Proposal Binder and are subject to page count restrictions.)</i></p> <p>At a minimum, your response shall include:</p> <ol style="list-style-type: none"> Capability and capacity assessment to determine if the following are required to meet Contract requirements: new or upgraded systems, enhanced systems functionality, and/or additional systems capacity; Implementation and configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate Contract requirements; System setup for intake, processing, and acceptance of one-time data feeds from the State and other sources (e.g., initial set of Members, claims/service utilization history for the initial set of Members, active/open service authorizations for the initial set of Members); and Internal and joint (managed care plan and State) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims, Level of Care assessments, LTC Settings of Care, Care Coordination, and other data. |

| Response Consideration(s) |
|---|
| <ol style="list-style-type: none"> Does the response address all relevant sections of the contract? Does the response fully address all aspects of the question? Does the implementation plan seem feasible in the allotted time span? Does the work plan indicate an understanding of the scope of the contract? Does the work plan allow for testing and corrections? Does the work plan account for planned system changes described in question 51? If the Offeror has contracts with multiple states, does the response address how work related to the Centennial Care contract will be prioritized? Does the response address how the Offeror will meet staffing needs during any required systems changes? Does the response address the handling of high risk providers (those that are very dependent on cash flow from the MCO) to ensure seamless payments regardless of system changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Clear understanding of MMISR project and new claims submission process. | <ul style="list-style-type: none">• Lack of detail in risk for Centennial Care 2.0. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 53 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 147-150 |

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|---|
| RFP Question |
| Describe your organization's process for system change management, whether internally initiated, requested by HSD, or federally or otherwise mandated. Describe process for all aspects of change implementation, from initial planning to testing and production control operations. Describe how nimbly your organization's systems can respond to program or technology change requests. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include adequate State approval request processes? d) Does the response describe user notification and/or education processes, to members, providers, and State users? e) Does the response address adequate system testing and deployment processes? f) Does the response address actions to be taken in circumstances where delays in implementation occur? g) Does the response indicate that the Offeror has successful experience in change implementation? h) Is the response consistent with related items from question 52? i) Did the response address prioritization protocols? j) Does the response explain the impact of the requested changes? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Systems are table-driven and parameter-based.• Described clear communication processes with stakeholders for systems change. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 54 | Contract Section(s) | 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 150-154 |

| RFP Question |
|---|
| <p>Describe in detail how your organization will ensure that its systems will meet the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP). At a minimum, your description should encompass:</p> <ul style="list-style-type: none"> a) Information and telecommunications systems architecture; b) Business continuity/disaster recovery strategies; c) Availability and/or recovery time objectives by major system; d) Monitoring of tools and resources; e) Continuous testing of all applicable system functions; and f) Both periodic and ad-hoc testing of Offeror's business continuity/disaster recovery plan. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response describe systems that meet industry standards? e) Does the response indicate that the Offeror has successful experience in meeting these standards? f) Does the response include a timeframe for testing? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | <ul style="list-style-type: none">Claims processing capabilities.Problem notification system. | <ul style="list-style-type: none">Lack of detail regarding ad-hoc testing.Not recovering on non-critical services. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 55 | Contract Section(s) | 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 154-156 |

| RFP Question |
|--|
| Describe the electronic and physical architecture and elements that will ensure that the requirements in Section 4.20 of the Sample Contract (Appendix O of this RFP), for system and information security and access, including HIPAA standards for security and privacy and protection of PHI in electronic communications, are met. Describe the extent to which these elements are currently implemented as opposed to planned. Describe your organization's experience in implementing and operating these systems in other accounts. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) To what extent do the systems allow for flexibility as requirements change? e) Does the proposed system adequately address concerns about separation of duties and limiting access to data only to that required for an individual's job functions? f) Does the proposed system adequately address physical security? g) Does the Offeror's experience indicate that they have a good track record in maintaining security? h) Does the system appear to comply with the most current federal standards for encryption? i) Does the response indicate any security violations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail regarding systems flexibility. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 56 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 157-159 |

| RFP Question |
|---|
| <p>Describe how your organization will meet current and emerging federal standards for electronic coding and transmission of health care data, including but not limited to:</p> <ul style="list-style-type: none"> a) HIPAA transaction and operating rules, required and anticipated; b) ICD-10 implementation proposed 42 CFR Part 2 confidentiality regulations; c) SSNRI requirements for Medicare clients; and d) Direct receipt of COBA claims for Medicaid/Medicare dual clients. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the system comply with the most current federal standards for encryption? e) Does the response address more than the specific aspects in the question? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Process for reducing impact of ICD-10 implementation. | |

Centennial Care RFP Consensus Score Sheet



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|--------------------------------|---|---------------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 57 | Contract Section(s) | 4.19, 4.20 |
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 159-162 |

| |
|--|
| RFP Question |
| Describe your organization's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR) and personal health records (PHR), including strategies that will be used to promote EHR and HIE, including the State's HIE (New Mexico Health Information Collaborative). |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with providing and supporting HIE/EHR in existing provider networks? e) Does the response describe the capability to provide PHR to members? f) Does the response describe the capability to share PHR with contracted providers? g) Does the response indicate any familiarity with the New Mexico Health Information Collaborative? h) Does the response indicate an understanding of the IT environment among the provider community in New Mexico? i) Does the response demonstrate a clear understanding of what is needed in order for data to be moved between Subcontractors, providers, vendors, and the Offeror in a timely manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Real-time ADT exchanges.• Technology grants.• Health Vault.• Use of Emergency Department Information Exchange (EDIE). | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 58 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 162-165 |

| RFP Question |
|---|
| <p>Describe how your organization will ensure that all Subcontractors and providers submit claims and encounters, such that you can meet the claims payment and encounter submission timeliness and accuracy standards in Sections 4.19 of the Sample Contract (Appendix O of this RFP).</p> <p>a) Provide documentation of your organization's current edits and audits performed during claims adjudication and payment that ensure appropriate payment and encounter submission, including appropriate payment and claim capture of copays, third party payments, and Medicare payments;</p> <p>b) Describe your organization's ability to track paid claims and encounter submissions and what alerts are in your system to identify claims not submitted or needing adjustment and to ensure its system can link encounters submitted multiple times if you don't maintain the same claim number.</p> <p>c) Describe how your organization will assign pricing to encounters that reflect services that are not paid as fee-for-service claims, including but not limited to services covered under subcapitated, value-based services or other non-fee-for-service arrangements; services performed by your staff (e.g., care coordination); and any other services for which there is no paid amount on the claim.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response indicate past experience with similar claims/encounter requirements for subcontractors and providers?</p> <p>d) Does the response demonstrate an understanding that all subcontracted services must be submitted to the State as encounters meeting the same standards as 'normal' claims?</p> <p>e) Does the response describe the oversight of any subcontracted services? For example, does the response mention timing for how often subcontracted services should be submitted to the Offeror and how often information (e.g., eligibility files, TPL information) is sent to the subcontractors?</p> <p>f) Does the response indicate an understanding of the different timeliness requirements for the processing of clean claims submitted by I/T/Us, day activity providers, assisted living providers, nursing facilities, home care agencies and community benefit providers as described in section 4.19.1.6 of the contract?</p> <p>g) Does the response describe what assistance the Offeror will make available to providers in meeting claims submission and timeliness requirements?</p> <p>h) Does the audit process mention ability to audit for error prone areas rather than strictly auditing to a statistically valid sample?</p> <p>i) Does the response include processes for use of the audit findings as a training tool to reduce occurrence of errors?</p> <p>j) Does the response indicate how the Offeror will monitor and enforce guidelines?</p> <p>k) Does the response describe implementation of the State's new MMIS-R?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• MMISR and claims submission process through SI.• Reconciliation process for tracking of paid claims to encounters. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 59 | Contract Section(s) | 4.19, 4.20 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 165-167 |

| RFP Question |
|--|
| Describe how your organization will establish special provider reimbursement systems and claims submission capability, including but not limited to: |
| <ul style="list-style-type: none"> a) Ability to make special payments to unique providers, such as FOHCs and I/T/Us, including contracted and non-contracted where applicable; and b) Experience in processing claims for Medicare clients and providing Medicare encounter data in HIPAA-compliant formats to federal and state authorities. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate understanding of the special payment requirements for I/T/Us in New Mexico? d) Does the response include how the Native American Advisory Board will be used to discuss I/T/U payment issues and resolutions? e) Does the response indicate understanding of payment methodologies to FOHCs and RHCs? f) Does the response indicate past experience with similar special provider reimbursement requirements? g) Does the response account for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Described payment guides for different provider types.• Described contingency plan for claims payment if MMISR not ready at go-live. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---|---------------------|--|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 60 | Contract Section(s) | 4.19, 4.20, Attachment 7 (for reconciliations) |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 167-168 |

| RFP Question |
|---|
| Describe your organization's process to ensure adequate resources and timely response to data requests from the State's contractors and auditors. Specifically address how your process ensures appropriate and timely response to the pre-audits, audits and disputes arising from the Drug Rebate program. A two-week response is required for pre-audit and audits and a three week response is required for disputes. For disputes in which the claim is incorrect, describe the process for correction and communication to the State's claims payment entity. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) To what extent are the systems described already in place, vs. planned? d) Does the response indicate past experience with similar requirements? e) Did the response address prioritization protocols? f) Does the response indicate how audit results will be employed as part of a corrective action plan? g) Does the response include how subcontractors are accounted for? (if applicable) h) Does the response address supplemental pharmacy rebates including how they will be accounted for as part of any reconciliation requirements (e.g., Hepatitis C drug reconciliation and retroactive period reconciliation)? i) Does the response indicate how the Offeror will address or follow up on any results from the audits? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Detailed specific response times for pre-audits for Drug Rebate program and dispute resolutions.Layout of DRAMS process. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Information Systems and Claims Management | RFP Section(s) | 6.6 |
| Question Number | 61 | Contract Section(s) | 4.19, 4.20 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 35 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 169-171 |

| |
|---|
| RFP Question |
| Describe your organization's proposed innovations in the Information Systems and Claims Management areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include quantifiable measures/outcomes for the innovations identified as successful? d) Does the response indicate the amount of time the innovation has been in place? e) Does the response include an impact assessment to implementing the proposed innovations? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. | <ul style="list-style-type: none">Using Kiosks to complete HRAs. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 168-174 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">Plans for use of peer support workers including assisting members in becoming peer support workers. | <ul style="list-style-type: none">The response was difficult to follow and the team did not feel the Offeror fully addressed the question.No mention of using the I/T/U addendum.No strategies for securing contracting for care coordination.Identified barriers but did not propose good approaches for addressing the barriers.Identified First Nation Center in ABQ incorrectly. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 174-177 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">The video brochure is innovative. | <ul style="list-style-type: none">Did not identify staff with specialized knowledge or discuss training for staff on cultural competency.Not enough detail on developing Native American specific materials or other approaches to ensuring health disparities are addressed.Did not provide information as it relates to culturally sensitive delivery of services on and off the reservations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 177-179 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none"> Addressed some elements of the question. | <ul style="list-style-type: none"> Literacy tool to help translate medical terminology to plain English. | <ul style="list-style-type: none"> Plan to use family and friends for translation. The Evaluation Team felt this was not a reliable approach and not always appropriate. Noted advisory meetings would occur at "State locations" but the team is unclear what that means. Not enough information about how outreach materials (DVD and audio) would be distributed. Generally lacked enough detail for a full evaluation. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 180-181 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | | <ul style="list-style-type: none">Did not provide enough detail about "how" claims are processed in a timely manner.Did not address automatic adjudication of claims if OMB scheduled changes.Unclear how long it takes to process claims. Process as described seemed pretty extensive so timeframes would have been helpful.No information about paying at the OMB rate. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 182 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">Tribal elders will be compensated for providing cultural competency training. | <ul style="list-style-type: none">Did not provide enough detail in the response to evaluate the proposals.Did not see ideas that were particularly innovative or a commitment to implementing the proposals; for example, the Offeror said they would "explore" providing mobile Wi-Fi. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 171-175 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Plan to embed a NEMT provider staff at the Offeror. | <ul style="list-style-type: none">Not enough detail about “how” they will address barriers and build a network for transportation.Indicated they would help care coordinators through the contracting and credentialing requirements (unclear what kind of credentialing would be needed).Did not mention I/T/U addendum.Not enough detail in overall contracting strategies. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 175-179 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Will obtain permission to use native languages. | <ul style="list-style-type: none">Did not address required staff beyond the Native American Liaison.Generally lacked detail in the response to allow for a full evaluation of the approach.Did not affirm they will not require prior authorization.Do not address how they will use identified language preferences. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 179-181 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.
- Realistic and thorough approach to use of media.
- Good ideas in general for stakeholder feedback.

Superior Elements

- "Specialty days" to improve access to specialists.
- Traditional language lines.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 183-183 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.
- Addressed requirement to waive prior authorization requirements.

Superior Elements

- Indicated they have received some sample claims to test.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not address paying at the fee schedule if there is no OMB rate.
- There is a potential for point of sale issues.
- Generally more detail is needed to fully evaluate.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 183-185 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Indicated they would work with high-risk members in their homes (Virtual house calls).Grant to pay for Members to become CHRs.Kits for satellite communication. | <ul style="list-style-type: none">Seemed to use CHRs and CHWs interchangeably and response needed more clarity.Did not address value added services. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|---------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 170-173 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Provide training on contracting process for transportation providers.Using facetime to introduce care coordinator.CHRs will have ipads. | <ul style="list-style-type: none">Addressed collaboration with tribal home visiting programs but did not provide enough detail.Did not provide solid solutions for connecting Members for BH (no innovative approaches).Responses generally lacked enough detail to fully evaluateNo reference to the I/T/U addendum. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 173-176 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Resource library for Offeror's employees to reference.Care van for screening and immunizations is a good idea. | <ul style="list-style-type: none">Many of the good ideas lacked enough detail for the team to evaluate how they would be implemented.Did not indicate a specific staff member with experience/skills required by contract.Indicate they will establish a work group for items but no indication of timing. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 176-179 |

| RFP Question |
|--|
| <p>Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following:</p> <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Seem to understand local media market, for example, the radio listings were good and PSA approach is favorable. | <ul style="list-style-type: none">Identified barrier for telephone translation for some native languages but did not indicate how it would be resolved.Did not address how language preferences will be used.Did not cover use of outreach through tribal programs. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|---------------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 179-181 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.

Superior Elements

- System edits for prior authorization and choice of providers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Unclear if claims reprocessing for OMB changes is manual or automatic and did not provide timeframes.
- Did not fully explain how a non-contracted provider is noted in the system.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|-------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 180-184 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.
- Concerned about use of value added services as Innovation since the MCO is not required to maintain these services.

Superior Elements

- Use of CHRs for CAN and HRA.
- Eyeglasses as value add services.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not review information on page 185 as it exceeded the page limits.
- Some of the innovations listed are not described as ones that the Offeror is fully committed to. Use of words like ("look into, investigate, evaluate").

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 179-181 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | | <ul style="list-style-type: none">Lacked detail to explain how the Offeror would contract with providers and handle disputes for transportation.Indicated they would expand telehealth but did not describe enough about how equipment would be purchased or other details.Plan to expand peer support but only in one small remote area.Response generally lacked enough detail to evaluate fully. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 181-184 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the response. | <ul style="list-style-type: none">Received a NCQA award for Multicultural Healthcare distinction in 2016.Indicate they attend IHS meetings to assist in locating difficult to reach members.Member handbook specific for Native Americans. | <ul style="list-style-type: none">Only one staff identified for claims and billing rather than the two required by contract.Cultural sensitivity plan was too general and did not address hiring and providing Native American care coordinators.Did not address interpreter services.Did not address assessments or identification of language preference for members.Did not address provider training. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 184-186 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Addressed two print news media sources that are widely read.Planning to hold advisory meetings at the Chapter Houses. | <ul style="list-style-type: none">Did not include a rich enough group of radio stations to reach Native AmericansCoverage of outreach through tribal outlets was very general and not innovative.Indicate they have a dozen Native American care coordinators but no indication if this is sufficient to allow members to select, if they intend to hire more, and if caseloads would be appropriate. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 186-187 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | | <ul style="list-style-type: none">Did not address adjustment of claims when OMB rate changes.Did not address set-up to automatically pay regardless of contracting status.Did not adequately address how members and providers are informed about ability to choose providers other than member handbook.Generally lacked detail in response to allow for full evaluation of approach. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 187-191 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Chronic Care condition program is strong and participation is incentivized.Innovative programs like cooking classes.Exploring VBP for Native American chronic care programs. | <ul style="list-style-type: none">Plans to expand incarcerated outreach program does not seem feasible on tribal land. Need to explain how the Offeror will get access and data.Need more detail regarding expansion of the PCMH pilot in ABQ.Not enough detail to fully evaluate ideas. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 171-176 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Transportation vendor will provide assistance to certify potential drivers for the Native American community. MCO also called out a specific role in oversight.Addressed the I/T/U Addendum.Robust tribal facility network.Addressed assisting practitioners to getting certification to provide Suboxone. | <ul style="list-style-type: none">More detail needed on capacity in NEMT. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 176-178 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">CHRs participate in case rounds.Includes cultural sensitivity training for providers as well as employees.Round table discussion with Native American employees to seek feedback on competency plan. | <ul style="list-style-type: none">Not clear how language preferences are collected, monitored and utilized. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 178-180 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Dedicated Navajo line for Members and Providers for translation.Compensating CHRs for providing translationUse Chapter houses for events as well as regular office hours.Good use of radio media. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 180-182 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.

Superior Elements

- Ensure automatic reprocessing of claims without any additional effort from I/T/U.
- Multi-payer audits for prior authorization.
- Average claims processing time exceeds contract requirements.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 182-184 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Traditional healers on staff.Covered electronic health records and strategies to obtain health data.Demonstrated cultural sensitivity/understanding of population with regard to population health pilot.Good plan for data sharing with I/T/U facilities. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 168-171 |

| RFP Question |
|--|
| <p>Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for:</p> <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">Indicate they will use Peer support workers and will compensate for their time. | <ul style="list-style-type: none">Did not address barriers to contracting with tribal providers.Did not specify a contracting strategy for transportation providers.Generally lacked enough detail to fully evaluate ideas. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|------------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 171-175 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">Meetings to consult with tribal leaders to identify priorities.Tribal Health Priority plan acknowledges that each tribe has its own priorities.Walk-in sites for Native American communities and others. | <ul style="list-style-type: none">No mention of full-time staff for Native American issues as required by contract.No info on and how language preference is recorded and used.Did not address provider training to ensure cultural competency. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|------------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 175-177 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Language line provides live immediate translation services.Navajo radio diabetes program.Good print sources and radio.LOAs with tribes to provide translation.Walk in sites good and open extra hours on weekends.Many specific Native American events. Outreach very good. | <ul style="list-style-type: none">Did not address how materials are translated, how language preference is collected and used. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|---------------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 177-178 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | | <ul style="list-style-type: none">Did not address adjusting claims for OMB rate changes including manual or auto and timeframes.Not clear how the member is aware they can utilize any provider.Not clear how non-network providers are identified and paid anyway.Generally lacking detail in all areas to fully evaluate the approach. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------|---------------------|-------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 178-182 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Resource centers with computers and other resources (SNAP applications).Tribal internship and employment program.Depression awareness initiativeVirtual visits for non-urgent care. | <ul style="list-style-type: none">Needed more detail on some elements of the response to fully evaluate. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 166-170 |

| RFP Question |
|--|
| <p>Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for:</p> <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none"> Addressed most elements of the question. | <ul style="list-style-type: none"> Value added service for transport round trip to attend WIC appointments, go to pharmacy, etc. | <ul style="list-style-type: none"> Generally lacked detail to understand how the Offeror would achieve the plans they described including: <ul style="list-style-type: none"> Contracting for NEMT and oversight Helping providers with practice transformation Developing behavioral health services Not innovative – has begun conversation but not made meaningful progress developing relationships. Did not address telemedicine challenges in rural and frontier areas. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 170-172 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Pop-up welcome rooms and mobile units.Health Nations listening tour. | <ul style="list-style-type: none">Need more detail on multi-generational strategies.Unclear how rewards will be used. Mentioned innovative payment strategies but did not provide enough detail to evaluate.Did not fully address Native American care coordination assignments. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 173-177 |

| RFP Question |
|--|
| Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following: |
| <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Good coverage of radio stations and appeared to have done their homework regarding providers.Will provide mobile hot spots.Mentioned collaboration with youth organizations. | <ul style="list-style-type: none">Did not adequately address translation services. The Offeror requires the Member to contact the call center for translation services even when language preference is known. Did not offer enough in-person translation options.Primary method for communication is public access TV which does not reach many reservations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 177-178 |

| RFP Question |
|--|
| <p>Describe the processes that your organization will follow in order to:</p> <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | | <ul style="list-style-type: none">More information needed regarding how the MCO reach out and notify members they can receive services at any I/T/U.Needed more detail on claims management and communication with providers overall with rate changes. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 178-179 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Mobile Welcome Rooms. | <ul style="list-style-type: none">Did not address strategies to ensure co-pays not charged and did not address value-add services.Mentioned a behavioral health pilot but did not indicate plans for statewide expansion.Lacked detail in all areas of the response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 62 | Contract Section(s) | 4.8.11 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 172-175 |

| RFP Question |
|--|
| Describe any current or planned efforts or strategies and any barriers and proposed solutions to secure contracts with Tribal organizations for: |
| <ul style="list-style-type: none"> a) Non-emergency medical transportation services; b) Care coordination and/or case management services; c) Behavioral health services, including the treatment of substance abuse; and d) Any other Medicaid-covered services provided outside of a clinic or hospital. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response indicate any prior experience in contracting or having "Agreements" with Tribal organizations? d) Does the response demonstrate that the Offeror will make "best efforts" to complete the contracting process in a timely fashion? e) Does the Offeror recognize the specific challenges that may arise in contracting with Tribal organizations? Does the Offeror suggest specific strategies to overcome them? f) Does the response indicate that the Offeror is prepared to pay for services delivered to Native Americans at IHS and tribal 638 facilities even in the absence of a signed contract agreement? g) Does the response include plans for providing any necessary training to Tribal organizations to ensure the organizations are adequately prepared to meet the terms of the contract? h) Does the response show an awareness of and sensitivity to the distances that Native Americans need to travel to receive medical care in rural and frontier areas of the State of New Mexico? i) How will they negotiate a fair reimbursement rate for medical transportation, care coordination, BH services, CHR reimbursement, and other services if the two parties are not in agreement? j) How will they handle disputes that may come up between the provider and member for these services? k) How will they provide technical assistance to Tribes and IHS when requested? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none"> Addressed some elements of the question. | <ul style="list-style-type: none"> Assist school-based clinics by promoting behavioral health telemedicine. More information needed regarding how it is funded. Identified known individual who will be the Native American liaison and is someone who is knowledgeable. Use of certified peer support. | <ul style="list-style-type: none"> Plan for a national NEMT broker is not appropriate for the needs in New Mexico. Did not address barriers created by hub approach to transportation. Did not address how they will contract with emergency transportation providers. Lacks enough detail regarding "how" to evaluate many elements of the response. Used incorrect references to Native American behavioral health providers. No mention of the I/T/U addendum for use in contracting. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 63 | Contract Section(s) | 3.3.3.12-13;3.5;4.4.12.11;4.14.2.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 175-180 |

| RFP Question |
|--|
| Describe the strategies and resources that your organization will use to operationalize the delivery of culturally sensitive care to Native Americans, both on and off the reservation, and the process that the Offeror will use to ensure that culturally appropriate materials are available to Native Americans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of what cultural competence is and prior experience in providing culturally competent services to Native Americans? d) Do the service delivery strategies address the different issues in serving Native Americans on and off the reservation and demonstrate knowledge of key health issues for both on and off reservation Native Americans? e) Does the response indicate a working knowledge of the differences among Tribes and allow enough flexibility in strategies to account for these differences? f) Does the plan to deliver culturally competent services include opportunities for input from Native Americans? g) Does the plan to deliver culturally competent services to Native Americans demonstrate a commitment to work with local Native American community health workers and tribal health improvement programs? h) What sort of “cultural sensitivity” will they “bring to the table” when working with IHS and Tribes? What experience do they have working with Tribes? i) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? j) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Addressed all elements of the response. | <ul style="list-style-type: none">Community advisory committee to review member materials.All departments contribute to the cultural competency plan and have individual goals.Good collaboration between CHR and CHWs within the organization.Working with UNM on training and certification.Recognized the differences between communities. | <ul style="list-style-type: none">Did not address how they will get members for the advisory committee or how often it meets or where they will be held.Lacked detail regarding which languages would be available translation. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|------------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 64 | Contract Section(s) | 3.3.3.12-13; 3.5; 4.14.2.5; 4.15.3 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 180-183 |

| RFP Question |
|--|
| <p>Describe your organization's methods to communicate effectively with Native American Members in Rural, Frontier, and Tribal areas (both on and off the reservation), including but not limited to how you will ensure the following:</p> <ul style="list-style-type: none"> a) Translation and interpretation services are available; b) Local media (newspapers, radio and television) are used; and c) Outreach is provided through Tribal organizations and chapter houses. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an awareness of the importance of traditional Tribal organizations in Native American communities? d) Does the response describe plans to secure input from Tribal communities in preparing culturally appropriate materials for members? e) Does the response demonstrate any previous experience in disseminating culturally appropriate member materials for Native Americans? f) Does the Offeror describe a reasonable strategy for monitoring the effectiveness of the communication strategies with regard to Native Americans? g) Are the media outlets the Offeror proposes to utilize appropriate for the rural and frontier areas where many Native Americans reside? h) Does the response describe how the Offeror proposes to address the preparation of written materials for Native Americans with low English proficiency? i) Does the response include a description of how the Offeror will address the need to translate and communicate information for individual Tribal communities including those that do not have a written language? j) How will they address language barriers, internet barriers, and communication barriers in rural and frontier areas where only Navajo or Pueblo language is spoken? k) How will they set up their on-call centers for 24 hour coverage in rural and frontier areas of New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none"> Addressed some elements of the question. | <ul style="list-style-type: none"> Setting up self-service kiosks to help improve completion of HRAs. 3-way calls (member, translator, Offeror's care coordinator/staff). Recognition of the differences between tribes. | <ul style="list-style-type: none"> Using CHRs primarily for interpretation and should have other options or ensure enough CHRs are available. Local media strategies focused on billboards, but these do not exist in certain areas. Did not address Member outreach, only providers. Did not address use of language preference in communication with Member. Did not address outreach through tribal organizations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|---------------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 65 | Contract Section(s) | 4.8.11; 4.10.2.2; 4.12.1; 4.14.3.1.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 183-184 |

| RFP Question |
|--|
| Describe the processes that your organization will follow in order to: |
| <ul style="list-style-type: none"> a) Ensure that I/T/Us are reimbursed in a timely manner at one hundred percent (100%) of the rate currently established for the IHS facilities or Tribal 638 facilities by the Office of Management and Budget (OMB) in accordance with the provisions of Section 4.10.2.2 of the Sample Contract (Appendix M of this RFP); b) Allow Native American Members to seek care from any I/T/U, whether or not the provider is a Contract Provider; and c) Ensure exemption of all services provided by I/T/Us from prior authorization. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate prior experience in payment for services provided to Native Americans at I/T/Us: <ul style="list-style-type: none"> (i) At the OMB rates? (ii) In the absence of a signed contract? (iii) Without prior authorization? d. Does the response indicate how the Offeror will make modifications to their claims processing system to accommodate the requirements listed above? d) The Offeror needs to adapt its claims system to IHS/Tribal providers and not the other way around. e) Do they understand how the RPMS system works within IHS and that the IHS system is very outdated but it is all IHS has to work with. f) What about pharmacy issues and out of state Point Of Sale contracts? Do they use them? g) Meetings and technical assistance training is more productive if done face to face. |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.

Superior Elements

- Paper based billing option.
- Auto adjudication.
- Addressed system notifications to PBM.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Needs more detail on how the Offeror will accommodate OMB fee changes.
- Do not address "no tech zones" with regard to notifications to members.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------|---------------------|-------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Native Americans | RFP Section(s) | 6.7 |
| Question Number | 66 | Contract Section(s) | 3.5;4.8.4.2.5; 4.8.11; 4.12.1 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 185 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations for serving Native American Members. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Are the examples feasible for the Native American populations in New Mexico? d) Does the response demonstrate an understanding of how to tailor approaches to meet the unique needs of the target population? e) Does the response recognize and support the significance of Native American cultures? f) Does the Offeror clearly define how success is measured? g) Does the Offeror understand that there are no copayments for Native Americans? h) Has the Offeror considered other culturally relevant Value Added Services to their Native American members? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">On site care coordination at tribal wellness centers.Use of peer supports.Tribal warm-line to support inbound and outbound calls. | <ul style="list-style-type: none">Not enough detail regarding the Native American walk through process to improve the BH provider system. The evaluators could not tell how the approach is implemented.Some innovations lacked enough detail to fully evaluate. Need more information on experience in other states.Did not address value added services. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 183-186 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Audio and video-based member communication strategies.HPV member outreach in another market increased vaccination. | <ul style="list-style-type: none">Response used key terminology but lacked detail.Response lacked detail on strategy to provide translation services for all prevalent languages and on demand.Response did not address strategies for members without internet access. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 186-190 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- AI pilot needed more detail to evaluate desirability of approach.

Superior Elements

- Warm transfers to care coordinators or back-up staff.
- Geographical training for call center representatives.
- My Advocate mobile app connects member to care coordinator.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Training curriculum lacked expected topics.
- Monitoring process for quality of information provided to members and providers needed more detail to evaluate the approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 191-193 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Training academy was comprehensive and tailored to Centennial Care.Use of mid-level practitioners to increase access to specialty care.Provider workshops focus on primary and behavioral health integration.PSRs can address provider claims issues immediately.Strategies to increase behavioral health access in rural and frontier areas.Strategies to link members to SUD services. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 194-196 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Data sources to evaluate outcomes links Finity data to claims and other data within the Offeror.Several member outreach and engagement strategies that took cultural considerations into account.Provider role in increasing member participation in incentive programs. | <ul style="list-style-type: none">Response did not include ideas beyond Centennial Rewards to incentivize members.Response did not propose new performance measures (HEDIS and HSD-required). |

Centennial Care RFP Consensus Score Sheet



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|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 197-199 |

| |
|---|
| RFP Question |
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- Follow up on online well-being program as value-added program to ensure it would be implemented for contract period.

Superior Elements

- Identified New Mexico specific areas for member education, including behavioral health.
- Online well-being program for members 13 years of age and older.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Experience of affiliate in Indiana with copayments demonstrates results but response lacks detail on strategies for New Mexico.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 199-201 |

| RFP Question |
|--|
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Provide targeted training to providers on available buy-ins.Reloadable Finity cards for premium payment.Rider is portable.Addressed affordable premiums. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 201-204 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances: Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends? d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Acknowledged deficiencies and conducted root cause analysis for why member compliant was not entered in the system.No wrong door for grievance process and process was easy to understand.Focused on using grievance data to drive improvements. | <ul style="list-style-type: none">Response did not address loaner wheelchair.Offeror requested rather than required elimination of missed appointment fee. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 204-207 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question, some additional detail was needed to evaluate the approach and determine feasibility of approach in New Mexico.

Superior Elements

- Virtual reality pain assessment.
- Wandering prevention kits for LTSS and at risk members.
- Online well-being program, including behavioral health supports.
- Provided number of innovative ideas for both members and providers, spanning different services/needs.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked detail on the recipients/users of proposed innovations and strategies for providers to adopt certain strategies.
- Response lacked detail on strategy and scope of virtual reality provider adoption.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 187-189 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Leveraging CHRs to provide health education to members.Audio formats for member information in multiple languages. | <ul style="list-style-type: none">Measurement of health education activities focused only on the Native American population.Response did not address translation of member material to Spanish. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 189-193 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> • Addressed nearly all elements of the question. • Included linkages to NMCAL crisis line. | <ul style="list-style-type: none"> • Member and provider services training conducted in appropriate timeframes. • Comprehensive member record to link members to resources for social determinant of health. • | <ul style="list-style-type: none"> • Response did not address physical and behavioral health integration. • Response needed more detail to assess Aunt Bertha strategy. • Response needed more detail on call escalation criteria, e.g. what occurs if member cannot contact care coordinator. • Response lacked detail on strategies for members to connect with the Offeror. • Response lacked detail on member and provider services training modalities. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 193-195 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">• Addressed all elements of the question.• Project ECHO trainings open to all providers. | <ul style="list-style-type: none">• Providers can run test claims to identify exceptions.• Paper-based claiming with postage paid for PCS providers.• Telephonic real-time claim resolution through the call center.• Incentive program for graduating professionals.• Remote officers for providers to submit electronic claims.• Onsite provider orientation and multiple resources for provider training and education. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 196-199 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.
- Member incentive amounts may exceed HHS OIG limits.

Superior Elements

- Good measurement techniques for pre-/post member education events.
- Described member incentive programs, including adolescents.
- Rewards interfaced with Finity system.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 200-202 |

| RFP Question |
|---|
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question but needed more detail to fully evaluate response.• More information on Health Empowerment Tour – location of events, access to events and information to broader membership. | <ul style="list-style-type: none">• Education for first-line staff at provider offices.• Member education on premiums. | <ul style="list-style-type: none">• Unclear if Offeror understands New Mexico's plan for copayments. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 202-205 |

| |
|--|
| RFP Question |
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.
- Member handbooks, provider directory and other member information provided on the buy-in services.

Superior Elements

- Variety of premium payment options (PayPay, EFT).
- Experience with riders and flexibility of system to interface with any vendor.
- Member incentives to discount services in buy-in product, already discussed arrangement with Flinity.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 206-209 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances:</i> Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends?</p> <p>d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Acknowledged deficiencies and process to address issues in training.Seamless interventions for the member.Random ride alongs.Addressed driver issues in real-time. | <ul style="list-style-type: none">Unclear from response if Offeror understands difference between adverse benefit determinations subject to appeal and grievances.Duration of follow up on corrective action plan appears too long. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 209-211 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | | <ul style="list-style-type: none">Assistance to providers in completing grant applications for telemedicine platforms; however, no detail on availability of grants or effectiveness of this approach.Unclear from response how the CareScripts nurse line is innovative.Response did not describe successful innovations in other markets. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 186-189 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question but more detail needed to fully evaluate the response.

Superior Elements

- Housing education for members is an innovative approach.
- Krames On-Demand portal may be a promising tool to support health literacy.
- Face-to-face interactions with Native American members.
- Proposed pilot of diabetes management app.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Proposal to increase health literacy of populations identified in the RFP was incomplete.
- Format and organization of the response was difficult to read.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 189-194 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- More detail was necessary to determine that appropriate training and systems were in place to support use of innovative proposals.

Superior Elements

- VOIP technology applied to member calls to scan for key words to identify member concerns.
- Good functionality for member and provider web portals.
- Condition-specific dashboard.
- Dedicated behavioral health crisis line available 24/7.
- Care coordinators available via video chat.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Call center training topics were missing expected topics, e.g., emergency.
- Lack of detail on oversight and monitoring of member and provider communications.
- Training period was adequate but unclear if training was for members or providers and ongoing training strategy was not addressed.
- Unclear if sufficient live person response was available to providers.
- Response did not describe staffing plan and management of the member and provider call centers. Did not address overflow calls.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 194-198 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Provider training materials available on thumb drive, paper copies on request.One-time grants to providers for telemedicine start-up.On-site provider and provider staff training.LTSS is focus area for provider training.Electronic data exchange with providers and weekly cross-function team meetings to identify trends to address provider administrative burden. | <ul style="list-style-type: none">Evaluation Team did not review Exhibit D because it fell outside page limits. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 198-202 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Member incentives for participation in prenatal program.Warm link at Offeror's website to Centennial Care Rewards website.Higher than average reward redemption rates; however see concerns about data source. | <ul style="list-style-type: none">Data source supporting outcomes is from Finity rather than the Offeror. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 202-204 |

| RFP Question |
|---|
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question; however more detail necessary to evaluate the desirability of the proposals.• Prenatal incentive program. | <ul style="list-style-type: none">• Living 365 program to provide dietician and pharmacist supports to member in grocery store. | <ul style="list-style-type: none">• Response lacked detail on member engagement and re-engagement strategies until cost-effective use of services is achieved.• Evaluation Team member was concerned that proposal was not responsive to the question.• Evaluation Team did not review Exhibit J because it fell outside page limits.• Response lacked details on member strategies on copayments.• Response does not provide outcomes and clear process descriptions within the Diamond Outcomes Model. Unclear if Diamond Outcomes Model is currently in use in New Mexico. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 205-206 |

| RFP Question |
|--|
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question..• Experience with riders and premiums. | <ul style="list-style-type: none">• Clearly identified steps in securing riders and addressed member education.• Warm transfer to vendor call center. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 207-209 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances: Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</i></p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends?</p> <p>d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Weekly meeting with vendor to address performance improvement.Addressed care coordinator and provider collaboration.Provider relations staff sent to physician office to address missed appointment fee and she was reimbursed.Treat every complaint as a formal grievance. | <ul style="list-style-type: none">Did not address loaner wheelchair. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | | Proposal Page(s) Reviewed | 209-211 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | | <ul style="list-style-type: none">Evaluation Team did not review page 211 because it exceed page limit for section.Response did not address innovations for providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 193-197 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question but additional detail was needed to fully evaluate the response.

Superior Elements

- Native American team to address cultural sensitivity; detail missing on location, frequency, and participants of meetings with Native American team.
- Stratify health outcomes data according to ethnicity and language to inform health education activities.
- Mobile apps to engage member behavior – Care Cards.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked some detail.
- Limited locations for events (“Molina Days”).

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 197-201 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- Comprehensive discussion of call center operations that would meet contractual requirements.
- Call center staff internal instant messaging capability.
- Dedicated Spanish language queue.

Superior Elements

- Ad hoc meetings to address organizational changes.
- Detailed data to evaluate call center performance and project call volume.
- 46 evaluation criteria with several dedicated to accuracy,

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Insufficient training duration for call center staff.
- Response lacked detail on call escalation criteria.
- Response lacked detail on staff monitoring strategies (e.g., four calls audited)
- Response did not address after hours provider call center availability.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 201-206 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Behavioral health virtual appointments and expanded telehealth strategies.Grants for startup costs for telehealth platforms for tribal providers.Direct data entry by providers into web portal if providers cannot access clearinghouse. | <ul style="list-style-type: none">Expansion of provider access through contracting in adjoining counties is not a desirable strategy for expanding access; however additional strategies provided.Timeline for provider call center staff to contact provider but lacked detail on nature of contact (resolution within 2 business days?). |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 206-209 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Provider involvement in strategies to increase member participation in incentive programs.Higher than average reward earning and redemption.Desirable member incentive programs, including behavioral health.Measurement of outreach methods with focus on individual outcomes.Mobile app for member engagement integrated with Finity. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 209-211 |

| |
|---|
| RFP Question |
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">CDC Living Well Campaign is a video to educate members on brand v. generic drugs, copayments, and appropriate ER use.System configured to capture copayments. | <ul style="list-style-type: none">Member education approach is directive and potentially punitive in tone rather than interactive and customized.Response did not sufficiently address member engagement approaches to cost-effective use of services. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 211-212 |

| RFP Question |
|--|
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">• Addressed some elements of the question.• Experience with riders.• Oversight of subcontractors at the local level but description not specific to vision or dental rider programs. | | <ul style="list-style-type: none">• Response lacked detail in payment and billing for rider services.• Response demonstrated minimal effort on part of Offeror to work with HSD if single vendor is selected.• Response did not address strategies to offer rider services to members.• Response lacked details on Offeror-driven strategies (i.e., "we will take HSD's direction). |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 212-214 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances:</i> Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends? d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question.• Replaced wheelchair immediately. | | <ul style="list-style-type: none">• Difficult to navigate the steps in the response.• “Worked” with provider to waive missed appointment fee rather than taking more direct approach. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 215-217 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">• Addressed all elements of the question.• Use of smartphone apps. | <ul style="list-style-type: none">• Provided outcomes unique to New Mexico for members and providers (e.g., Hep C incentive payments to providers).• Civic engagement strategies are desirable (e.g., back to school days, Meals by Molina, Molina Stock the Cabinet, First Book). | <ul style="list-style-type: none">• Response lacked details on lessons learned.• Innovations more focused on members than providers. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 185-190 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">Addressed most elements of the question. | <ul style="list-style-type: none">Working with AT&T to expand internet access to members.Quantitative and qualitative data analysis.Strategies to address social determinants of health, including housing.Comprehensive modes of communication. | <ul style="list-style-type: none">Response lacked detail on behavioral health focused strategies.Response did not detail strategies to use data to modify approaches. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 191-196 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed all elements of the question.

Superior Elements

- Extensive translation services.
- Six weeks of training, 2 weeks of monitored training, and ongoing training.
- Dedicated Navajo line.
- Immediate access to behavioral health specialist through warm transfer.
- 100% of calls are recorded.
- Clear call escalation process and staffing models.
- Opening call script clarifies important member information.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Exhibit referenced for training modules that could not be reviewed.
- Response did not address TTY.
- Members may use family and friends for translation, Evaluation Team concerned that these approach is not always reliable or appropriate.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 196-200 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Clear Claim Connections sounds promising, includes test claims, but more detail on platform was needed to fully evaluate the proposalGood ideas for provider recruitment, including reimbursement strategies in rural areas.Customized training for IHS, physical health, and LTSS providers.Collaborate with other MCOs on provider education strategies to reduce provider burden and streamline processes across MCOs as appropriate.Telehealth strategies for dermatology services. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 200-203 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed some elements of the question.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response did not address use of points to pay premiums.
- Response was vague.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 203-204 |

| |
|---|
| RFP Question |
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- Member materials include information on copayments.

Superior Elements

- Work with providers to address practices to minimize copayments for members.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response overall was vague.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 204 |

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|--|
| RFP Question |
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Addressed some elements of the question. | | <ul style="list-style-type: none">Limited experience with riders.Response does not address how premiums can be paid (e.g., cash, debit, credit, etc).Response did not address member outreach on buy-in program. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 204-205 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances:</i> Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends? d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question.• Member receives replacement wheelchair. | <ul style="list-style-type: none">• Addresses root cause analysis. | <ul style="list-style-type: none">• Relevance of appropriateness of assisting member in filing claim with insurance company for vendor is unclear.• Response did not discuss grievance timelines.• Response did not address missed appointment fee. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 205-208 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed most elements of the question.
- Portal enhancements were reasonable but not innovative.

Superior Elements

- Use of Smart Screener depression screening tool.
- Use of Talk Space Text therapy (secure text messaging with behavioral health providers).

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked detail on outcomes.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 183-188 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Member education uses CHWs to address social determinants of health.Collaboration with UNM to translate materials into multiple Native American languages and materials will be available in various formats.Audio version of member handbook under development.In-person translation.Measurement of effectiveness looks at multiple data sources to drive improvement in member communication strategies.Focused on culturally sensitive communications. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 188-194 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none"> Addressed all elements of the question. | <ul style="list-style-type: none"> Post-call surveys. Methods to triage calls and routing to appropriate contacts. Members can request call-back through web portal, smartphone app, chat function. Provider member services in operation 24/7. Initial training is comprehensive and appropriate timeframe, with call simulations. Same comment for ongoing training plans. | <ul style="list-style-type: none"> Description of call escalation process lacked sufficient detail to evaluate the process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 194-197 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Behavioral health training toolkit for providers.Provider training for IDD members.Webcast and on demand access to training modules on targeted topics.Claim edit to suspend and timeframe for providers to submit additional information to avoid denials. | <ul style="list-style-type: none">Unclear from response if all required provider training topics would be addressed in the curriculum.Response lacked sufficient detail to evaluate strategies to expand specialty care in rural areas. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 197-199 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Addressed review of member incentive data from Finity against internal claims data and using data to drive system improvements.Kiosks on tribal lands and strategies to close gaps in care.Member outreach strategies overall, with inclusion of providers in outreach strategies, is desirable.Wellness days with rewards received at events.Online linkages between Centennial Rewards and internal rewards programs. | <ul style="list-style-type: none">Response lacked detail on strategies for non-Native American populations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 199-200 |

| |
|---|
| RFP Question |
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Strategies to address gaps in care with provider incentives.Loadable MasterCard for premium payments.Rewards for sobriety milestones, job training, parenting classes and rewards can be loaded on MasterCard for premium payment.Addressed outreach and education to members on copayments. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 200-201 |

| |
|--|
| RFP Question |
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none"> Addressed only some elements of the question and response lacked sufficient detail to evaluate. Elements of the response were undesirable. Experience managing dental program in New York but did not detail experience. | | <ul style="list-style-type: none"> Response only addressed dental services and indicated same approach would be applied to vision benefits, which may be inappropriate. Response issued a directive to HSD (establish uniform benefit design). Response lacked detail about offering or managing the riders, including outreach to members. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 201-205 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances: Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</i></p> |

| Response Consideration(s) |
|--|
| <p>a) Does the response address all relevant sections of the contract?</p> <p>b) Does the response fully address all aspects of the question?</p> <p>c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends?</p> <p>d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward?</p> |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">Addressed all elements of the question. | <ul style="list-style-type: none">Ombudsman responses appropriate to member needs.Thorough vendor and member services corrective action plans.Provided loaner wheelchair.Monthly and quarterly review of grievance and appeal data.Member's future trips proactively monitored. | <ul style="list-style-type: none">Strategy to address missed appointment fee was to have transportation vendor reimburse the provider; fee should not have been charged in the first place. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 205-207 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Advocate for Me technology for member call center to identify gaps in care for members and schedule appointments.Click-to-call technology.Chat sessions from mobile devices.Webcast on-demand trainings for providers.Expedited provider credentialing. | <ul style="list-style-type: none">Response did not address lessons learned or successful outcomes.The geographic scope of the CPC initiative is unclear.Member-based interventions focused primarily on LTSS populations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 180-185 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none"> Addressed some elements of the response but more detail was needed to fully evaluate the proposal. Website content translated to Spanish. Comments from known entities endorsing the Offeror. | <ul style="list-style-type: none"> Welcome rooms and pop-up mobile units but detail on locations would be beneficial. Routine translation of materials into six languages. Commitment to support statewide diabetes prevention program. | <ul style="list-style-type: none"> Response lacks sufficient detail overall to evaluate the proposal. Response does not support general concepts and buzzwords with sufficient detail. Response lacked sufficient detail on translation services and did not address TTY. Three-pronged approach for health literacy lacked detail. Strategy of adopting existing programs indicated that Offeror may not bring own or new programs to New Mexico. Response lacked detail on data and strategies to measure effectiveness of interventions. Response did not address role of care coordinators, CHRs, and other resources to reach members. Addressed ability to meet members where they are in preferred modes of communication but does not describe how it would be achieved. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 185-190 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- Quarterly training as required in the contract.

Superior Elements

- Speech analytics for call center.
- Quality controls for the call center.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response needed more detail on ongoing training strategies.
- Response does not address how care coordinators are reached after hours.
- Response lacked detail in call center monitoring.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 190-193 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• Addressed all elements of the question.• Letter of Intent with paramedicine professionals to provide care in member's home. | <ul style="list-style-type: none">• Expand SUD training to primary care physicians.• Provider call center representatives can address and adjust claims issues in real time.• Collaboration with University for neurology and telepsychiatry.• Analyze provider feedback to inform training topics and noted training topics were desirable.• Partnership with Memorial Center for specialty care in rural/frontier areas. | <ul style="list-style-type: none">• Response lacked sufficient detail to evaluate the approach initial and ongoing provider training. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 193-196 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Smartphones for high risk pregnancy members. | <ul style="list-style-type: none">Responses lacked clear evidence of successful engagement and efficacy in other markets related to incentive programs.Incentives and technology solutions appeared general and not specific to Centennial Rewards.Data share with Finity is expected but response did not address use of Finity and internal data to evaluate effectiveness of strategies related to member engagement in incentive programs. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 196-198 |

| RFP Question |
|---|
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">• Addressed most elements of the questions.• Demonstrated understanding of contractual requirements. | <ul style="list-style-type: none">• Layering financial incentives over proven education strategies and align with provider VBP strategies.• Data-driven health literacy outreach to decrease non-emergency ER use.• Member rewards for healthy behaviors.• Incentives above and beyond achieving HEDIS measures (smoking cessation, obesity, SUD).• Clear response on member communication on copayments. | <ul style="list-style-type: none">• Response did not address role of care coordinators, CHWs, and member and provider relations staff in approaches. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 198 |

| RFP Question |
|--|
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed some elements of the question but reliance on New York experience did not sufficiently address the elements of the question.
- Indicated willingness to work with HSD to secure cost-effective products for members.

Superior Elements

- Multiple methods for premium payment.
- Reached out to members at risk of losing coverage for non-payment of premiums in NY programs.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Description of New York experience did not provide sufficient detail to evaluate effectiveness.
- Response did not address outreach to members on buy-in programs.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 199-201 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances:</i> Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends? d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Addressed nearly all elements of the question. | <ul style="list-style-type: none">Approach to missed appointment fee directed at the provider.Received loaner wheelchair.Expedited review of grievance. | <ul style="list-style-type: none">Response did not acknowledge mistake in addressing grievance in first two calls and take steps to avoid reoccurrence, including root cause analysis.State Fair Hearing discussion is irrelevant to the scenario.Approach used a PIP rather than a CAP and the scenario involved member safety and should have been a CAP. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 201-204 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed some elements of the question.
- Proposals aligned with contractual requirements and provider and member “innovations” were lacking.

Superior Elements

- Dedicate provider service representatives to specialty services, e.g., behavioral health and LTSS.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response did not discuss lessons learned or outcomes.
- Response lacked detail on peer call center support approach but need more detail to evaluate approach.
- Response lacked detail on barcode app to evaluate approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 67 | Contract Section(s) | 4.11, 4.14, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 186-192 |

| RFP Question |
|--|
| <p>Describe your organization's approach to Member health education and health literacy. The response shall include:</p> <ul style="list-style-type: none"> a) Accomplishments and/or plans for conducting activities that promote/increase health literacy to Members that speak Spanish and Native languages; for persons who are deaf, blind, hard of hearing or visually impaired; for those who cannot read; and for Members living in Rural, Frontier, and Tribal areas; b) How you will determine which health education activities are relevant given the target population; c) How you will measure the effectiveness of strategies and use information to make changes to its approach; and d) The means of communication that will be employed to connect with Members, including the use of internet and smart phone based applications and other technologies to educate Members regarding care pathways for their individual medical issues. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico? d) Does the Offeror make appropriate use of care coordinators in promoting health literacy including the care coordinators responsibilities regarding disease management? e) Does the Offeror describe an adequate plan for developing and maintaining a network of community health workers? f) Does the Offeror convey an understanding of the purpose of the various types of community health workers? g) Does the response describe a process/methodology for determining health education activities and the use of specialized types of community health workers that are relevant given the target population? h) Does the response address the role of members and providers in evaluating the appropriateness and effectiveness of health education materials and health education and health literacy activities? i) Does the Offeror identify specific metrics or methods for measuring the effectiveness of educational strategies? j) Does the Offeror describe an adequate approach for using effectiveness findings to make changes to its educational approach? k) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">• Addressed all elements of the question.• Demonstrated understanding of contractual requirements. | <ul style="list-style-type: none">• Addressed Spanish speaking staff, Braile, TTD/TTY.• Landlines in high risk member homes. | <ul style="list-style-type: none">• More detail on use and capabilities of the kiosks.• More detail to address feasibility of CHRs in every pueblo.• Some aspects of the response were not responsive to the question, level of detail lacking to evaluate the Offeror's plan to member health education and health literacy.• More detail on use of the "Evolve Center" for behavioral health.• More detail on member orchestration concepts. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 68 | Contract Section(s) | 4.11, 4.15 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 192-197 |

| RFP Question |
|--|
| <p>Describe in detail your organization's process(es) for the items listed below, including interfaces with the Offeror's Member Services staff.</p> <ul style="list-style-type: none"> a) Training of Member services and provider services help-line staff (initial, ongoing, and in the event of program or operational changes); b) Process for routing calls to appropriate persons, including care coordinator and/or care coordinator contact and the process for escalation, and how help-line staff determine whether a call must be escalated; c) The type of information available to Member services and provider services help- line staff and how it is provided and updated; d) Monitoring process for ensuring the quality and accuracy of information provided to Members and providers; and e) Staffing levels and procedures for routing and triaging member and provider calls to include, at a minimum: members with limited English proficiency, crisis calls, and after hours calls. f) Technology innovations that allow members to contact the Offeror using insert and smart phone chat, e-mail, applications and other non-telephonic means of communication. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to the Centennial Care program and fully address all aspects of the question? c) Does the response take into account the specific geographical and cultural aspects of New Mexico when training staff? d) Does the response adequately describe staff training (e.g., appropriateness of the training topics and frequency and mode of training)? e) Does the response include a focus on the integration of physical and behavioral health needs of members? f) Does the response describe an appropriate process for routing calls, including clinical and emergency calls? g) Does the response identify appropriate resources available to help line staff (e.g., scripts, MCO policies, contact list, member handbooks) and describe a process to ensure the materials are current and easily accessible? h) Does the response include an adequate process for handling calls from Members with limited English proficiency and persons who are hearing impaired. i) Is the Offeror's plan for staffing the help line after hours, including timeframes for responding to calls, adequate? j) Does the Offeror's description of the quality monitoring process address punitive measures and educational opportunities for help line staff? k) Is the respondent's approach for ensuring adherence to performance standards, including call abandonment and call wait times, adequate? l) Does the Offeror utilize technology such as emails and text message to communicate with members and provide alternative approaches for members with limited access to technology? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">• Addressed nearly all elements of the question.• If selected, would need to ensure contract compliance with member and provider call centers and training programs. | <ul style="list-style-type: none">• Communication strategy to staff for urgent operational changes, e.g., and communication strategy to staff (system banner alerts and ad hoc meetings).• Tribal warm line experience in Arizona.• Appointment Wizard for real time scheduling through call center.• Caregiver collaboration app. | <ul style="list-style-type: none">• Medicaid 101 training only three weeks.• Response did not address staff training on handling of member grievances as required in the contract.• Response did not specify if there was a dedicated provider line. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 69 | Contract Section(s) | 4.11 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 197-202 |

| RFP Question |
|--|
| Describe your organization's approach to provider training, education, and technical assistance, including but not limited to: |
| <ul style="list-style-type: none"> a) Implementing strategies to minimize the administrative burden to providers for billing and claims submission. b) Innovative approaches for training or educating providers in New Mexico and/or other states. c) Strategies and methods to expand Specialty care in rural areas of the State. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Is the response specific to Centennial Care and fully responsive to all aspects of the question? c) Does the Offeror describe its use of technology in disseminating new information to providers? d) Does the Offeror's approach to ongoing training take into account the specific geographical and cultural aspects of New Mexico? e) Does the Offeror use multiple methods for disseminating information (e.g., phone, email, text, WebEx, Online, FAQ fax)? f) Does the Offeror make use of provider associations for disseminating new information? g) Does the Offeror look to national associations for up to date resources/information regarding practice guidelines and promising practices? h) Does the response include monitoring the efficacy of provider training and resolution when there are problems with the approach? i) Does the response include a strategy to identify gaps in specialty care in rural areas of the State and to address those gaps? Does the strategy include a reliance on telehealth or other reasonable strategies to improve timely access to specialty services in rural areas? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none"> Addressed all elements of the question. | <ul style="list-style-type: none"> Toolkits and recorded trainings for providers available online. High performing providers can be exempted from certain prior authorization requirements. More detail would be helpful to evaluate the proposal. Tracking and trending of provider performance is shared with providers to drive process improvements. Provider engagement strategies using staff dedicated to specific provider offices. Desirable topics for provider training modules (e.g., poverty sensitivity, motivational interviewing, mental health first aid). Strategies to expand diverse telehealth technologies. Kiosks deployed for health education resources and HRA completion. Dentistry specialty days at provider offices. Shared screen and supported user technologies to provide assistance to providers. | <ul style="list-style-type: none"> Response did not indicate a formal and ongoing provider training process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 70 | Contract Section(s) | 4.22 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 202-205 |

| RFP Question |
|---|
| <p>Describe how your organization will:</p> <ul style="list-style-type: none"> a) Educate Members about the benefits of participating in a Member incentive program and the methods the Offeror will use for this outreach and evaluation for effectiveness of methods; b) Measure outcomes for those who participate; c) Incentivize members to participate in health and wellness programs; and d) Implement technology innovations that allow Members to participate in such programs using Internet and smart phone applications. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of the benefits to the Member in participating including the ability to pay premiums with points? d) Does the response indicate specific efforts to inform and encourage Members to participate? e) Does the response include plans to revise outreach approaches that are not successful? f) Does the response include information about experience and/or success implementing this requirement in New Mexico or other States? g) Does the response address how technology will be used to help Members interface with the Member incentive program in an effective manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Addressed some elements of the question. | <ul style="list-style-type: none">HRA accessible through mobile app and kiosks.Electronic wallet for payment of premiums and reward redemption. | <ul style="list-style-type: none">Offeror did not propose innovative ideas for Member incentives to participate in health and wellness programs and to incentivize participation in Centennial Rewards. Approach to member incentives was passive and undesirable.Response repeated contractual requirements and for some aspects (e.g., HRA self-completion) it was not clear if practice would be compliant.More detail needed to evaluate the web portal.More detail needed on county-based targeted outreach to evaluate approach. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|-----------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 71 | Contract Section(s) | 4.9, 4.14 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 205-206 |

| |
|---|
| RFP Question |
| Describe how your organization will use Member education (health literacy), incentive programs, and potential co-pays to drive more appropriate and cost-effective use of health care services. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the approach include ways to educate Members in addition to written handbooks or manuals on ways to improve health literacy? d) Does the approach utilize Member and Provider relations staff, care coordinators, community health workers? e) Is the approach to education New Mexico specific and culturally appropriate? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• Addressed some elements of the question but more detail was needed to evaluate the response.• More detail needed on welcome call to evaluate proposal. | | <ul style="list-style-type: none">• Response lacked detail on copayment strategies to evaluate the approach.• Response overall lacked detail on strategies to improve health literacy and use of copayments to drive more cost-effective use of services.• Reliance on member handbooks as primary source for member education and health literacy was not desirable or member-centric. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 72 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 206-207 |

| RFP Question |
|--|
| Describe how your organization will offer and manage separate benefit riders (buy-ins) for Members such as a dental or vision rider. Additionally, if the State requires all of the successful Offerors to procure a single provider for dental and/or vision services, describe how your organization would develop these riders. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Is the response comprehensive and does it address elements such as outreach to Members, transitions of care for members already receiving dental or vision care from a provider? d) Does the response indicate experience delivering dental and vision services as a separate benefit? e) Does the response indicate known challenges or barriers and how the Offeror will address them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed some elements of the question.
- Shared prior experience with riders.
- Affirm ability to comply with HSD directives for riders.

Superior Elements

- Call center does not hand off members to separate vendor.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked detail on outreach that buy-ins are available to members.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 73 | Contract Section(s) | 4.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 207-210 |

| RFP Question |
|--|
| <p><i>Scenario H. – for Question 73</i></p> <p><i>01/14/17: The member is filing a complaint regarding non-emergency transportation. The member is a 67 year old female, diabetic, Spanish speaking only and uses an electronic wheelchair for transportation. The member contacted the Offeror's transportation vendor two weeks in advance to schedule a pick-up time and return trip. On the day of the appointment the transportation vendor was late in picking up the member causing her appointment to be cancelled and a \$25.00 "No Show" charge was levied against the member. The member is very upset and states that this happens all the time with this transportation vendor. Additionally, on the return trip the driver did not secure her wheelchair properly and the member was thrown out of the chair resulting in an Emergency Room visit and several hundred dollars of damage to the chair. The member is seeking assistance with the wheelchair repairs and the \$25.00 fine placed by the doctor.</i></p> <p><i>02/14/17: The member called again, she has not heard anything from the Offeror regarding her request of 01/14/17.</i></p> <p><i>03/14/17: The member would like to file a grievance under the Offeror's policy.</i></p> <p><i>Using Scenario H as an example of a member grievances:</i> Describe how your organization will address the identified issues including but not limited to tracking and analyzing Member grievances and appeals and timeframes for resolution. The description should include how you will use the data resulting from the grievance system to improve the Offeror's operational performance.</p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include sharing trends with providers, management, care coordinators and other staff in direct service to the Member to address and resolve negative trends? d) Does the response include resources to follow-up directly with the member and other parties involved ensuring the safety and well- being of all Members moving forward? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed nearly all elements of the question.
- Demonstrated ability address issues raised in scenario.

Superior Elements

- Acknowledged failures in meeting timelines and conducted root cause analysis.
- Work with transportation vendor to develop urgent service protocol.
- Addressed action for specific driver.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Grievance process was complex, involved too many staff and steps and did not circle back to the member.
- Initial interaction with member was to request documentation.
- No warm transfer to the care coordinator.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Member & Provider Services | RFP Section(s) | 6.8 |
| Question Number | 74 | Contract Section(s) | None |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | Y |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 210 |

| RFP Question |
|---|
| Describe proposed innovations in Member and Provider services. Provide examples of successful innovations implemented in New Mexico and/or other states. Address your use or expanded use of personal technologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question (for both Member and Provider)? b) Does the response include ideas or examples that could be implemented and effective in New Mexico? c) Does the response include information on success with proposed innovations and/or lessons learned? d) Does the response include plans to implement or expand the initiatives in New Mexico? e) Does the response seem innovative? Do you like it? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Addressed some elements of the question but lacked detail to evaluate past experience and proposed innovations.

Superior Elements

- Tribal warm line.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked innovative proposals.
- Reliance on telephone communication as innovative strategy.
- Response lacked detail on past experience.

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 208-212 |

| RFP Question |
|--|
| Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum: |
| <ul style="list-style-type: none"> a) How Pas will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• Answered all elements of the question.• No prior authorization or single case agreement required for life-threatening conditions. | <ul style="list-style-type: none">• IRR process evaluates consistency of UM, tracks prior authorizations about to expire and determines if reauthorization is appropriate.• Value added travel benefits to Member, reimbursement for mileage, NEMT to pharmacy providers, and exploring tribal transportation options.• No expedited prior authorizations required. | <ul style="list-style-type: none">• Detail on single care agreement process was insufficient. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 212-217 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• Answered all elements of the question.• Described predictive risk modeling. | <ul style="list-style-type: none">• Proprietary tool for quality outcome utilization monitoring.• Innovalon HEDIS solution that facilitates monthly HEDIS monitoring.• Member feedback is received through multiple venues and providers and members are included in QM/QI system. | <ul style="list-style-type: none">• Description of identifying, tracking, and improving system performance and quality of services by providers was lacking.• MAC Committee was not defined in response.• Response lacked detail on use of system to improve member outcomes. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 217-219 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Discussed PCMH and behavioral health homes. | | <ul style="list-style-type: none">Evaluation team would have liked more detail on same day appointment initiative to assess feasibility. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 219-223 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Addressed regulatory requirements for PIPs. | | <ul style="list-style-type: none">Interventions selected, in number and type, were unresponsive to the scenario.Insufficient detail in describing PIP development and implementation processes.No data analysis to identify cohort.Lack of detail to demonstrate understanding of population.Research and health indicators did not translate to proposed PIP.Response did not address how evaluation of PIP would be conducted. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 223-225 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| | <ul style="list-style-type: none">• Focus on EPSDT. | <ul style="list-style-type: none">• Response uses outdated and irrelevant clinical practice guideline. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 225-227 |

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| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Multi-faceted approach to QM and UM. | <ul style="list-style-type: none">Participated in beta-testing for NCQA LTSS and Multicultural distinctions. | <ul style="list-style-type: none">Insufficient detail on MTM opioid initiative to assess intervention. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 213-216 |

| RFP Question |
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| <p>Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum:</p> <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Response did not address education on member and provider appeal and grievance process.• Response lacked detail on process for single case agreements.• Strategy to direct Members to toll-free Member services number for NEMT issues was highly undesirable.• Discussion of IRR process cited “lower than goal performance” but did not identify the goals.• Response was out of sequential order and was difficult to review. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 217-220 |

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| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">• Unclear if Offeror would meet contractual requirements for NCQA accreditation and if Offeror understood contractual requirements.• Discussion of segmental analysis for identification of sub-populations does not explain any of the intervention or improvement strategies.• Response lacked detail on Native American engagement quality improvement process.• Provides examples from other states but does not explain appropriateness for New Mexico. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 217-220 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">• Offeror would bring existing ED diversion plan to New Mexico and use state holder engagement to make modifications as appropriate.• Response indicates understanding of non-emergent use of ED.• PCP incentive program. | <ul style="list-style-type: none">• Scheduling tools to support PCPs in managing Members.• For Your Kids program provides hands-on education for parents on how to treat childhood ailments. | <ul style="list-style-type: none">• Approach would not use EDIE real time data in way the model intended.• Response includes promising practices but level of detail was insufficient. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 224-228 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">Provided examples of PIPs for the issues identified in the scenario but detail to fully evaluate the PIPs was not sufficient. | <ul style="list-style-type: none">Addressed geographic issues presented in the scenario. | <ul style="list-style-type: none">Response did not provide sufficient detail to understand how sustained improvement would be achieved.Response focused on care of the Member rather than addressing the question to develop a PIP for the issues presented in the scenario. Case management discussion was comprehensive and desirable but unresponsive to question. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 228-229 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">It is unclear to the Evaluation Team how the Michigan guideline for Prenatal and postpartum care, Department of Defense and Veteran Affairs guidelines, as cited in the response, would be applicable to New Mexico. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 220-222 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| | <ul style="list-style-type: none">• Onsite Care Coordinator or Peer Supports would be a resource at re-entry program facilities for justice involved members.• Offeror has actively participated in developing LTSS measures in national forum.• P4P for providers, including targeting nursing facilities and embedding care coordinators at nursing facilities. | <ul style="list-style-type: none">• Details on how feedback would be used and inform decision-making was lacking in the response.• Description on how outcomes are quantified was lacking in the response.• Evaluation team was concerned that the diabetes pilot for the Native American population lacked cultural competency and needs of the population. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 212-216 |

| RFP Question |
|--|
| Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum: |
| <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Offeror ensures 24 hour access to inpatient prior authorization requests for behavioral health services.Offeror requires that NEMT prior authorization denials for behavioral health needs are reviewed by a physician. | <ul style="list-style-type: none">Lack of detail on transition of care processes for members with chronic needs.Lack of detail on the process for single case agreements and prior authorization processes for out-of-state service requests, including processing timelines and Member communications.No discussion on process if single case agreement negotiations stall or fail. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--------------------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 216-219 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">• EQuip web-based system to identify gaps for providers in service delivery. | | <ul style="list-style-type: none">• Insufficient detail about tracking of <i>system</i> performance and to improve quality of services by providers.• No discussion of Native American or Medical Advisory Committee Board.• No discussion of member satisfaction and/or CAHPS. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 219-222 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">• Answered all elements of the question.• Assessing options for secure text messaging or emails sent by CHW to Members with appointment reminders. | <ul style="list-style-type: none">• Detailed plan to use information from EDIE system in a practical manner and in real time, linkages with community health workers.• Use of Peer and recovery supports for Members in ED for behavioral health needs.• Use of paramedics and community health worker resource. | <ul style="list-style-type: none">• Lack of detail on tracking systems for evaluation of interventions or quality management.• Lack of detail on approaches to have Members establish PCP relationships and methods to increase access to primary care services |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 222-227 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Response demonstrated strong competency in PIP development and implementation processes.Home visiting proposal.Use of EDIE for tracking. | <ul style="list-style-type: none">Absence of root cause analysis for situation and addressing prevention. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 227-229 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">Response did not fully incorporate Member's scenario to build responsive clinical practice guidelines, specifically geographic considerations. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 229-232 |

| |
|--|
| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question.

Superior Elements

- Reimbursement for depression screening tool, reporting of results, and tracking for effectiveness.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Exceeded page limit for section.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 222-224 |

| RFP Question |
|--|
| <p>Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum:</p> <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> Answered all elements of the question. | <ul style="list-style-type: none"> Single case agreements have similar requirements as contract provider agreements. No services denied or pended based on single case agreement negotiations. Peer to peer consults for prior authorizations, as requested. Use of ride-share programs to increase non-emergency transportation access and Member reimbursement for mileage. Post audit review of air ambulance single case agreements to increase contracted provider status. Prior authorization process was well described. Discussed Quadruple Aim. | <ul style="list-style-type: none"> Response did not address exemption of ITU services from prior authorization. Response did not discuss transition of care policies. Relevance of HEDIS score graphs to the question was unclear. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 225-228 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">User-friendly HEDIS Rate Performance dashboard to support improved and targeted provider/member outcomes.Use of provider incentive payments tied to outcomes.Provider engagement team that trains providers on outcomes, gaps in care, and how to improve. | <ul style="list-style-type: none">An Evaluation Team member was concerned that the QI process did not appear to have a coherent structure. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 228-230 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question.
- Response to encourage member-PCP relationships was deficient, focused on member engagement generally. Follow up would be required on strategies if selected.

Superior Elements

- Reliance on paramedicine.
- mPACT shared savings initiative with providers to support self-adopted ED diversion metrics.
- PCMH incentive payments for after hours operation.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response to encourage member-PCP relationships was deficient, focused on member engagement generally. Follow up would be required on strategies if selected.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 230-233 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|--|
| <ul style="list-style-type: none">• PIP addressed multiple variables of the scenario.• Showed proficiency in development and application of PIPs. | <ul style="list-style-type: none">• Discussed root causes for the scenario.• Rapid cycle improvement monitoring process. | <ul style="list-style-type: none">• Proposed initial interventions may be difficult to attain considering the details of the scenario. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 234-235 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| | <ul style="list-style-type: none">• Response highlighted SAMHSA protocol.• Quarterly monitoring and updating of clinical practice guidelines. | <ul style="list-style-type: none">• Role of NQIC was unclear.• Distribute CPG to all providers that are “likely” to use the guidelines; unclear how those providers were identified. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 236-238 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• Answered all elements of the question. | <ul style="list-style-type: none">• Use of paramedicine.• NARCAN education for Members.• VBP initiatives with nursing facilities.• Opioid reduction program may include Member referral to pain specialists.• PCMH Neighborhood | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 209-215 |

| RFP Question |
|--|
| <p>Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum:</p> <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Denials of expedited prior authorizations automatically go to appeal on Member's behalf.Use COEs for out-of-state single case agreements.IRR requires result of 0.8 or above or corrective action plan instituted.Offeror eliminated 37% of prior authorization requirements. | <ul style="list-style-type: none">Response did not address exemption of ITU services from prior authorization.Response lacked some detail regarding use of single case agreements. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 215-219 |

| |
|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question.
- Process uses interim and final results and compares results to regional and national benchmarks.

Superior Elements

- Member incentive programs.
- VBP initiatives with nursing facilities to improve setting transitions.
- Addressed tribal engagement strategies.
- Provider incentives to close gaps in care.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Some examples did not quantify outcomes.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 219-221 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Community Health Worker/paramedic program in central New Mexico.Peer support model for members in ED two times or more in 6 months.Prescribing pattern reviews to prevent pharmacy ED utilization.Member incentives for PCP visits.Psychiatric providers consult with PCPs on appropriate behavioral health treatments.Outreach to Members without a claim in two years. | <ul style="list-style-type: none">Response did not address plan for use of EDIE platform. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 221-224 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">PIP was innovative, desirable, multifaceted, and addressed complex nature of scenario.Response clearly addressed issues relevant to teen pregnancy.Incorporated EDIE in PIP. | <ul style="list-style-type: none">Evaluation Team Member found process map difficult to follow. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 224-225 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">• Addressed contractual requirements.• Addressed consistency between clinical practice guidelines and UM criteria. | | <ul style="list-style-type: none">• List of nationally recognized authorities was not fully responsive, more detail needed to assess response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 225-226 |

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| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed VBP contractual requirements and toolkits/dashboard to providers for VBP implementation. | <ul style="list-style-type: none">Use of provider dashboard with member-centric quality data and peer comparison capabilities.Learning Community approach desirable and led to demonstrable decline in suicide rates. | <ul style="list-style-type: none">Offeror highlighted provider cost concerns with VBP initiatives but did not address solutions.Discussion of Member empowerment through Member portal did not appear to be applicable or relevant to the New Mexico population.Response suggested targeted performance measures and did not acknowledge HSD's role in identifying performance measures.Response did not demonstrate an understanding of issues unique to New Mexico. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 208-214 |

| RFP Question |
|--|
| Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum: |
| <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• Process flow map for prior authorization process was clear.• Timeframe for execution of single case agreements in exigent circumstances.• Please describe process for reviewing instances of reduction in hours or services to verify there is no arbitrary reduction in PCS. | | <ul style="list-style-type: none">• Response did not address exemption of ITU services from prior authorization.• Responses did not address NEMT for Members with special needs. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 215-218 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">• Answered all elements of the question.• Addressed PIPs in the contract. | <ul style="list-style-type: none">• Algorithm for risk stratification model included total cost of care, demographics, and social determinants of health.• Monthly HEDIS measurement.• Mobile clinics to address identified gaps in care.• Use of clinical practice consultants.• Member (including Native Americans) and provider feedback to identify quality improvement opportunities. | <ul style="list-style-type: none">• Evaluation team member found insufficient detail on continuous process improvement for QM/QI system overall. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 218-219 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">• Collaboration with other MCOs to establish consistent and singular communications with providers. | <ul style="list-style-type: none">• Initiative to contract with homeless shelters. | <ul style="list-style-type: none">• Lack of detail on strategies to increase PCP relationships.• Unclear how EMS process will support ED diversion. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 220-222 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member’s substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror’s response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member’s area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Addressed contractual requirements for PIPs. | <ul style="list-style-type: none">Identified barriers to access to care. | <ul style="list-style-type: none">Process for evaluation and reporting for PIP lacked sufficient detail. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|---------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 223-224 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| | <ul style="list-style-type: none">• Process for monitoring provider adherence to clinical practice guidelines.• Evaluation Team found the cited clinical practice guidelines appropriate for the scenario. | <ul style="list-style-type: none">• Response did not address frequency for updating clinical practice guidelines in accordance with the contract.• Response did not address clinical practice guideline alignment with UM criteria. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 224—227 |

| RFP Question |
|--|
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| <ul style="list-style-type: none">• Provided detail on clinical practice consultants. | <ul style="list-style-type: none">• Mobile clinic days for mammograms and diabetic eye exams.• Express access network for behavioral health services. | <ul style="list-style-type: none">• Insufficient detail provided to assess innovative nature of telemedicine interventions.• Insufficient detail provided to assess innovative nature of LTSS survey.• Insufficient detail provided to assess innovative nature of Baby Block and Health4Me initiatives. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 205-211 |

| RFP Question |
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| <p>Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum:</p> <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|--|
| <ul style="list-style-type: none">Extended prior authorizations are offered to members who have chronic and ongoing needs. | <ul style="list-style-type: none">Average expedited prior authorization decisions timeframe is 24 hours. | <ul style="list-style-type: none">Members needing out of state services to be placed in Level 2 and/or Level 3 without Comprehensive Needs Assessment.Response did not address exemption of ITU services from prior authorization.Response indicates that Offeror may use single case agreements with required contract providers rather than including the providers in network.Response does not adequately address strategies to addressing member issues with NEMTTracking single case agreements to identify network adequacy issues was not addressed. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--------------------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 211-215 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|--|
| <ul style="list-style-type: none">• Answered all elements of the question.• Dedicated SIU. | <ul style="list-style-type: none">• Monitoring of services occurs prospectively, concurrently and retrospectively.• Invested in software to track quality improvement measures.• Member advocates and Native American advocates are included on Board.• Robust quality staffing resources. | <ul style="list-style-type: none">• Response did not include details of linking member outcomes to QM systems. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|-----|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 215-218 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Unclear how EDs will be familiar with Super Utilizer Pilot Program and how strategy will be developed and implemented. | <ul style="list-style-type: none">Use of telemonitoring with biometric data shared with PCP.Response addresses social determinants of health. | <ul style="list-style-type: none">Response lacks of detail on strategies to link members with PCPs.Unclear how EDs will be familiar with Super Utilizer Pilot Program and how strategy will be developed and implemented.Lack of detail on how monitoring, tracking and outcome measurements related to linking members to PCPs would be conducted.Response lacks details on how 24-7 access to Care Managers is accomplished. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 218-220 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| . | <ul style="list-style-type: none">Response recognized geographic differences within the State for SUD treatment. | <ul style="list-style-type: none">Field-based staff deployment proposal lacked details. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 221-222 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| | | <ul style="list-style-type: none">Response addresses some elements of the clinical practice guideline development process such as using recognized specialty associations and societies, but examples were limited. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 222-224 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Identification of gaps in care using analytic evaluation of claims and use of quality practice advisors in educating providers on data and addressing gaps in care.Preventative service outreach through mail and personalized reminder calls.Co-location of Member care advocates in targeted provider practices to address gaps in care.Telemedicine in urban areas with evaluation planned for initiative in rural areas.Leveraging pharmacies for updated member contact informationBabies First opt-in text program.Enhanced benefits identified through stakeholder inputResponse addresses social determinants of health, including health literacy. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|--|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 75 | Contract Section(s) | 4.4.16.1.8 – 4.4.16.1.9; 4.8.7.1; 4.9.25; 4.10.2.2; 4.11.3; 4.12.10.16 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 211-216 |

| RFP Question |
|--|
| <p>Describe your organization's single case agreements and prior authorization (PA) process. Include, at a minimum:</p> <ul style="list-style-type: none"> a) How PAs will be applied for Members requiring out-of-network services, or services for conditions that threaten the Member's life or health; b) How the Offeror will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope; c) Your process for Member access to emergency and nonemergency transportation; d) Your process for accessing out of state services or placements that require authorization; and e) How you will ensure and monitor for consistent application of review criteria. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror provide a comprehensive description of its PA process? d) Does the description address qualifications of staff making PA determinations? e) Does the description address single case agreements? f) Does the response indicate an understanding that emergency services and services provided by I/T/Us do not require PA? g) Does the description allow for an extended PA process timeframe for services to address chronic conditions? h) Does the process ensure for continuity of care, particularly for members with special health care needs? i) Does the Offeror describe activities that will ensure the consistent application of review criteria including internal monitoring and auditing to ensure consistency across staff? j) Are PA determinations based on evidenced-based clinical criteria? k) Does the description address the ability of providers to access, via a website, electronic PA requests and approvals? l) Does the Offeror describe how it will educate members and providers about the PA process? m) Does the Offeror describe how members and/or providers can appeal denials of requests for PA? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Answered all elements of the question.
- Addressed all services that are not subject to prior authorization.
- Description of Level 2/3 placement for all out of state service needs for Members and interaction with CNA process needs clarification. The CNA process should drive care coordination Level placement.
- No use of single case agreements for out of network providers that accept the Offeror's fee schedule.

Superior Elements

- Near real-time data exchange with providers and use of IQ Connect and TrueCare platforms to facilitate prior authorization decisions.
- UM process is robust, with audits, IRR at 90 percent, and additional training.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Detail on extended authorizations for Members with chronic conditions was not addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|--------------------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 76 | Contract Section(s) | 4.12.1.1 ; 4.12.2.1 and 4.12.5 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 217-221 |

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|---|
| RFP Question |
| Provide examples of how your organization will use your QM/QI system to improve Member outcomes and to identify, track, and improve the quality of the system's performance and the quality of services by providers. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate an understanding of quality program standards and utilize clinically sound and nationally recognized best practices in continuous quality improvement? d) Does the response include examples of how the Offeror has improved quality? e) Does the Offeror describe the information, data and reports shared with stakeholders to help inform decision making? f) Does the Offeror describe a process that allows for stakeholder feedback on a wide range of Centennial Care programmatic and operational issues? g) Does the Offeror describe how information from provider satisfaction survey data, HEDIS data, CAHPS data and MHSIP data will be used to improve quality? h) Does the Offeror describe how it will provide feedback to stakeholders on how the information obtained is used? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|--|
| | <ul style="list-style-type: none">• Diabetes telemonitoring pilot had positive outcomes.• Discussion of Quadruple Aim was well-received by the Evaluation Team. | <ul style="list-style-type: none">• Offeror discussed goals but did not discuss intervention concepts.• Offeror did not describe how information is disseminated to Members and Providers and how stakeholder feedback was received and used.• Offeror did not address the Native American population.• Offeror did not describe approach to identify, track and improve the quality of the system's performance. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|-----|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 77 | Contract Section(s) | |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 221-224 |

| RFP Question |
|--|
| Describe how your organization would develop initiatives to deter Members from seeking non-emergent care outside the Primary Care setting and to encourage members to establish PCP relationships. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response describe how the Offeror identifies non-emergent care? c) Does the Offeror describe the data to be tracked and monitored, the steps in the process and the responsible staff? d) Does the Offeror describe the process to analyze data, identify trends and how information is used for systems improvement? e) Does the response demonstrate an understanding of Medicaid member's challenges in establishing a relationship with a primary care provider? f) Does the response include methods to increase access to primary care services, including primary care providers who offer extended hours, weekend hours and minimizing other access barriers such as arranging transportation and appointments for members? g) Is the response sensitive to the challenges that New Mexico Medicaid members may face in accessing care quickly, especially members in rural or underserved areas? h) Does the response include how the Offeror will evaluate their network to ensure it is adequate to support access to primary care services, even in rural areas? i) Will the approach work in New Mexico? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Reported positive ED diversion results from other states that could be implemented in NM.Description of EDIE use in ED diversion strategies.Use of CHWs to conduct outreach to Members.Provider portal includes ED utilization information to support ED diversion strategies. | <ul style="list-style-type: none">Response on approach to facilitate PCP choice, provide means to select a PCP, and sending of Member materials may be inconsistent with contractual requirements.Response did not describe ICC process and relevance to the question. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 78 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 224-226 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Using this scenario as one example of a trend, give an example of the process used by the Offeror for identifying and developing an appropriate performance improvement project to support the member's substance abuse and pre-natal care needs. Please include how evaluation and reporting would be conducted to determine effectiveness of the project.</i></p> |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? d) Does the Offeror's response include an appropriate study question to identify the focus of the PIP? e) Does the response clearly specify how the data is collected and from which sources? f) Does the response include how the Offeror will evaluate access issues in the member's area including primary care and OBGYN care? g) Does the proposed performance improvement project include specific interventions the Offeror will take to improve the identified issues? h) Does the proposed performance improvement project include how the Offeror will evaluate the PIP results? i) Is the approach reasonable and appropriate for New Mexico and issues in rural/frontier areas? j) Is the approach innovative and likely to improve the problem? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Response demonstrates understanding of PIPs. | | <ul style="list-style-type: none">PIP was not responsive to the needs of the Member in the scenario, appeared that existing PIP was applied to scenario rather than the scenario drove the development of the PIP.Response did not address NM-centric aspects of the scenario, including geographic issues.Metrics to be tracked within the response were inconsistent. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|--|---------------------|---------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 79 | Contract Section(s) | 4.12.8; 4.12.4.12.7 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 227-228 |

| RFP Question |
|---|
| <p><i>Scenario I – for Questions 78 and 79</i></p> <p><i>A 17 year old Spanish speaking only, female living in Mora, New Mexico, was recently diagnosed as being approximately 10 weeks pregnant during a recent visit to the ER for a tooth ache. The member has been identified as a high utilizer of the ER and has a substance use disorder. The member has not established care with a Primary Care Provider nor has she had any pre-natal care with an OBGYN. The member indicates she is unable to schedule an appointment with a provider near her because the providers in the area are not taking on any new patients and her assigned PCP is in Santa Fe, New Mexico which is almost 100 miles away. She states she does not have reliable transportation and is afraid to travel.</i></p> <p><i>Using Scenario I: Describe how the Offeror will make decisions regarding adoption of evidence-based clinical practice guidelines for Members with these issues.</i></p> |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the Offeror demonstrate an understanding of the contract requirements? c) Does the response demonstrate a reasonable process to ensure this member is provided appropriate OBGYN services in her geographic area? d) Does the response address the age of the member in identifying an appropriate OBGYN provider? e) Does the response include how the Offeror will provide ongoing supports for the duration of the pregnancy and beyond? f) Does the response include an evaluation of why the member is accessing services in the ER? g) Does the response include how the member will be assessed for needs and screened for behavioral conditions? h) Does the response address all of the barriers the member is experiencing including appropriate OBGYN provider, primary care provider, transportation, underserved area and closed panels of providers in the area? i) Is the proposed approach reasonable, achievable and likely to result in lasting solution for the member? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">Referenced outdated clinical practice guidelines and WHO guidelines rather than more recent and potentially relevant guidelines.Response overall lacked detail. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|--|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Quality Assurance and Quality Management | RFP Section(s) | 6.9 |
| Question Number | 80 | Contract Section(s) | 4.12 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 228-230 |

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|--|
| RFP Question |
| Describe your organization's proposed innovations in the QA/QI/QM areas. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror demonstrate an understanding of the requirements? a) Are the proposed innovations aligned with Centennial Care 2.0 goals? b) Does the response include a variety of QA/QI/QM innovations? c) Are the examples actually innovative, promising or otherwise desired in New Mexico? d) Does the response quantify how the innovations will improve quality? e) Do the examples provided demonstrate that the Offeror has competencies in improving quality? In New Mexico? In Medicaid markets? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">Answered all elements of the question. | <ul style="list-style-type: none">Electronic pill box potentially innovative.Opioid 360 program's focus on provider prescribing habits is desirable.Response provides positive outcomes in other States.VBP experience with PCPs, specialists, hospitals, ACOs, and LTSS providers. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 228-232 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> All elements of the question were addressed. | <ul style="list-style-type: none"> Examples provided for proven successes in reporting timeliness and accuracy. Enterprise reporting teams at both the local and national level. Addressed subcontractor reporting. For example, monitoring of subcontractor performance against goals and use of subcontractor-specific dashboards. Displayed understanding that reporting process is dynamic and exhibited ability to adjust dashboards and expand reporting as necessary. Contractor indicates that both system hardware and software architecture will allow for scalability to meet future capacity needs. Addressed use of reporting for improvement of provider and member experience. Use of SMEs to enhance reporting process. HSD recognizes the importance of integration of people across functional areas and data across platforms for accuracy and meaningfulness of reports. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 232-234 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Corrective action plans are developed together with subcontractors. Provided detailed example of corrective action plan enforcement.• Standards already in place for variance analysis at cell level that are used to identify areas to investigate.• Doesn't just rely on data, Offeror uses systems, staff and prior reporting for reporting accuracy and trends to identify events that might affect the data.• Existing inventory of reports that can be leveraged for NM reporting.• Uses extensive audits to establish performance baselines and provide feedback to operational teams. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 235 |

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|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Provided several clear examples of program reporting.Ability to provide HSD with ad-hoc reports. Addressed dynamic nature of Medicaid program. Outlined a single point of contact process currently in use that is in alignment with HSD's ad-hoc request process. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 236-240 |

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| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• Evaluators concerned about lack of detail provided for training of care givers and providers. | <ul style="list-style-type: none">• Provided results and successes of their program integrity system.• Provided process chart that outlines formal process for how Offeror will execute and evaluate potential fraud waste and abuse tools.• Focus on NM-specific aspects. For example, Offeror's fraud waste and abuse activities can be coupled with NM's EVV system.• Prevention tools and level of details provided are superior. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 241-242 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Provided good examples of innovations such as the PING system and its many capabilities. | <ul style="list-style-type: none">– Subcontractor example, as presented, not a desirable approach for NM. Not enough detail provided about the safeguards utilized. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 233-236 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail was needed to fully evaluate the approach. | | <ul style="list-style-type: none">Detail lacking in organization and ability.Didn't sufficiently discuss an ongoing process for reporting timeliness, accuracy, and configuration for Offeror and their subcontractors. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 236-238 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Lacked sufficient details overall. More detail needed to fully evaluate the approach.Didn't provide enough detail to demonstrate Offeror's abilities.No process on systems addressed.Response for quality improvement activities lacking sufficient details.Didn't address internal CAP process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 238-241 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">A standard/basic process described that only addressed minimum requirements. More detail required to fully evaluate approach.No data/examples provided to demonstrate Offeror's capabilities. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 241-245 |

| |
|---|
| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">Focus of training example described in the response was limited to LTC; no other provider types addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 245-247 |

| RFP Question |
|---|
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Only some of the elements of the question were addressed. Response lacked sufficient detail to evaluate the approach. | | <ul style="list-style-type: none">Elements of the question were not addressed; proposed innovations for NM were not provided.Example innovation provided didn't demonstrate success/effectiveness of tool in other states. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 233-235 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient detail to fully evaluate the approach.Indicated timeliness compliance at 100%, but didn't address accuracy compliance. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 235-237 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient detail to fully evaluate the approach.Some elements of the question were not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 237-240 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient detail to fully evaluate the approach.Some elements of the question were not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 240-244 |

| |
|---|
| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| |
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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient detail to fully evaluate the approach. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 244-247 |

| RFP Question |
|---|
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. | | <ul style="list-style-type: none">Response lacked sufficient detail to fully evaluate the approach. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | Molina | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 239-243 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Transparent in reporting challenges and process for improvement.Detailed each of the many systems components and explained what each does. Also optimized systems specifically for NM.Framed report training as not just a compliance exercise, but used as mechanism for staff to tell a story with the data with a focus on audience awareness and critical thinking that challenges employees to add value to their analysis. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 244-246 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">· All elements of the question were addressed. | <ul style="list-style-type: none">– Detailed description of CQI implementation and activities. CQI process is a desirable approach for the State.· Reporting process that involves many layers of review is a desirable approach to the State. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 246-247 |

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| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. Response lacked some detail. | <ul style="list-style-type: none">• Demonstrated 99% rate of timeliness compliance for calendar year 2017. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 247-252 |

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| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">· All elements of the question were addressed. | <ul style="list-style-type: none">– Implementation of prevention controls including proactive approach to cost avoidance.· Training process that includes training of care coordinators to identify fraud waste and abuse during in-home assessments. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 252-253 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">- All elements of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 227-232 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Availability of data (At Your Fingertips). Fast and integrated.• Example of report accuracy and completeness requirements provided; 99.9% accuracy for Centennial Care program.• System integration.• Use of numerous oversight committees that provide overlapping levels of review and oversight across multiple areas of focus.• Subcontractor delegation oversight committee. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 232-234 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> All elements of the question were addressed. | <ul style="list-style-type: none"> Identified trends and explained how the Offeror uses actionable results to improve the program. Results not only used to address negative outcomes, but positive outcomes identified are reproduced at a larger population level. Addressed use of seasonal and multi-year time spans for trend analyses that can identify seasonal patterns. Leadership engagement in reporting process. Utilizes process that incorporates HSD's feedback to improve future reporting. Removal of barriers to achieve targets. Response very detailed and comprehensive. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 234 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed.• Approach highly desirable. | <ul style="list-style-type: none">• Provided deliverable results with actual metrics demonstrating Offeror's capacity to provide required reporting, on average, before due date.• Well-documented examples and consistent process for delivering reports to the state. | |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 234-240 |

| |
|---|
| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none"> All elements of the question were addressed. | <ul style="list-style-type: none"> Discussed the number of cases actually investigated and resulting recoveries and loss prevention outcomes specific to NM. Provided examples of large amount of recoveries/cost avoided. Established broad range of training for providers, subcontractors, caregivers, and vendors, using wide spectrum of training tools such as provider portals. Continuous monitoring. Comprehensive strategy for prevention applicable to NM. Use of provider profiling and data mining techniques. Great detail in responses. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 240-241 |

| RFP Question |
|---|
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Comprehensive list of innovations and their respective purpose provided. Examples included what Offeror is currently doing and that could be used to enhance the Centennial Care 2.0 program.Ability to drive provider and member behavior resulting in positive impact to population health in NM.Provided examples demonstrating the use of various tools that utilize risk stratification and social determinants of health, provider profiling, identification of anomalies in billing patterns, and fiscal viability.Ability to use all data that is available to Offeror, not just claims data. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 228-232 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Systems integrated, not compartmentalized.• Strategic Management Report Tool (SMART) data analytics capabilities and infrastructure to support all reporting for everything but care coordination.• Use of Offeror's local, national, and worldwide knowledge, expertise and data that can be applied at the local level. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 232-234 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">Lacking in detail when it comes to continuous early warning system used for quality improvement activities. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 234-237 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">- All elements of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 237-241 |

| RFP Question |
|---|
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 241-242 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Most elements of the question were addressed. More detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">No proposed innovations were addressed.Did not address reporting program integrity data. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | WellCare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 225-227 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Addressed reporting ability for transitions of care to support a wide range of needs, measures, and reporting requirements.• Offering a government portal where State can access Offeror's data.• Holistic member-centric approach. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 227-229 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Legal Integrated Online Solutions (LIONS) central searchable depository. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 229-231 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Offering a government portal where State can access Offeror's data. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 231-236 |

| RFP Question |
|---|
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|--|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">GD (general dynamics) STARS Solution data analysis tool.Utilization of care coordination data to identify care gaps.Ratio of recoupments vs. cost avoidance is exceptional; 5 to 1 more cost avoided over recoupments.Ability of Offeror for continuous monitoring of activities and ongoing compliance; currently doing in other states. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 236-238 |

| RFP Question |
|---|
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Provided several detailed examples of program integrity innovations: Six examples provided for what Offeror is currently doing and will be doing.Desirable innovations such as real-time monitoring with TriCore Reference Laboratories (TriCore) to reduce redundancy and monitor clinical outcomes.<ul style="list-style-type: none">Integrates clinical and program integrity.Established partnership with TriCore already in place.All innovations are connected to provide robust view of the program that can support Offeror's program integrity goals and would also support goals of Centennial Care 2.0. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|--------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 81 | Contract Section(s) | 4.21.1 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 231-234 |

| RFP Question |
|---|
| <p>Provide a sufficiently detailed description of your organization's capability to produce the required Centennial Care 2.0 reports included in Section 4.21 of the Sample Contract (Appendix O of this RFP), and demonstrate that the Offeror can provide, at a minimum:</p> <ul style="list-style-type: none"> a) Capability to build, expand and configure systems for increasing data capturing efficiencies and ensuring reports meet HSD's requirements; b) Data analytics methodology, criteria and processes to be implemented regarding report accuracy, completeness and timeliness; c) A dashboard tool to monitor, track and evaluate performance metrics; and d) How to monitor, track and validate data from subcontractors. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe/include staffing levels and team structure, organizational charts, work flows to support data collection, data analysis and reporting functions necessary under this contract? d) Does the Offeror's description address the following: (i) automated reporting; (ii) ad hoc report development; and (iii) team member skills to support data collection, reporting, analysis, problem solving and process improvement? e) Does the response describe how the Offeror will monitor and ensure that reports are accurate, complete, valid, timely and in the specified format? f) Does the response account for monitoring, tracking and validating reports from subcontractors for delegated functions? g) Does the response account for handling and reporting personal health information? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach.• Evaluation team concerned about the lack of committee oversight and that the process didn't address SME involvement and local dynamics of the data. | <ul style="list-style-type: none">• Robust data analytics capabilities.• Scalable reporting systems that can be configured to support varying size programs/reporting needs.• Ability to provide a secure portal for HSD staff. | <ul style="list-style-type: none">• Lacked detail in describing process for monitoring, tracking, and validating of data from subcontractors. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 82 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 234-235 |

| RFP Question |
|---|
| <p>In order to demonstrate your organization's ability to submit, configure, and analyze reports, including identification of areas of deficiency, provide a detailed description of the Offeror's approach and plan for:</p> <ul style="list-style-type: none"> a) Identifying and interpreting data trends and patterns in reports, conducting comparative data analyses, and conducting quality checks prior to report submissions; and b) The Offeror's internal continuous quality improvement activities as they would relate to reporting, including developing, implementing and monitoring internal corrective action plans. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe internal review and validation processes prior to submitting reports to HSD? d) Does the review and validation process include subcontractor reports? e) Does the response describe internal quality checks and a process for establishing and reviewing internal corrective action if required? f) Does the Offeror describe internal quality improvement activities? g) Does the response demonstrate identifying and interpreting data trends? (Were examples provided?) h) Does the response demonstrate system flexibility to support various types of reports? i) Does the response address providing MCO certification for certain reports? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">Limited monitoring of internal CAP process.Description of QI activities unclear in regards to performance improvements. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 83 | Contract Section(s) | 4.21 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 235-238 |

| |
|---|
| RFP Question |
| Provide examples of your organization's capacity for providing program and fiscal reports on a monthly, quarterly, annual, or ad hoc basis as required or requested by the State. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address required reporting timeframes? d) Does the response provide examples demonstrating the Offeror's capacity for providing program and fiscal reports? e) Does the response address submitting reports based on prescribed formats? f) Does the response address submitting reports through the State DMZ? g) Does the response describe a process for handling Ad Hoc reports? h) Does the response demonstrate resource allocation and prioritization protocols? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">Didn't address how Offeror would monitor subcontractor reporting and accuracy of submitted data.Only program report dates cited, no differentiation made for financial report timing differences. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 84 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 238-241 |

| |
|---|
| RFP Question |
| Describe your organization's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification of issues, and ongoing training. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response describe sufficient staff to develop and maintain a compliance program and that has experience in detecting fraud and responding to identified issues? (must include compliance program, written policies/procedures, designation of compliance officer, a compliance committee, and a reporting schedule) d) Does the response include an understanding of the provider training challenges that the Offeror may face due to unique geographic characteristics of the State and does the Offeror include effective and creative ways to overcome such challenges? e) Does the response describe the Offeror's experience in detecting and preventing fraud and abuse? f) Does the response provide specific, concrete examples that demonstrate fraud and abuse detection/prevention? g) What plans for site visits and audits of high risk providers (DME, behavioral health, home health, etc.) are described in the response? h) Does the Offeror's response indicate an understanding of the procedures to be taken when fraud is suspected including a process for developing service and client transition plans when actions are taken against providers under fraud investigation? i) Does the Offeror's response extend to subcontractors, preferred vendors and sole source providers? j) Does the response require compliance with the New Mexico False claims act, New Mexico Fraud against Taxpayers act and the federal false claims act? k) Does the response describe efforts the Offeror will take to detect, recoup and prevent overpayments made to contract providers? l) Does the response include mechanisms to suspend payments to providers that have a credible allegation of fraud, per 42 CFR 455.23? m) Does the response require source verifications for any data, documentation or information specified in 42 CFR 438.604? n) Does the response reflect use of encounter data requirements for FWA? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Nearly all of the elements of the question were addressed. Some additional detail needed to fully evaluate the approach. | | <ul style="list-style-type: none">Didn't describe enough details on provider training. For example, didn't address caregivers, vendors, employees, and different provider types.Didn't address Offeror's approach to coordination with State for identified FWA activities. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|-------------------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Reporting & Program Integrity | RFP Section(s) | 6.10 |
| Question Number | 85 | Contract Section(s) | 4.17 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 241-244 |

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| RFP Question |
| Describe your organization's proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in New Mexico and/or other states. |

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|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Do proposed innovations include a plan for effective reporting and implementation? d) Do proposed innovations demonstrate successful recoupments? e) Do the proposed innovations demonstrate measurable results associated with successful innovations? f) Do proposed innovations make data more readily to support real time reporting? g) Do proposed innovations demonstrate increased reporting accuracy? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">• All elements of the question were addressed. | <ul style="list-style-type: none">• Provided good examples and explained how they would tailor it to, and implement in, NM.• Real-time analytics with HSD access.• Will utilize clinical expertise. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 243-244 |

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|---|
| RFP Question |
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail provided to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 245-247 |

| RFP Question |
|---|
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Described 26 years of Medicaid-specific experience operating in 20 markets.
- Use of 3 external TPL providers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 248 |

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| RFP Question |
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail provided to fully evaluate the response.Didn't fully describe experience with risk corridors and other capitation reconciliations.Didn't address risk corridors and other capitation reconciliations specific to NM CC 2.0. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 248-251 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Tennessee example demonstrated effectively making changes to organization.
- Claims sampling methodology provided.
- Claims auditing process for subcontractors.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 251-254 |

| |
|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding financial impact. No clinical or admin savings were identified.
- No examples from NM or other States to demonstrate successful innovations.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 249-250 |

| RFP Question |
|---|
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 250-253 |

| RFP Question |
|---|
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP
Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 253-255 |

| RFP Question |
|--|
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Indiana example regarding MLR reconciliations.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 255-259 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- New hire claims audit process.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not provide last calendar year's report on the "average number of days to pay providers". (Part E of the question)

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | AmeriHealth | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 259-262 |

| RFP Question |
|---|
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding examples of financial impact from proposed innovations.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 248 |

| RFP Question |
|---|
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail provided to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 248-252 |

| |
|---|
| RFP Question |
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Limitation in the ability to apply recoveries back to paid claims is not desirable for the State.
- Not being aligned with a national TPL vendor (other than for subrogation) is not desirable for the State.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|--------------------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 252-253 |

| |
|--|
| RFP Question |
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail provided to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 253-256 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.
- Response referenced an exhibit. The exhibit was not allowed for this question and was not evaluated when scoring this question.

Superior Elements

- For new hires, 100% of claims reviewed by Quality Control are desirable to the State.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Did not provide last calendar year's report on the "average number of days to pay providers". (Part E of the question)

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|---------------------------|---------------------|------|
| Offeror Name | Blue Cross Blue Shield NM | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 256-258 |

| |
|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response generally lacks innovations.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 255-256 |

| RFP Question |
|---|
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Demonstrated ability to meet current or exceed current requirements.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 256-257 |

| |
|---|
| RFP Question |
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Did not demonstrate experience and no results were provided.Lack of full detail on TPL methodology. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 257-258 |

| RFP Question |
|--|
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Good level of detail on risk corridors and reconciliation.
- Emphasis noted on encounter acceptance in the risk corridor and reconciliation process.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 258-261 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Nearly all elements of the question were addressed.Response referenced an exhibit. The exhibit was not allowed for this question and was not evaluated when scoring this question. | | <ul style="list-style-type: none">Did not provide last calendar year's report on the "average number of days to pay providers". (Part E of the question) |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Molina | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 261-264 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Documented and realized costs savings in other markets. Example provided from WA was tailored to New Mexico (delegation of care coordination).

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 242-244 |

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|---|
| RFP Question |
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response included detailed breakdown of components for financial management and was desirable to the State.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 244-245 |

| RFP Question |
|---|
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• Nearly all elements of the question were addressed.• Response referenced an exhibit. The exhibit was not allowed for this question and was not evaluated when scoring this question. | | <ul style="list-style-type: none">• Lack of detail provided to fully evaluate the response. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 245-247 |

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|--|
| RFP Question |
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response included detailed breakdown regarding risk corridors and other capitation reconciliations and was desirable to the State.
- Detail provided regarding accrual methodology.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 247-253 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Response referenced an exhibit. The exhibit was not allowed for this question and was not evaluated when scoring this question.

Superior Elements

- Response included detailed breakdown regarding methodology for ensuring claims payment accuracy and claims auditing processes that was desirable to the State.
- Detailed audit process for subcontractors and break out by major service types.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 254-255 |

| RFP Question |
|---|
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

- Care coordination training campus.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding examples of financial impact from proposed innovations.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 243-245 |

| RFP Question |
|---|
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response included detailed breakdown of components for financial management.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 245-248 |

| RFP Question |
|---|
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP
Consensus Score Sheet



Elements of the Response that Met
RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP
Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 248-250 |

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| RFP Question |
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Experience and level of understanding regarding risk corridors and other capitation reconciliations.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 250-255 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Claims management team with Six Sigma Black Belt certification and use of associated principles.
- Subcontractor audits.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | United Healthcare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 255-256 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Most elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- No examples of prior successful innovations provided.
- Proposed innovations not desirable.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 239-241 |

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|---|
| RFP Question |
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|---|
| <ul style="list-style-type: none">Nearly all element of the question were addressed. | | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 241-244 |

| RFP Question |
|---|
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response provided overall results and specific examples of subrogation recoveries.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | WellCare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 244-246 |

| RFP Question |
|--|
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Reconciliation process used across 11 states which included automated uploading of 820 files.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 246-250 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail regarding documentation of audit results. (Part C of the question)

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | WellCare | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 250-253 |

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|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP
Consensus Score Sheet



Elements of the Response that Met
RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP
Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 86 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 245-246 |

| |
|---|
| RFP Question |
| Describe how your organization will comply with net worth, solvency, reinsurance, and surplus requirements and maintain a fidelity bond that meets the amount specified for the time specified under the New Mexico Insurance Code. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) Does the response include any experience in other contracts where similar requirements have been met? d) Has the Offeror provided services to Medicaid members for more than three months? If not, did the Offeror indicate it would submit/demonstrate the required documentation per 4.18.1? (net worth) |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Nearly all elements of the question were addressed.

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lack of detail provided to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 87 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 246-249 |

| |
|---|
| RFP Question |
| Describe your organization's experience in the identification of other insurance held by its Members and other insurance that may be required to pay for services provided to Members (third-party liability) and coordination of benefits with third parties, including pay and chase methodologies. |

| |
|---|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response fully address all aspects of the question? b) Does the response address all relevant sections of the contract? c) To what extent is the processes described existing as opposed to planned? d) Does the response include any examples of the Offeror's ability to track and report TPL information? e) Does the response include any examples of the Offeror's ability to monitor/measure the effectiveness of their COB processes? For example, retrospective claims reviews to identify missed coordination opportunities? f) Does the response address any experience with post payment review and recovery related to claims where TPL coverage is discovered after payment of the claim? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response included detailed processes and approaches regarding data mining, HMS, 834 eligibility files, provider portal and ICD-10.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|--------------------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 88 | Contract Section(s) | 4.18, Attachment 7 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 249-250 |

| RFP Question |
|--|
| Describe your organization's experience with risk corridors and other capitation reconciliations and how the Offeror accrues expenses/revenue associated with risk corridors and other capitation reconciliations. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract, including requirements outlined in Attachment 7? b) Does the response fully address all aspects of the question? c) Does the response address the capabilities of the Offeror's accounting system(s) and how revenues, expenses and adjustments related to capitation reconciliations can be tracked within the system(s)? d) Does the response include any examples of the Offeror's ability to track and report on capitation reconciliation items? e) Does the response address how the Offeror would ensure timely payment to providers in circumstances where reimbursement for costs would occur in longer intervals rather than monthly capitation? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| <ul style="list-style-type: none">Most elements of the question were addressed. | | <ul style="list-style-type: none">Lack of detail provided to fully evaluate the response.Did not address capitation reconciliation process. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 89 | Contract Section(s) | 4.19 |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 250-254 |

| RFP Question |
|---|
| <p>Describe your organization's methodology for ensuring that claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the following:</p> <ul style="list-style-type: none"> a) The process for auditing a sample of claims; b) The sampling methodology itself; c) Documentation of the results of these audits; d) The processes for implementing any necessary corrective actions resulting from an audit; and e) Provide your organization's last calendar year's report on the "average number of days to pay providers" and describe how standards of timely claims payments are established and monitored. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response provide any examples of claims payment accuracy issues discovered through monitoring and auditing and if so, were any examples of corrective actions provided? d) Does the response include any policies and procedures in place for the training of staff to prevent/reduce payment errors? e) Did the response include any examples where timely claims payment standards varied by provider type? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Level of detail regarding corrective actions resulting from audits. (provider claims scorecard and provider/staff training)

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|----------------------|---------------------|------|
| Offeror Name | Western Sky | | |
| Evaluation Area | Financial Management | RFP Section(s) | 6.11 |
| Question Number | 90 | Contract Section(s) | 4.18 |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 15 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 254-259 |

| |
|---|
| RFP Question |
| Describe your organization's proposed innovations in the financial management area, specifically those that maximize services to Members and reduce administrative costs. Provide examples of successful innovations implemented in New Mexico or other states. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate innovative thinking in administrative cost reduction? d) Are the expected outcomes of the proposed innovations defined and measurable? e) Does the response describe successful experience in similar contracts in reducing administrative costs? f) Does the response describe successful experience in similar contracts in maximizing services to members in an efficient manner? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|---|
| <ul style="list-style-type: none">• Most elements of the question were addressed. | | <ul style="list-style-type: none">• Lack of detail to support proposed innovations.• No examples of innovations leveraged in other States. |

Centennial Care RFP Consensus Score Sheet



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|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 255-265 |

| RFP Question |
|--|
| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Review team concerned that proposal indicates Offeror will not have all VBP arrangements in place until contract year 2.

Superior Elements

- Alignment with CMS LAN framework requirements is desired.
- 13 Potential Models for the Level 1-3 VBP arrangements.
- Transformation action plans tied to provider quality.
- Sharing of performance data with providers is comprehensive, frequent and offers ad hoc reporting.
- Communication plan with providers is desired.
- LOI signed with key NM providers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Review team concerned that proposal indicates Offeror will not have all VBP arrangements in place until contract year 2.
- Response lacked details on implementation and applicability to NM.
- Providers in Level 1 models are not provided dedicated support.
- Response lacks details regarding rural and small providers.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 266 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details regarding attribution methodology and how cost of care is calculated.
- How health costs are tracked and how provider payments are determined is lacking details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 267 |

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| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|-------------------|--|
| <ul style="list-style-type: none">Comparing medical costs and utilization trends year over year. | | <ul style="list-style-type: none">Evaluation process was lacking.Question not fully addressed; only some elements of the response were addressed.No metrics. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerigroup | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 268-271 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• VBP strategy weak; does not include experience and lacks details.• Refer generally to provider strategy but response lacks details. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerihealth | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 263-270 |

| RFP Question |
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| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Transformation director is desired.
- Perform Plus-suite that includes 11 VBP programs is promising.
- Includes plan to include member satisfaction as a quality measure.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Perform Plus- suite of VBP programs lacked details on how programs would be customized for NM.
- Response lacks details regarding behavioral health.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerihealth | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 270-271 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Perform-Plus Dashboard is promising.
- Strong tracking process on actuarial teams to track VBP financial analysis.
- Continuous quality improvement process includes a review of return on investment data.
- Response includes how provider payments are calculated and tracked.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Tracking of claims through information systems lacked details.
- Missed opportunity to include provider feedback into setting targets.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerihealth | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 272-275 |

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| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.
- Review Network performance monthly.

Superior Elements

- Framework for evaluation was good and includes root cause analysis.
- Inclusion of member experience into measures for VBP is highly desirable.
- Plan includes process to engage providers and solicit provider feedback.
- Response includes how Bundled Payments will be measured.
- Practice Transformation Director position is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Amerihealth | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 276-281 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Overall, response lacked sufficient details to fully evaluate the approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | BCBSNM | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 259-272 |

| RFP Question |
|--|
| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Identified a variety of potential provider types for VBP.
- Use of provider self-assessment.
- 1:1 TA to providers is desirable, but response lacked details.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Several examples lacked data, outcomes and cost savings.
- VBP for rural and small providers lacked details to evaluate approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | BCBSNM | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 272 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Tracking of VBP costs and VBP payments to providers lacked details to fully evaluate.
- How costs are determined was not addressed.
- Providers with multiple VBP arrangements were not addressed.
- Links to quality and outcomes lacked details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | BCBSNM | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 272-275 |

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| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Programmatic evaluation was good.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Evaluation of costs was not addressed.
- Continuous quality improvement is not addressed.
- Response does not include timelines for evaluations.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | BCBSNM | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 275-278 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Page limit exceeded. All pages submitted within the required parameters were reviewed.

Superior Elements

- Experience with risk-based payments and shadow pricing with providers to build readiness.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Lacking detail regarding implementation.
- Response lacks details regarding VBP strategy.
- Level 3 VBP activities lacked sufficient detail to evaluate.
- Engagement of nursing facilities lacked details.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 267-278 |

| RFP Question |
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| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Operate a variety of VBP programs.
- Have signed with 63 nursing facilities for Level 1 VBP arrangements.
- Provider Network Scorecard and HEDIS profile page for providers are promising.
- Response is detailed and contains examples and cost savings.
- Technical assistance to providers is detailed and desirable.
- Incentive-based programs for telemedicine is promising.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details on how provider readiness is determined.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 279-280 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Response includes examples of PMPM and total cost.
- Shared savings scorecard is provided monthly.
- Total cost of care is defined.
- MedInsight Tool that sub-categorizes costs and provides insight into costs and cost drivers is desirable.
- Tracking of costs is detailed.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 280-282 |

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|---|
| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Nursing Home Compare to establish quality measures using CMS quality measures with quarterly reporting to nursing facilities.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Evaluation plan to improve or expand VBP programs was lacking details.
- Response lacked details regarding outcomes and evaluating costs.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Molina | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 282-283 |

| RFP Question |
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| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Community ACO program for VBP with small providers.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Hospitals are not addressed in strategy.
- Response only includes contract year 1 and lacks details on process and implementation.
- Response lacked details to fully evaluate the approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 256-267 |

| RFP Question |
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| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|---|---|
| <ul style="list-style-type: none">All elements of the question are addressed. | <ul style="list-style-type: none">Monthly and annual detailed provider scorecards.Use of risk corridors and retrospective payment is innovative.Communication and outreach is conducted with small and specialty providers.Offeror IT personnel provide data support to providers.VBP experience includes BH. | |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 267-268 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Overall lack of sufficient detail to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 268-271 |

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|---|
| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question were addressed.

Superior Elements

- Evaluation plan included detailed steps, an adjustment methodology and included strong data.
- The approach was clear.
- Demonstrated experience using evaluation model with case examples.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Presbyterian | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 271-275 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question are addressed.

Superior Elements

- VBP program is established with plans to build on this experience and apply to BH.
- Plan for safety net care pool VBP is innovative.
- Report a 35.5% current VBP spend.
- Level 2 with Tribal Entities is promising.
- Plan to tailor PCMH model for smaller providers including detailed steps is promising.
- Shared risk for LTC is promising.
- Use of VBP in shared delegation arrangements is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | UHC | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 257-265 |

| RFP Question |
|--|
| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Integrated Patient Care Application that allows providers to use their own analytics is desirable.
- VBP for PCS providers is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response did not address Level 3 activities and indicated Offeror would have a delayed implementation for this level of VBP.
- Small membership noted as a challenge with no proposed solutions.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | UHC | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 265-267 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- Response includes how costs are tracked.
- Use of the fee schedule as proxy for provider costs is a concern for review team.

Superior Elements

- Utilization data is shared with providers.
- Annual report is comprehensive and included desirable elements.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Some elements of the response were unclear and lacked details.
- Claims data shared with providers does not include payment or cost data.
- Most providers only receive annual reports.
- Limited technical assistance and support for reports shared with providers.
- Use of the fee schedule as proxy for provider costs is a concern for review team.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | UHC | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 267-269 |

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|---|
| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Response addressed continuous quality improvement efforts to improve VBP arrangements.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Cost effectiveness and efficiency metrics lacked some details to fully evaluate the approach.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | UHC | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 269-276 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Alignment with D-SNP is promising.
- VBP tied to transitions of care.
- Aligning VBP measures to provider EHRs is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response insufficiently addresses Level 3 activities.
- Response includes barriers without proposed solutions.
- Response does not address all contractual years.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Wellcare | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 3 | Proposal Page(s) Reviewed | 254-263 |

| RFP Question |
|--|
| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
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| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Strong Medicaid experience with VBP arrangements in other States.
- Aligned Medicare and Medicaid VBP experience.
- LOAs with UNM and PMS, Albuquerque Healthcare for the Homeless.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked innovative or new VBP ideas.
- Response lacked details on applicability and implementation in NM.
- VBP for BH, rural and small providers lacked details.
- Response lacked member outcomes achieved through VBP arrangements.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Wellcare | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 263-264 |

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| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked details to fully evaluate the response.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Wellcare | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|-----|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 1 | Proposal Page(s) Reviewed | 264 |

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| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

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| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Outcomes, quality metrics and indicators to track progress were not addressed.
- How results are leveraged for improvement was not addressed.
- Only some elements of the question were addressed.

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Wellcare | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 265-269 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

- Response lacked sufficient detail to fully evaluate the response.
- Response lacked details on process and implementation.
- Response lacks detail on how providers will be moved across the VBP levels.

Centennial Care RFP Consensus Score Sheet



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|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Western | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 91 | Contract Section(s) | 4.10.6; Attachment 3A |

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|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 5 | Proposal Page(s) Reviewed | 260-268 |

| RFP Question |
|--|
| <p>Describe your organization's experience implementing Value-Based Purchasing (VBP) arrangements with providers in New Mexico and/or other states. Address the following items in your response:</p> <ul style="list-style-type: none"> a) Provide examples of the types of VBP arrangements and types of providers that participated in VBP arrangements with your organizations, including any risk-bearing arrangements; b) How you share quality, utilization, cost, and outcomes data with providers participating in these arrangements; and c) What type of technical assistance is offered to providers participating in these arrangements. |

| Response Consideration(s) |
|--|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the Offeror's response include experience with a variety of value-based purchasing arrangement types and across a variety of provider types including hospitals, primary care providers, behavioral health providers and LTSS providers? d) Does the response include how value-based payments arrangements will be linked to quality measures and outcomes? e) Does the response include actual cost and quality outcomes from other states and/or New Mexico? Are the reported outcomes reasonable and achievable in New Mexico? f) Does the response demonstrate the ability to provide timely and accurate utilization, cost and quality data to provider's participating in value-based payment arrangements? g) Does the Offeror's value-based purchasing plan seem reasonable for New Mexico providers and align with Centennial Care 2.0 program goals? h) Does the response include how the Offeror will include small and rural providers in value-based payment arrangements? i) Does the response include technical assistance that is sensitive to the needs of New Mexico providers and include methods to build provider readiness for value-based purchasing arrangements? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|--|---|---|
| <ul style="list-style-type: none">All elements of the question were addressed. | <ul style="list-style-type: none">Described methods to move providers through VBP levels 1-2-3.Ad hoc report capabilities for providers.Quarterly meetings and webinars targeted to providers.Specific list of supports for rural providers.Dedicated support including practice coaches for providers is desired.Robust partnerships developed with NM providers, for example: FQHCs and Presbyterian Health System.Partnering with NM Primary Care Association to provide TA to providers around VBP is highly desirable. | <ul style="list-style-type: none">Tribal providers are not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Western | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 92 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 2 | Proposal Page(s) Reviewed | 268-270 |

| |
|--|
| RFP Question |
| Describe how your organization tracks costs associated with value-based purchasing arrangements. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response address how the data used and the final reports will be validated for accuracy? d) Does the response include how the Offeror will track and report claim costs across all provider types including acute care, behavioral health, pharmacy and LTSS? e) Does the response include how costs will be shared with VBP participating providers? f) Does the response indicate whom in the organization is responsible for tracking costs for VBP? |

Centennial Care RFP Consensus Score Sheet



| Elements of the Response that Met RFP/Contract Requirements | Superior Elements | Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response |
|---|-------------------|--|
| | | <ul style="list-style-type: none">• Claims cost calculations lacked details.• Claims tracking across all providers lacked some details.• Lack of details in how activities will be implemented.• VBP provider payment process is not addressed. |

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Western | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 93 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 270-271 |

| |
|---|
| RFP Question |
| Describe how your organization evaluates the effectiveness of different VBP models, including measurement of healthcare outcomes. |

| |
|--|
| Response Consideration(s) |
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response include evaluation of cost, quality and utilization of services as part of the evaluation? d) Does the response include specific quality metrics that will be utilized to evaluate effectiveness? e) Does the response include details regarding the final evaluation report and how this information will be shared with HSD? With VBP participating providers? f) Does the evaluation include how the results will be used to improve the VBP program? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

- All elements of the question are addressed.

Superior Elements

- Use of metrics to evaluate VBP that go beyond HEDIS is highly desirable.
- Continuous monitoring at each VBP level is desirable.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

Centennial Care RFP Consensus Score Sheet



| | | | |
|-----------------|------------------------|---------------------|-----------------------|
| Offeror Name | Western | | |
| Evaluation Area | Value-Based Purchasing | RFP Section(s) | 6.12; Attachment O |
| Question Number | 94 | Contract Section(s) | 4.10.6; Attachment 3A |

| | | | |
|--------------------------------|----|---------------------------|---------|
| Maximum # of Pages for Section | 20 | Exhibits Allowed? | N |
| Question Score (0 – 5) | 4 | Proposal Page(s) Reviewed | 271-278 |

| RFP Question |
|--|
| New Mexico seeks to move provider payments to value-based payments per the contractual requirements outlined in Attachment 3 of the Sample Contract (Appendix O of the RFP). Describe your organization's strategy to achieve the VBP goals, including the types of VBP arrangements to be executed in each of the three levels. |

| Response Consideration(s) |
|---|
| <ul style="list-style-type: none"> a) Does the response address all relevant sections of the contract? b) Does the response fully address all aspects of the question? c) Does the response demonstrate a strong understanding of VBP payment models and commitment to building and expanding value based arrangements? d) Does the response demonstrate experience with risk-based VBP arrangements, including bundled payments/episodes of care, shared savings, partial and full-risk models? e) Does the response include details regarding how the annual VBP Strategy will be developed and how the VBP program will be evaluated each year? f) Does the response include the steps the Offeror will take to ensure each of the 3 Levels goals/targets are met for each of the four contract year targets? g) Is the Offeror's approach reasonable for New Mexico providers and demonstrate an understanding of the unique needs of providers throughout the State, especially small or rural/frontier providers? h) Does the response address how the Offeror will establish and lead the LTC/Nursing Facility workgroup to build a LTC/ Nursing Facility full-risk model. i) Does the response include details on how the Offeror will address value based payment arrangements with all types of providers, and in particular, behavioral health, long term care and nursing facilities? j) Does the response include details on the types of interventions hospitals will be expected to implement to decrease readmission rates? k) Does the response include how the Offeror will identify avoidable readmissions and establish hospital baseline rates? l) Is the Offeror's planned approach reasonable and achievable? m) Does the response include anticipated barriers and how the Offeror will work to overcome them? |

Centennial Care RFP Consensus Score Sheet



Elements of the Response that Met RFP/Contract Requirements

Superior Elements

- Focus on LTSS in risk-share and gain share is desired.
- Develop a formalized transition plan for providers.
- Working with key providers including OB and PCS providers and UNM.
- Detailed VBP timeline that includes all years of contract.
- Incentive pay-outs to small providers.
- Program for increasing SMI-SUD screenings by PCPs.
- Virtual practice organizations for rural and small providers to leverage member volume and data.

Elements of the Response that are Deficient OR RFP Requirements Not Addressed in Response

ATTACHMENT 2 – REFERENCES CONSENSUS SCORE SHEETS

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|----------------------------------|---------------------------|-------------------------------|
| Offeror Name | Amerigroup LA Dept. of Health | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 82 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = Excellent; 3= Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Amerigroup – Louisiana Department of Health

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 4 | |
| 2b | 4 | |
| 2c | 4 | |
| 3a | 4 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 4 | |
| 4b | 4 | |
| 4c | 4 | |
| 5a | 4 | |
| 5b | 4 | |
| 5c | 4 | |
| 6a | 1 | |
| 6b | 1 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 82 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------------------|
| Offeror Name | Amerigroup Tennessee | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 0 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|--|
| 1 | | |
| 2a | 0 | |
| 2b | 0 | |
| 2c | 0 | |
| 3a | 0 | |
| 3b | 0 | |
| 3c | 0 | |
| 4a | 0 | |
| 4b | 0 | |
| 4c | 0 | |
| 5a | 0 | |
| 5b | 0 | |
| 5c | 0 | |
| 6a | 0 | |
| 6b | 0 | |
| 7a | 0 | |
| 7b | 0 | |
| 8 | 0 | State of Tennessee did not submit a reference |
| 9 | | |
| Total | 0 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Amerigroup Maryland Dept. of Health & Mental Hygiene | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 56 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

| | |
|--|--|
| | |
|--|--|

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|--|
| 1 | | |
| 2a | 4 | In cases where the Reference provided a score range (ex. 4/5) the committee elected in all cases to take the first score. |
| 2b | 4 | |
| 2c | 4 | |
| 3a | 4 | |
| 3b | 4 | |
| 3c | 4 | |
| 4a | 3 | |
| 4b | 3 | |
| 4c | 4 | |
| 5a | 4 | |
| 5b | 3 | |
| 5c | 3 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 1 | |
| 7b | 1 | |
| 8 | 0 | |
| 9 | | |
| Total | 56 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Amerihealth Michigan Dept. of Community Health | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

| | |
|--|--|
| | |
|--|--|

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | AmeriHealth PA Dept. of Human Services | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 85 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|---|
| 1 | | |
| 2a | 4 | |
| 2b | 5 | |
| 2c | 4 | |
| 3a | 4 | |
| 3b | 4 | |
| 3c | 5 | |
| 4a | 4 | |
| 4b | 4 | |
| 4c | 3 | |
| 5a | 4 | |
| 5b | 4 | |
| 5c | 4 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 1 | Reference indicated that they have received the most complaints over the years for the MCOs PBM. |
| 8 | 20 | |
| 9 | | |
| Total | 85 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | AmeriHealth SC Dept. Health & Human Services | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = Excellent; 3= Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|---------------------------------------|---|----------------------------------|-------------------------------|
| Offeror Name | Blue Cross Blue Shield Los Alamos Natl. Security | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|--------------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Blue Cross Blue Shield ABQ Public Schools | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | Blue Cross Blue Shield Montana Dept. Public Health & Human Services | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 85 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|---|-------|
| Total available (Parts A and B) – 10 points | |
| Part A Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| Part B Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

| | |
|--|--|
| | |
|--|--|

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 4 | |
| 2b | 4 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 4 | |
| 3c | 5 | |
| 4a | 3 | |
| 4b | 3 | |
| 4c | 3 | |
| 5a | 3 | |
| 5b | 3 | |
| 5c | 3 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 85 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | Molina Washington Healthcare Authority | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 92 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 4 | |
| 2b | 4 | |
| 2c | 4 | |
| 3a | 4 | |
| 3b | 4 | |
| 3c | 4 | |
| 4a | 4 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 4 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 92 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---------------------------|---------------------------|-------------------------------|
| Offeror Name | Molina Dona Ana County | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 96 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 3 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 3 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 96 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|-----------------------------------|---------------------------|-------------------------------|
| Offeror Name | Molina Mental Health Resources | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Presbyterian NM Retiree Health Care Authority | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 92 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 3 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 3 | |
| 4a | 5 | |
| 4b | 3 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 3 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 92 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|------------------------------------|---------------------------|-------------------------------|
| Offeror Name | Presbyterian ABQ Public Schools | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = Excellent; 3= Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Presbyterian City of ABQ Public Schools | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 96 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = Excellent; 3 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = Excellent; 3= Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 3 | |
| 4c | 3 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 96 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | United Healthcare Mississippi Division of Medicaid | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 73 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|---|
| 1 | | |
| 2a | 3 | |
| 2b | 4 | |
| 2c | 3 | |
| 3a | 3 | |
| 3b | 3 | |
| 3c | 3 | |
| 4a | 4 | |
| 4b | 3 | |
| 4c | 3 | |
| 5a | 3 | |
| 5b | 3 | |
| 5c | 2 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 1 | Reference indicated that the MCO is inflexible and the company culture does not address individual issues. |
| 8 | 20 | |
| 9 | | |
| Total | 73 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | United Healthcare Rhode Island Medicaid | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 0 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|--|
| 1 | | |
| 2a | 0 | |
| 2b | 0 | |
| 2c | 0 | |
| 3a | 0 | |
| 3b | 0 | |
| 3c | 0 | |
| 4a | 0 | |
| 4b | 0 | |
| 4c | 0 | |
| 5a | 0 | |
| 5b | 0 | |
| 5c | 0 | |
| 6a | 0 | |
| 6b | 0 | |
| 7a | 0 | |
| 7b | 0 | |
| 8 | 0 | No reference was provided by Rhode Island |
| 9 | | |
| Total | 0 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|------------------------------------|---------------------------|-------------------------------|
| Offeror Name | United Healthcare Michigan DHHS | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 92 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 3 | |
| 3a | 3 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 3 | |
| 5a | 3 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 92 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|-------------------------------------|---------------------------|-------------------------------|
| Offeror Name | WellCare NY State Dept of Health | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 0 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| | |
|--|--------------|
| Scale | Score |
| Use reference scores. Total available – 15 points | 0 |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | 0 |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | 0 |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | 0 |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points 0 | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | 0 |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | 0 |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | 0 |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|--|
| 1 | | |
| 2a | 0 | |
| 2b | 0 | |
| 2c | 0 | |
| 3a | 0 | |
| 3b | 0 | |
| 3c | 0 | |
| 4a | 0 | |
| 4b | 0 | |
| 4c | 0 | |
| 5a | 0 | |
| 5b | 0 | |
| 5c | 0 | |
| 6a | 0 | |
| 6b | 0 | |
| 7a | 0 | |
| 7b | 0 | |
| 8 | 0 | |
| 9 | | |
| Total | 0 | Reference submitted using a letter to the State. The procurement Manager sent an email requesting the form 10/24/17 and there was no response. The committee does have the information necessary to score this reference. |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | WellCare Kentucky Dept. of Medicaid | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 72 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| “yes” = 20 points “no” = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|---|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 3 | Some concerns about the MCOs provider network in the substance abuse. |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 3 | Note an improvement in provider relationship over the years. |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 1 | The weaknesses are not overcome because the reference states that more resources are required to reach resolution. |
| 8 | 0 | |
| 9 | | |
| Total | 72 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|------------------------------|---------------------------|-------------------------------|
| Offeror Name | WellCare New Jersey DMAHS | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 95 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|--|
| 1 | | |
| 2a | 4 | The reference indicates that a score of 4 was assigned because they are better than satisfactory, but have not yet having achieved excellent. The committee has decided to accept the (4) scores. |
| 2b | 4 | |
| 2c | 4 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 4 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 4 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 95 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|---------------------------------------|--|----------------------------------|-------------------------------|
| Offeror Name | Western Sky California Dept. HealthCare Services | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 1 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 100 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| | |
|--|--------------|
| Scale | Score |
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

| | |
|--|--|
| | |
|--|--|

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 5 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 5 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 100 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|--|---------------------------|-------------------------------|
| Offeror Name | Western Sky Kansas Dept. of Health and Environment | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 2 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 92 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Capability to manage complex health insurance programs _____

b. Expertise in managing health care programs _____

c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

| | |
|--|--|
| | |
|--|--|

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|-------------------------------------|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 3 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 3 | |
| 4a | 5 | |
| 4b | 5 | |
| 4c | 3 | |
| 5a | 5 | |
| 5b | 5 | |
| 5c | 3 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 92 | |

The State will open, review and score all references submitted to support each proposal. If more than three (3) references are submitted for an Offeror, the top three (3) scores will be used to determine the total points awarded for references.

| | | | |
|--------------------------------|---|---------------------------|-------------------------------|
| Offeror Name | Western Sky Mississippi Division of Medicaid | Committee Name | Executive Committee |
| Evaluation Area | References | RFP Section(s) | 2.1, 3.3.2, 4.3.4, Appendix F |
| Reference Number | 3 | Contract Section(s) | N/A |
| Maximum # of Pages for Section | NA | Exhibits Allowed? | NA |
| Reference Total Score (0-100) | 92 | Proposal Page(s) Reviewed | NA |

1. Not Scored

2. How would you rate this firm in the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Capability to manage complex health insurance programs _____
- b. Expertise in managing health care programs _____
- c. Operational capacity _____

| Scale | Score |
|--|-------|
| Use reference scores. Total available – 15 points | |

3. How would you rate the following attributes of the Contractor?
(5 = *Excellent*; 3= *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

- a. Flexibility relative to changes in the project scope and timelines. _____

b. Responsiveness to the Contracting entity. _____

c. Developing adequate Provider Networks. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

4. What is your overall level of satisfaction with the following areas?
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. Serving Insured Members/Beneficiaries. _____

b. Emphasizing quality and positive outcomes over quantity. _____

c. Meeting the needs of the Contracting entity and terms of the contract. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

5. How would you rate the dynamics/interaction between:
(5 = *Excellent*; 3 = *Satisfactory*; 1 = *Unsatisfactory*; 0 = *Unacceptable*)

a. The Contractor and your staff. _____

b. The Contractor and insured Members / Beneficiaries. _____

c. The Contractor and Providers, Hospitals, healthcare community. _____

| Scale | Score |
|---|-------|
| Use reference scores. Total available – 15 points | |

6. What are the Contractor's strengths, and which aspect(s) of this Contractor's services are you most satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are strengths noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Do the strengths noted match those desired/needed in New Mexico? “yes” = 5 points “no/blank/no response” = 1 point | |

7. What are the Contractor's weaknesses, and which aspect(s) of this Contractor's services are you least satisfied?

| Scale | Score |
|--|-------|
| Total available (Parts A and B) – 10 points | |
| <u>Part A</u> Are weaknesses noted in the response? “yes/info provided” = 5 points “blank/no response” = 1 point | |
| <u>Part B</u> Are the weaknesses easily overcome through oversight or contract language? “yes” = 5 points “no/blank/no response” = 1 point | |

8. Would you recommend this Contractor's services to your organization again?
Describe any reservations or suggestions you may have in working with this Contractor.

| Scale | Score |
|---|-------|
| "yes" = 20 points "no" = 0 point | |
| Total available – 20 points | |

9. Not scored

Mercer will enter score and comments for follow-up upon contracting.

Score Table:

| Question | Score | Follow-up |
|-----------------|--------------|------------------|
| 1 | | |
| 2a | 5 | |
| 2b | 5 | |
| 2c | 5 | |
| 3a | 5 | |
| 3b | 5 | |
| 3c | 5 | |
| 4a | 5 | |
| 4b | 3 | |
| 4c | 3 | |
| 5a | 3 | |
| 5b | 5 | |
| 5c | 3 | |
| 6a | 5 | |
| 6b | 5 | |
| 7a | 5 | |
| 7b | 5 | |
| 8 | 20 | |
| 9 | | |
| Total | 92 | |

ATTACHMENT 3 – COST PROPOSAL SCORE SHEET

| | |
|-------------------|-----|
| Total Cost Points | 400 |
|-------------------|-----|

| | | Cost Scoring Information | | | | | Cost Proposal Capitation Rates | | | | | | | | Cost Proposal Percentile | | | | | | | | Cost Proposal Score (1-Percentile) x 400 | | | | | | | | | | |
|---|---------------------------|---------------------------|--|----------------------------|---|---------------------|--------------------------------|--|--|--|--|--------------------------------------|--|------------------------------------|----------------------------------|--|--|--|--|--------------------------------------|--|------------------------------------|--|--|--|--|--|--------------------------------------|--|------------------------------------|----------------------------------|-----|--|
| Rate Cohort | CY2019 Minimum Rate | CY2019 Maximum Rate | 50th Percentile of Proposed Range PMFM | CY2016 Member Months | Expenditures at the 50th Percentile | Cohort Weighting | Program Weighting | AMERIGROUP Community Care of New Mexico, Inc. | AmeriHealth Caritas New Mexico, Inc. | HCSC Insurance Services Company, operating as Blue Cross and Blue Shield of New Mexico | Molina Healthcare of New Mexico, Inc. | Presbyterian Health Plan, Inc. | UnitedHealthcare are of New Mexico, Inc. | WellCare of New Mexico, Inc. | Western Sky Community Care | AMERIGROUP Community Care of New Mexico, Inc. | AmeriHealth Caritas New Mexico, Inc. | HCSC Insurance Services Company, operating as Blue Cross and Blue Shield of New Mexico | Molina Healthcare of New Mexico, Inc. | Presbyterian Health Plan, Inc. | UnitedHealthcare are of New Mexico, Inc. | WellCare of New Mexico, Inc. | Western Sky Community Care | AMERIGROUP Community Care of New Mexico, Inc. | AmeriHealth Caritas New Mexico, Inc. | HCSC Insurance Services Company, operating as Blue Cross and Blue Shield of New Mexico | Molina Healthcare of New Mexico, Inc. | Presbyterian Health Plan, Inc. | UnitedHealthcare are of New Mexico, Inc. | WellCare of New Mexico, Inc. | Western Sky Community Care | | |
| Program: Long Term Services and Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 001 TANF 0 - 2 Months | \$ 5,004.36 | \$ 5,280.75 | \$ 5,142.56 | 32,046 | \$ 164,798,478 | 11.7% | | \$ 5,069.64 | \$ 5,004.36 | \$ 5,004.36 | \$ 5,197.83 | \$ 5,004.36 | \$ 5,004.36 | \$ 5,280.75 | \$ 5,134.26 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 100.0% | 47.0% | 320 | 400 | 400 | 120 | 400 | 400 | - | 212 | | |
| 002 & 012 TANF Kids (RAR Cohort) | \$ 163.78 | \$ 171.22 | \$ 167.50 | 3,696,202 | \$ 619,113,835 | 43.8% | | \$ 165.202 | \$ 163.78 | \$ 163.78 | \$ 168.99 | \$ 163.78 | \$ 163.78 | \$ 167.50 | \$ 167.28 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 100.0% | 47.0% | 320 | 400 | 400 | 120 | 400 | 400 | 200 | 212 | | |
| 003 - 005 TANF Adults (RAR Cohort) | \$ 364.84 | \$ 381.69 | \$ 373.27 | 689,292 | \$ 257,292,025 | 18.2% | | \$ 368.21 | \$ 364.84 | \$ 364.84 | \$ 376.64 | \$ 381.69 | \$ 364.84 | \$ 381.69 | \$ 372.76 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 100.0% | 47.0% | 320 | 400 | 400 | 120 | - | 400 | - | 212 | | |
| 006 SSI / Waiver 0 - 1 Year | \$ 3,586.24 | \$ 3,767.49 | \$ 3,676.87 | 861 | \$ 3,165,785 | 0.2% | | \$ 3,622.49 | \$ 3,586.24 | \$ 3,586.24 | \$ 3,713.12 | \$ 3,727.95 | \$ 3,586.24 | \$ 3,767.49 | \$ 3,704.05 | 20.0% | 0.0% | 0.0% | 70.0% | 78.2% | 0.0% | 100.0% | 65.0% | 320 | 400 | 400 | 120 | 87 | 400 | - | 140 | | |
| 007 - 010 SSI (RAR Cohort) | \$ 878.22 | \$ 919.08 | \$ 886.65 | 343,968 | \$ 309,106,843 | 21.9% | | \$ 886.39 | \$ 878.22 | \$ 878.22 | \$ 906.82 | \$ 878.22 | \$ 878.22 | \$ 905.80 | \$ 904.78 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 67.5% | 65.0% | 320 | 400 | 400 | 120 | 400 | 130 | 140 | | | |
| 011 Pregnant Women, 15 - 49 | \$ 918.30 | \$ 962.13 | \$ 940.22 | 64,650 | \$ 60,785,223 | 4.3% | | \$ 927.07 | \$ 918.30 | \$ 918.30 | \$ 948.98 | \$ 918.30 | \$ 918.30 | \$ 962.13 | \$ 938.90 | 20.0% | 0.0% | 0.0% | 70.0% | 2.8% | 0.0% | 100.0% | 47.0% | 320 | 400 | 400 | 120 | 389 | 400 | 212 | | | |
| | \$ 286.25 | \$ 299.72 | \$ 292.99 | 4,827,019 | \$ 1,414,262,189 | 100.0% | 37.1% | \$ 288.95 | \$ 286.25 | \$ 286.25 | \$ 295.68 | \$ 288.70 | \$ 286.25 | \$ 295.93 | \$ 293.12 | 20.0% | 0.0% | 0.0% | 70.0% | 18.2% | 0.0% | 71.8% | 51.0% | 320 | 400 | 400 | 120 | 326 | 400 | 116 | 196 | | |
| Program: Behavioral Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300A Dual Eligible - NF LOC Nursing Facility (Region 1,3,4) | \$ 4,993.04 | \$ 5,239.41 | \$ 5,116.23 | 29,494 | \$ 150,898,088 | 16.3% | | \$ 5,042.31 | \$ 4,993.04 | \$ 4,993.04 | \$ 5,165.50 | \$ 4,993.04 | \$ 4,993.04 | \$ 5,239.41 | \$ 4,993.04 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 100.0% | 0.0% | 320 | 400 | 400 | 120 | 400 | 400 | - | 400 | | |
| 300B Dual Eligible - NF LOC Community Benefit (Statewide) | \$ 1,831.92 | \$ 1,917.40 | \$ 1,874.66 | 161,982 | \$ 303,661,176 | 32.7% | | \$ 1,849.02 | \$ 1,831.92 | \$ 1,831.92 | \$ 1,891.76 | \$ 1,831.92 | \$ 1,831.92 | \$ 1,874.66 | \$ 1,831.92 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 50.0% | 0.0% | 320 | 400 | 400 | 120 | 400 | 400 | 200 | 400 | | |
| 310 Dual Eligible - NF LOC Nursing Facility (Region 2) | \$ 6,015.61 | \$ 6,312.08 | \$ 6,163.85 | 7,801 | \$ 48,084,194 | 5.2% | | \$ 6,074.90 | \$ 6,015.61 | \$ 6,015.61 | \$ 6,223.14 | \$ 6,015.61 | \$ 6,015.61 | \$ 6,312.08 | \$ 6,015.61 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 100.0% | 0.0% | 320 | 400 | 400 | 120 | 400 | 400 | - | 400 | | |
| 320 Dual Eligible - NF LOC Nursing Facility (Region 5) | \$ 5,657.37 | \$ 5,934.16 | \$ 5,795.77 | 4,100 | \$ 23,762,667 | 2.6% | | \$ 5,712.73 | \$ 5,657.37 | \$ 5,657.37 | \$ 5,851.12 | \$ 5,934.16 | \$ 5,657.37 | \$ 5,934.16 | \$ 5,657.37 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 100.0% | 0.0% | 320 | 400 | 400 | 120 | - | 400 | - | 400 | | |
| 301 Dual Eligible - Self Direction | \$ 358.4700 | \$ 374.41 | \$ 366.44 | 9,601 | \$ 3,518,190 | 0.4% | | \$ 361.66 | \$ 358.47 | \$ 358.47 | \$ 369.63 | \$ 374.41 | \$ 358.47 | \$ 366.44 | \$ 358.47 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 0.0% | 320 | 400 | 400 | 120 | - | 400 | 200 | 400 | | |
| 304 Healthy Dual | \$ 183.21 | \$ 192.89 | \$ 188.05 | 255,544 | \$ 48,055,049 | 5.2% | | \$ 185.15 | \$ 183.21 | \$ 183.21 | \$ 189.99 | \$ 192.89 | \$ 183.21 | \$ 188.05 | \$ 183.21 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 0.0% | 320 | 400 | 400 | 120 | - | 400 | 200 | 400 | | |
| 302A Medicaid Only - NF LOC Nursing Facility (Region 1,3,4) | \$ 7,979.81 | \$ 8,355.01 | \$ 8,167.41 | 3,058 | \$ 24,975,940 | 2.7% | | \$ 8,054.85 | \$ 7,979.81 | \$ 7,979.81 | \$ 8,242.45 | \$ 7,979.81 | \$ 7,979.81 | \$ 8,355.01 | \$ 8,167.41 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 100.0% | 50.0% | 320 | 400 | 400 | 120 | 400 | 400 | - | 200 | | |
| 302B Medicaid Only - NF LOC Community Benefit (Statewide) | \$ 2,948.84 | \$ 3,108.50 | \$ 3,028.67 | 101,487 | \$ 307,370,632 | 31.1% | | \$ 2,980.77 | \$ 2,948.84 | \$ 2,948.84 | \$ 3,060.60 | \$ 2,948.84 | \$ 2,948.84 | \$ 3,028.67 | \$ 3,028.67 | 20.0% | 0.0% | 0.0% | 70.0% | 0.0% | 0.0% | 50.0% | 50.0% | 320 | 400 | 400 | 120 | 400 | 400 | 200 | 200 | | |
| 312 Medicaid Only - NF LOC Nursing Facility (Region 2) | \$ 9,532.98 | \$ 10,012.10 | \$ 9,772.54 | 541 | \$ 5,286,944 | 0.6% | | \$ 9,628.60 | \$ 9,532.98 | \$ 9,532.98 | \$ 9,866.36 | \$ 10,012.10 | \$ 9,532.98 | \$ 10,012.10 | \$ 9,772.54 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 100.0% | 50.0% | 320 | 400 | 400 | 120 | - | 400 | - | 200 | | |
| 322 Medicaid Only - NF LOC Nursing Facility (Region 5) | \$ 8,979.08 | \$ 9,397.40 | \$ 9,188.24 | 478 | \$ 4,391,979 | 0.5% | | \$ 9,062.74 | \$ 8,979.08 | \$ 8,979.08 | \$ 9,271.90 | \$ 9,397.40 | \$ 8,979.08 | \$ 9,397.40 | \$ 9,188.24 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 100.0% | 50.0% | 320 | 400 | 400 | 120 | - | 400 | - | 200 | | |
| 303 Medicaid Only - Self Direction | \$ 1,799.52 | \$ 1,896.05 | \$ 1,847.79 | 4,567 | \$ 8,438,857 | 0.9% | | \$ 1,818.83 | \$ 1,799.52 | \$ 1,799.52 | \$ 1,867.09 | \$ 1,896.05 | \$ 1,799.52 | \$ 1,847.79 | \$ 1,847.79 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 50.0% | 320 | 400 | 400 | 120 | - | 400 | 200 | 200 | | |
| | \$ 1,565.23 | \$ 1,643.75 | \$ 1,604.49 | 578,653 | \$ 928,443,706 | 100.0% | 24.3% | \$ 1,580.94 | \$ 1,565.23 | \$ 1,565.23 | \$ 1,620.20 | \$ 1,573.29 | \$ 1,565.23 | \$ 1,615.14 | \$ 1,581.00 | 20.0% | 0.0% | 0.0% | 70.0% | 10.3% | 0.0% | 63.6% | 20.1% | 320 | 400 | 400 | 120 | 360 | 400 | 145 | 325 | | |
| Program: Physical Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 201 TANF/AFDC - All Ages M&F | \$ 33.08 | \$ 34.68 | \$ 33.88 | 4,419,798 | \$ 149,742,756 | 37.0% | | \$ 33.40 | \$ 33.08 | \$ 33.08 | \$ 34.20 | \$ 34.68 | \$ 33.08 | \$ 33.88 | \$ 33.83 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 46.9% | 320 | 400 | 400 | 120 | - | 400 | 200 | 213 | | |
| 202 CYFD - All Ages M&F | \$ 642.57 | \$ 673.28 | \$ 657.93 | 62,377 | \$ 41,039,700 | 10.1% | | \$ 648.71 | \$ 642.57 | \$ 642.57 | \$ 664.07 | \$ 673.28 | \$ 642.57 | \$ 657.93 | \$ 657.00 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 47.0% | 320 | 400 | 400 | 120 | - | 400 | 200 | 212 | | |
| 203 SSI, B&D, Waiver - Ages 0 to 14 Years Old M&F | \$ 327.44 | \$ 343.98 | \$ 335.71 | 75,443 | \$ 25,326,970 | 6.3% | | \$ 330.75 | \$ 327.44 | \$ 327.44 | \$ 339.02 | \$ 327.55 | \$ 327.44 | \$ 343.98 | \$ 338.19 | 20.0% | 0.0% | 0.0% | 70.0% | 0.7% | 0.0% | 100.0% | 65.0% | 320 | 400 | 400 | 120 | 397 | 400 | - | 140 | | |
| 204 SSI, B&D, Waiver - Ages 15 to 20 Years Old M&F | \$ 281.27 | \$ 296.70 | \$ 288.99 | 43,409 | \$ 12,544,767 | 3.1% | | \$ 284.36 | \$ 281.27 | \$ 281.27 | \$ 292.07 | \$ 296.70 | \$ 281.27 | \$ 296.70 | \$ 291.30 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 100.0% | 65.0% | 320 | 400 | 400 | 120 | - | 400 | - | 140 | | |
| 205 SSI, B&D, Waiver - Ages 21+ M&F | \$ 139.26 | \$ 145.42 | \$ 142.34 | 225,992 | \$ 32,167,701 | 7.9% | | \$ 140.49 | \$ 139.26 | \$ 139.26 | \$ 143.57 | \$ 145.42 | \$ 139.26 | \$ 142.34 | \$ 143.26 | 20.0% | 0.0% | 0.0% | 70.0% | 100.0% | 0.0% | 50.0% | 64.9% | 320 | 400 | 400 | 120 | - | 400 | 200 | 140 | | |
| 206 LTSS Medicaid Only - M&F | \$ 192.38 | \$ 201.43 | \$ 196.91 | 110,131 | \$ 21,685,895 | 5.4% | | \$ 194.19 | \$ 192.38 | \$ 192.38 | \$ 198.72 | \$ 192.38 | \$ 192.38 | \$ 201.43 | \$ 196.91 | 20.0% | 0.0% | 0.0% | 70.1% | 0.0% | 0.0% | 100.0% | 50.1% | 320 | 400 | 400 | 120 | 400 | 400 | - | 200 | | |
| 207 LTSS Dual - M&F | \$ 25.88 | \$ 27.14 | \$ 26.51 | 468,522 | \$ 12,420,518 | 3.1% | | \$ 26.13 | \$ 25.88 | \$ 25.88 | \$ 26.76 | \$ 27.14 | \$ 25.88 | \$ 26.51 | \$ 25.88 | 19.8% | 0.0% | 0.0% | 69.8% | 100.0% | 0.0% | 50.0% | 0.0% | 321 | 400 | 400 | 121 | 400 | 400 | 200 | 400 | | |
| 208 OAG BH - ABP, 19-64 M&F | \$ 40.98 | \$ 42.63 | \$ 41.81 | 2,629,219 | \$ 109,927,646 | 27.2% | | \$ 41.31 | \$ 40.98 | \$ 40.98 | \$ 42.14 | \$ 40.98 | \$ 40.98 | \$ 41.81 | \$ 41.48 | 20.0% | 0.0% | 0.0% | 70.3% | 0.0% | 0.0% | 50.3% | 30.3% | 320 | 400 | 400 | 119 | 400 | 400 | 199 | 279 | | |
| | \$ 49.25 | \$ 51.52 | \$ 50.39 | 8,034,891 | \$ 404,855,953 | 100.0% | 10.6% | \$ 49.70 | \$ 49.25 | \$ 49.25 | \$ 50.84 | \$ 50.70 | \$ 49.25 | \$ 50.57 | \$ 50.27 | 20.0% | 0.0% | 0.0% | 70.1% | 63.9% | 0.0% | 58.1% | 44.9% | 320 | 400 | 400 | 120 | 155 | 400 | 170 | 223 | | |
| Program: Other Adult Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 - 122 OAG PH - ABP, 19-64 M&F (RAR Cohort) | | 395.92 | 414.65 | \$ 405.29 | 2,629,219 | \$ 1,065,596,169 | 100.0% | 27.9% | \$ 399.67 | \$ 395.92 | \$ 410.24 | \$ 409.03 | \$ 395.92 | \$ 395.92 | \$ 405.29 | \$ 401.54 | 20.0% | 0.0% | 76.5% | 70.0% | 0.0% | 0.0% | 50.0% | 30.0% | 320 | 400 | 94 | 120 | 400 | 400 | 200 | 280 | |
| Grand Total | \$ 463.50 | \$ 485.64 | \$ 474.57 | 8,034,891 | \$ 3,813,158,017 | 100.0% | | \$ 467.93 | \$ 463.50 | \$ 468.19 | \$ 479.00 | \$ 467.00 | \$ 463.50 | \$ 477.29 | \$ 471.61 | 20.0% | 0.0% | 21.2% | 70.0% | 15.8% | 0.0% | 62.3% | 36.7% | | | | | | | | | | |

| Cost Score Tabulation - Final Score is Rounded to Nearest Point | |
|---|--|
|---|--|

MERCER (US) INC.

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Phoenix, AZ 85016

www.mercer.com

DECLARATION OF EVAN SWALHEIM

I, Evan Swalheim, declare as follows:

1. My name is Evan Swalheim. I am over the age of 18 and have personal knowledge of the information set forth in this declaration.

2. I am currently employed as Director of Actuarial Services with Molina Healthcare, Inc. ("MHI"). I have been employed at MHI since 2010. I have worked in the managed Medicaid industry since 2010. During that time, my responsibilities have included analysis of capitation rates to determine whether such rates are actuarially sound.

3. I am a member of the American Academy of Actuaries and an Associate of the Society of Actuaries. I meet the qualifications standards established by the American Academy of Actuaries in order to provide this opinion.

4. In developing its bid for the Cost Proposal on RFP 18-630-8000-0001, Molina evaluated the Data Book provided in the RFP, its own medical cost data for the same time periods, and the assumptions made to develop the rate ranges provided in Appendix H. Based on that evaluation, Molina determined that the high end of the rate range was developed with similar assumptions for medical cost trend, efficiency adjustments for medical cost savings, administrative expenses, and risk margins as the CY 2017 and CY 2018 capitation rates developed by Mercer. The high end of the rate range represents Mercer's best estimate rates.

5. The rate range developed by Mercer had a minimum and maximum rate per member per month (PMPM) for each population cohort. In total, the minimum of the rate range was 4.6% lower than the maximum of the rate range, or 4.6% lower than Mercer's best estimate average rate. In neither the RFP Data Book Narrative nor the Actuarial Conference presentation was a development of the minimum rates demonstrated that followed standard actuarial methods.

Rather, only a general statement was provided that the bidders could assume further efficiency savings in medical costs, lower administration costs, or lower risk margins. Mercer did not state that the 4.6% savings represented by the minimum rates was reasonable or achievable.

6. In the Questions and Answers portion of the RFP, HSD clarified that the capitation rate range was not a set of capitation rates that were certified to be actuarially sound, but the rate ranges were ranges of rates that the state would be willing to accept in the RFP.

7. As the actuary primarily responsible for developing Molina's bid, I evaluated the Data Book and all assumptions in the rate range development. After that evaluation, I determined that the entire rate range could not be considered actuarially sound, based on the definition in the Actuarial Standards of Practice No. 49, Medicaid Managed Care Capitation Rate Development and Certification. In my opinion, the rate range could only be considered actuarially sound between the 50th percentile and the maximum of the rate range.

8. The maximum of the range includes assumptions of about 1% in medical and pharmacy efficiency savings from the costs in a mature managed care program. The level of savings required to achieve at the 50th percentile of the rate range is 2.3% in addition to what is included in the maximum rate. In my opinion, assuming the level of medical cost efficiency savings in the lower half of the rate range does not consider the maturity of the managed Medicaid program, which is a consideration the actuary should make when developing managed care assumptions, according to ASOP 49.

9. Additionally, administrative expenses include medical management costs required to achieve medical cost savings targeted in the rates. As the assumptions for medical costs savings increase, there should be an offsetting increase in the administrative expense to achieve the higher

level of savings. The offsetting increase in administrative costs required to achieve high levels of managed care savings does not appear to have been considered in the rate range development.

10. Molina bid at the 70th percentile of the rate range, which is 1.4% below the maximum of range. In developing our bid, we identified areas of savings and efficiencies to get down to the 70th percentile. Molina's bid is below Mercer's best estimate of the projected costs in the program, and would result in savings for the state from Mercer's best estimate projections, represented by the maximum of the rate range. The bid was carefully developed, thoughtful, and realistic.

11. In my opinion, the rates in the bottom half of the range are not actuarially sound and will not be sustainable throughout the contract period. The state accepting rates at a level that does not cover all reasonable, appropriate, and attainable costs will put pressure on the MCOs in the program that will not be beneficial to the program in the long-term.

Pursuant to Rule 1-011(B) NMRA, I declare under penalty of perjury under the laws of the State of New Mexico that the foregoing is true and correct to the best of my knowledge.

Executed this 5th day of February, 2018, in Long Beach, California.



Evan Swalheim



State of New Mexico Human Services Department

Medicaid Managed Care Services Agreement

Among

New Mexico Human Services Department,

New Mexico Behavioral Health Purchasing Collaborative

and

Western Sky Community Care, Inc.



**PSC 18-630-8000-0035
CFDA 93.778**

as well as the reason HSD's failure impacts the CONTRACTOR's ability to meet its performance obligations under the Agreement.

- 5.5 Within three (3) Business Days of becoming aware of any Claim or information that may impact the CONTRACTOR or the services to be performed by the CONTRACTOR under this Agreement, HSD shall provide the CONTRACTOR with written notice of such Claim or information.

6 Payments to CONTRACTOR

6.1 General Requirements

- 6.1.1 The Parties understand and agree that the compensation and payment reimbursement for services delivered under this Agreement are dependent upon federal and State funding and regulatory approvals.
- 6.1.2 HSD shall compensate the CONTRACTOR for work performed under this Agreement based on the Capitation Rates shown on the rate sheets for the Contract Period. The CONTRACTOR shall accept payments remitted by HSD as payment in full for all services required pursuant to this Agreement.
- 6.1.3 HSD shall make monthly Capitation Payments to the CONTRACTOR for all Members enrolled with the CONTRACTOR on or before the second Friday of each month. HSD shall not make partial month or daily Capitation Payments.
- 6.1.4 The CONTRACTOR shall comply with all requirements stated in NMAC 8.308.20. HSD shall make payments under capitated risk contracts that are developed in accordance with 42 C.F.R. 438.6(c). All payments under risk contracts and all risk-sharing mechanisms in contracts must be actuarially sound and approved as such by the CMS.

- 6.1.4.1 To meet the requirement for actuarial soundness, all Capitation Rates must be certified by an actuary meeting the qualification standards of the American Academy of Actuaries following generally accepted actuarial principles, as set forth in the standards of practice established by the Actuarial Standards Board. Accordingly, HSD's offer of all Capitation Rates and related risk-sharing arrangements is contingent on both certifications by HSD's actuary and final approval by CMS, prior to becoming effective for payment purposes. In the event

such certification or approval is not obtained for any or all Capitation Rates subject to this regulation, HSD reserves the right to modify these Capitation Rates. HSD's decision to modify the Capitation Rates under the circumstances described above is binding on the CONTRACTOR.

- 6.1.5 To the extent, it is determined by the appropriate taxing authority, excluding the fee imposed by Section 9010 of the ACA (Health Insurance Providers Fee), that the performance of this Agreement by the CONTRACTOR is subject to taxation, the Capitation Payments paid by HSD to the CONTRACTOR under this Agreement shall include such tax(es) and no additional amount shall be due from HSD. Therefore, the amount paid by HSD shall include all taxes that may be due and owing by the CONTRACTOR. The CONTRACTOR is responsible for reporting and remitting all applicable taxes to the appropriate taxing agency. HSD shall pay a monthly Capitated Payment amount to the CONTRACTOR for the provision of the managed care benefit package. Section 6.4 of this Agreement addresses the payment associated with the Health Insurance Providers Fee under Section 9010 of the ACA.
- 6.1.6 Capitation rates determined through discussion between the Parties are considered confidential.
- 6.1.7 Members shall be held harmless against any liability for debts of a CONTRACTOR that are incurred within the Agreement in providing Covered Services to the Medicaid Member.

6.2 Payments for Services

- 6.2.1 HSD shall make a full monthly Capitation Payment to the CONTRACTOR for the month in which the Member is enrolled with the CONTRACTOR. The CONTRACTOR shall be responsible for Covered Services (Attachment 2) provided to the Member in any month for which HSD paid the CONTRACTOR for the Member's care under the terms of this Agreement.
- 6.2.2 The CONTRACTOR is at risk of incurring losses if its expenses for providing the Covered Services and performing the requirements of the Agreement exceed its Capitation Payment. HSD shall not provide a retroactive payment adjustment to the CONTRACTOR to reflect the cost of services actually furnished by the

SECTION 6: TECHNICAL PROPOSAL

6.1 EXPERIENCE AND QUALIFICATIONS - RESPONSES 1 – 13 (20 PGS)

1. Describe your organization's form of business...

Western Sky Community Care, Inc. (Western Sky) is a New Mexico domestic profit corporation incorporated June 19, 2012. Please see **Exhibit 6.1.1 Form of Business** in the Exhibits Binder for a list of Western Sky's Officers and Directors.

2. Provide copies of all your organization's articles of incorporation, bylaws, partnership agreements...

Please see **Exhibit 6.1.2 Business Entity Documents** in the Exhibits Binder for copies of our organization's articles of incorporation, bylaws, partnership agreements and other documents.

3. Describe your organization's relationship and provide relationship to parent, affiliated...

Western Sky is a wholly owned subsidiary of Centene Corporation (Centene) formed specifically to serve the Medicaid population of New Mexico. Through the Management Services Agreement, Western Sky is supported by Centene for program planning and development, management information system, financial systems and services, claims administration, and HR services.

In providing services under the Centennial Care 2.0 Contract, Western Sky will work with several affiliate companies, who are also wholly owned subsidiaries of Centene.

- Envolve PeopleCare – Disease Management and 24/7 Nurse Advise Line services
- Envolve Dental – Dental Benefits Management
- Envolve Pharmacy – Pharmacy Benefits Management
- Envolve Vision – Vision Benefits Management

See **Exhibit 6.1.3.A Affiliates and Subsidiaries** in the Exhibits Binder for a depiction of Western Sky's relationship with Centene, affiliate health plans and subsidiary specialty companies. Additionally, a copy of our draft Management Agreement with Centene can be found in the Exhibits Binder as **Exhibit 6.1.3.B Centene Management Agreement**. This agreement will be signed upon award of the Centennial Care 2.0 Contract.

4. Provide (i) a copy of your organization's NM license or application for a NM license...

Please see **Exhibit 6.1.4 Insurance Division Application** received from the Office of Superintendent of Insurance (OSI) on October 25th, 2017, in the Exhibits Binder as proof of our application for licensure in New Mexico. Western Sky has not filed any reports with the OSI during the last twelve (12) months.

MEMO

TO: Dan Clavio, Procurement Manager
DATE: December 20, 2017
FROM: Jessica M. Osborne, Principal
SUBJECT: 2017 CENTENNIAL CARE 2.0 MCO RFP #18-630-8000-0001

Executive Evaluation Committee Recommendation

On Monday December 18, 2017 the Executive Evaluation Committee ("Committee") held a meeting to discuss the information contained in the RFP Scoring Results Summary and develop a recommendation for the Medicaid Director and Secretary of Human Services Department. The Committee reviewed all scores and rankings for each of the Offerors and discussed the needs and priorities of the State.

Based on this discussion, the Committee recommends that the New Mexico Human Services Department select the top three highest-scoring Offerors and initiate negotiations with Presbyterian Health Plan, Inc., Western Sky Community Care, and Blue Cross Blue Shield of New Mexico. The Evaluation Committee notes the following benefits of this recommendation to include:

- The three (3) highest-scoring plans overall demonstrated strong scores in the Technical Proposal.
- Contracting with three (3) MCOs furthers HSD's efforts to create administrative simplicity for providers and state oversight staff while maintaining adequate choice for Members.
- The recommendation will provide stability in the NM Medicaid program through the retention of two incumbent MCOs while providing a new MCO option for Members.
- A reduction in the number of MCOs has the potential to create economies of scale and encourages lower administrative costs.

The Evaluation Committee further recommends that no oral presentations will be required. Please accept this recommendation with the attached executive scoring summary which includes the details regarding the procurement process and results.

SANTA FE NEW MEXICAN

http://www.santafenewmexican.com/news/local_news/lawsuits-claim-inmates-still-getting-poor-health-care/article_a8f804d7-14a7-505e-81ab-9c47a8624b4a.html

Lawsuits claim inmates still getting poor health care

By Justin Horwath | The New Mexican Jan 28, 2018 Updated 17 hrs ago

David Vigil was booked in the state prison in Los Lunas in April with a long history of medical disorders — epilepsy, hepatitis C, depression, hypertension, diabetes, strokes and substance abuse.

Thin and frail, Vigil lost 15 pounds in just a week at the Central New Mexico Correctional Facility in Los Lunas, according to a lawsuit filed on behalf of his estate. His back was tender, and he walked slowly, with a stiff gait. When he made a sick call request “for stronger pain medications due to neck and back pain,” a prison psychiatrist gave him three doses of Narcan, a drug used as an emergency treatment for opioid overdoses.

Vigil went into cardiac arrest, the complaint says. He was transferred to the University of New Mexico Hospital, where medical staff diagnosed him with pneumonia and other untreated infections and discovered an abscess that spanned Vigil’s entire spine, narrowing airways in his throat.

EXHIBIT L

Weeks later, he died in hospice care, according to the lawsuit.

Filed earlier this month in the state District Court in Santa Fe, the lawsuit against Centurion Correctional Healthcare of New Mexico LLC is one of at least 17 cases the private prison medical provider has faced since it began contracting with the state in June 2016.

The number of lawsuits filed against Centurion in the first 20 months of its four-year contract marks a decline from years past, when private, for-profit companies lost their contracts to provide prison medical services.

The state Department of Corrections awarded its prison medical contract to Centurion after deciding not to renew a contract with the company's predecessor, Corizon Health Inc. The state's selection of Centurion followed a six-month investigation by *The New Mexican*, published in April 2016, that revealed deep-rooted problems with Corizon's care of inmates and the state's lax oversight of Corizon.

Corizon faced more than 150 lawsuits by some 200 inmates in New Mexico in nine years. In just the four-year stretch between 2012 — when the state renewed the company's contract — and 2015, Corizon was sued by 138 inmates.

Wexford Health Sources, which had the state's prison medical contract between 2004 and 2007, faced lawsuits by 53 inmates during that term, leading the state to essentially fire the company.

State officials promised stricter oversight of Centurion. According to lawsuits, however, some inmates continued to see substandard care.

Two complaints against Centurion have been settled on undisclosed terms. State and federal judges have ordered the dismissal of five of the suits, frequently on procedural grounds, such as improper jurisdiction, as prisoners struggle to navigate the law with handwritten complaints mailed from jail.

Ten cases against Centurion are pending, including Vigil's lawsuit. Among them are the following:

- An inmate at the Central New Mexico Correctional Facility in Los Lunas claims he was given the wrong medications for a seizure disorder and fractured his hand during a fall in one blackout. Centurion has denied the allegations.
- An inmate at the Northwestern New Mexico Correctional Facility in Grants wrote in a handwritten complaint that “the nursing staff acts like they are doctors instead of doing their jobs. I am diabetic; I have asthma; I have arthritis, I need treatment.” He said medical staff shows “malicious and callous indifference toward inmates.” No defendants have issued responses to the case, which appears to have stalled because mail to the inmate has been returned.
- An inmate at the Otero County Prison Facility says in a handwritten complaint that he suffers from anal discharges, which have gone untreated by prison medical staff, who also have refused to schedule an off-site surgery, even after a specialist in El Paseo diagnosed him with anal fistula and fissure, and said the conditions could lead to death if untreated. A contract nurse said in a response to the complaint that the inmate received the procedure two months after it was recommended.
- An inmate at the Southern New Mexico Correctional Facility in Doña Ana County filed a lawsuit claiming treatment for a variety of conditions was ignored or delayed under the previous provider, Corizon. The inmate's hope that medical care would improve under Centurion soon faded, the

complaint says; Centurion employees sent false medical information about the inmate to a surgeon who was supposed to help treat his abdominal distention, according to the lawsuit. The surgeon would not operate on the inmate because he feared the man would “bleed to death,” based on the false information, the complaint says. The inmate has been diagnosed with eight serious health complications, some life-threatening, that have not been resolved under Centurion, according to the complaint. The defendants have denied the allegations.

- In a wrongful-death lawsuit filed in state District Court against Corizon, Centurion and the Corrections Department, the estate of a deceased female inmate says she died in the summer of 2016 of septicemia, or blood poisoning, at the age of 42. Centurion and Corizon issued responses denying the allegations.
- An inmate at the New Mexico Correctional Facility in Clayton sued Centurion and two nurses in a complaint saying he was given no treatment for a stroke for two and a half weeks. The defendants submitted initial answers to the suit denying the allegations.
- One inmate at the Southern New Mexico Correctional Facility sued Centurion, nursing staff and a doctor in a handwritten complaint filed in state District Court in Doña Ana County, alleging internal stomach bleeding, rectal bleeding and other symptoms have gone untreated. Centurion and the doctor have denied the allegations in their initial responses.
- A former inmate of Western New Mexico Correctional Facility in Grants sued Corizon, Centurion and a certified nurse practitioner in state District Court alleging a wrist injury went untreated for a year. The injury later required surgery, the complaint says, but the man was not allowed physical

therapy after the surgery, resulting in “permanent disability and severe and constant pain to his wrist that he will have for the rest of his life.” Centurion and Corizon have denied the allegations in initial responses.

Centurion is a joint venture between St. Louis-based Centene Corp., a Fortune 500 company, and Virginia-based MHM Services Inc. Michael Rivers, a vice president of MHM who oversees the New Mexico prison contract, did not return requests for comment on the lawsuits.

S.U. Mahesh, spokesman for the Corrections Department, said in an email that the agency doesn’t keep track of lawsuits filed against Centurion. Even if the agency is named as a defendant in a case regarding inmate care, he said, Centurion is responsible for paying the costs of litigation.

The department has, however, penalized the company for falling below required staffing levels.

Mahesh said the agency “assessed Centurion \$1.8 million in penalties on basis of vacancies not filled by Centurion.”

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February 1, 2018

MolinaHealthcare

Dear Sir/Madam:

I am writing to you to share the impact that MolinaHealthcare has had on our agency. Inside Out is a 501c3 organization which serves indigent individuals and families who are suffering from addiction and/or co-occurring disorders. We serve six counties in northern NM, including Rio Arriba, Santa Fe, Los Alamos, Taos, Colfax and Mora counties. Our service numbers reflect 250-300 people per month unduplicated, served with multiple contacts. We reach communities which have little service provision for addiction and co-occurring disorders. This is evident by the Department of Health statistics that reflect overdose and usage numbers.

MolinaHealthcare was the first MCO to recognize the needs and collaborate with us to reach out to individuals who are hard to reach. Often, they don't have reliable phones or a permanent home. MolinaHealthcare met with us and established peer support as a value-added service. We reach people on the streets, people in the jails and people who are out of the traditional system of service care. Other MCOs began to follow this practice due to the fact that we could tie their members into care coordination when they could not be located by phone or mail. This value-added program has enabled us to expand our outreach and assist 2,654 people unduplicated in 2017 alone with 5,831 duplicated contacts. MolinaHealthcare also set up a tele-health site in each of our offices in Espanola and Taos. They work diligently with us to problem solve and expand outreach.

Perhaps most importantly, MolinaHealthcare assisted with the planning and implementation of our new Mobile Wellness Unit which allows us to take services into very remote villages. They financed the purchase of our trailer and wrapped it for us. Through their belief and assistance, many people are receiving peer support, food, clothing, and NARCAN trainings in very remote rural areas. MolinaHealthcare reaches people that would otherwise never approach a traditional setting to receive services unless it were through a jail or an emergency room. We are very grateful for their assistance and would be struggling without them.

Best Regards,
Kathy Sutherland-Bruuw
Kathy Sutherland-Bruaw, Founder/Executive Director

"WE BELIEVE THAT ALL LIVES HAVE MEANING, AND OFFER PEER SUPPORT THROUGH OUR OWN EXPERIENCES TO INDIVIDUALS AND FAMILIES REACHING TOWARD RECOVERY. AS A COMMUNITY WE CAN CREATE CHANGE..."



Featured in *Health Business Daily*, Jan. 17, 2017

Plan Sponsors Zero In on Specialty Rx Costs, Retail 90 Networks in 2017 Benefits

Reprinted from **DRUG BENEFIT NEWS**, biweekly news and proven cost management strategies for health plans, PBMs, pharma companies and employers. [Sign up for an \\$86 two-month trial subscription today.](#)

By Angela Maas, Managing Editor - November 4, 2016 - Volume 17 Issue 21

Plan sponsors are focusing hard on specialty pharmacy costs for 2017, looking at unbundling specialty pharmacy from PBM services and considering contracts with closed-door specialty pharmacies as a way to control costs, pharmacy benefit insiders tell *DBN*.

At the same time, employers are pursuing retail networks that sell a 90-day supply of medication, point-of-sale rebates and more granular formulary strategies to further hone their 2017 strategies and manage a benefit that's been getting some unfavorable public attention.

"I think 2017 will be a very active year for contracting and price negotiation in the industry," says Josh Golden, area senior vice president, client development at Arthur J. Gallagher & Co.'s Solid Benefit Guidance consulting arm.

"Clients are realizing that annual contract housekeeping is needed to keep pace with the financial dynamics of the industry," Golden tells *DBN*. "The past year has brought about significant changes in industry economics — the growth of inflation protection [clauses], increasing reliance on patient-assistance funding — and employers are rightfully worried that their contracts are out of sync with the realities of the marketplace."



In particular, specialty pharmacy management has been moving beyond what Golden calls the "basic blocking and tackling" of prior authorizations and formulary management.

"Our larger clients are now starting to manage specialty holistically across their pharmacy and medical plans, pursuing site-of-care strategies to optimize cost, and balancing their benefit designs to ensure proper alignment," he says. "And more progressive plan sponsors are exploring drug-specific specialty copays, specifically tailored to capitalize on patient-assistance funding that's available from manufacturers."

David Dross, national pharmacy practice leader, Mercer Health & Benefits, also has seen this trend. He tells *DBN* there's a lot more interest among plan sponsors about managing specialty pharmacy across the continuum of medical and pharmacy benefits.

"We're starting to look at it by disease state — which one [medical or pharmacy benefit] is doing a better job on a particular disease state," Dross says. "If we find a pharmacy plan is doing a better job managing multiple sclerosis than the medical plan, then we may say that those medications aren't covered under the medical plan."

Mercer last month partnered with Envolve Pharmacy Solutions and Magellan Rx Management to offer a new specialty pharmacy solution, with competitive pricing, targeted clinical management, patient-assistance program facilitation and access to limited-distribution drugs (*DBN* 10/7/16, p. 8).

"It appeals to consumers and is higher-touch patient management," Dross says. Specialty pharmacy is garnering additional attention for the 2017 plan year, with a focus on tighter and more exclusive specialty formularies and recognition that specialty is a big cost driver.

EXHIBIT N

Robert Ferraro, principal, national pharmacy practice at Xerox Corporation's Buck Consultants, agrees that the issue of how to manage specialty drugs going forward is the main issue he sees for 2017.

Should Specialty Rx Be Run Separately?

"You're starting to see larger employers consider the notion of unbundling specialty drug fulfillment and management from the PBM," Ferraro says. "The question is whether it makes sense to bundle those services together or whether you can get better outcomes and get better management by unbundling" and hiring a closed-door specialty pharmacy such as those run by Diplomat Pharmacy Inc. or Walgreens Boots Alliance Inc.

Another question cropping up for plan sponsors in 2017 is whether a third party should provide prior-authorization services rather than the PBM, Ferraro says. "Does it make sense to have the same entity manage and approve claims when that entity stands to benefit when claims are approved?" he asks. As an alternative, plan sponsors can hire a utilization management company to handle those services.

At this point, only the largest employers are considering this issue, he says, but "there could be a lot of fast followers," given that specialty pharmacy costs and claims for tens of thousands of dollars in drug spend are on plan sponsors' minds.

For PBMs, all this may not be good news. "We see the prevailing model of bundling all services within the PBM one of the past, particularly for larger employers with the capacity to manage multiple vendors," Ferraro says. "For smaller employers, that's probably not a good model for them."

Of course, employers that want to carve out specialty pharmacy or prior authorization then will need to manage those additional contractual relationships, which could be problematic for already-stressed human resources departments, Ferraro says.

Specialty pharmacy isn't the only area of prescription drug management seeing lots of movement for 2017. Brian Anderson, consultant at Milliman, tells *DBN* that there's a big push in preferred retail 90 networks to provide refills at a price point comparable to mail order. "This isn't new, but a lot of employers haven't looked at it until now," he says. "It's definitely accelerating."

Every PBM now has a preferred retail 90 network, Dross says, and most avoid including CVS Pharmacy — "they don't want to have CVS as a partner when they compete with [CVS/caremark] on PBM business," he notes. "There's a significant focus on retail 90 networks. Mail order is withering — you don't hear a lot about mandatory mail anymore."

Also, formularies are getting more restrictive, Ferraro says, but at the same time, cost sharing continues to rise. "All PBMs have jumped into the market as far as managing a more restrictive formulary," he says. "What comes along with that is a greater degree of rebates."

Patients Will See More Cost Sharing

Meanwhile, plan sponsors continue to shift costs to plan members, which raises a potential problem: "You need to be careful not to price someone out of the drugs they need," Ferraro says. "There's only so much cost you can push onto the employee who needs the drug."

Despite this risk, Golden predicts a continued shift of financial responsibility onto the plan member and away from the plan sponsor. "We continue to see increases in copays, higher deductibles, and lifting of per-claim copay maximums under coinsurance designs," he says. "The change is more apparent for smaller employers, who may be dealing with greater financial volatility in their programs."

Of course, if you reduce the employee's share, then the higher cost for the employer will be reflected in the premium, so cost shifting doesn't really affect the overall cost of the benefit, Ferraro says. He adds: "The market continues to move at a hot pace in terms of new drugs coming to market and old drugs continuing to inflate in price."

For example, plan sponsors can consider not covering new drugs coming to market that are simply combinations of two older, inexpensive drugs or are "me too" drugs in an existing class, he says. Alternatively, they can cover those drugs, but with some sort of strict prior authorization.

The migraine medication Treximet, marketed by Pernix Therapeutics, is a good example of this problem, he says. Treximet is a combination of two drugs, sumatriptan and naproxen sodium, both of which are cheap generics. The drug launched in early 2013 with a price tag of \$255 for nine pills, and the cost since has risen to \$750 for nine pills.

"Employers need a granular approach to look at all the drugs out there and attack them on a one-by-one basis," Ferraro says. "This has become a very hands-on benefit. There's only so much you can do with a formulary, and only so much you can do with cost sharing. We need more flexibility from PBMs."

Meanwhile, there will be a broader gap between the copays for preferred and non-preferred drugs in 2017, Anderson says, plus

more medication therapy management programs for conditions like diabetes, hypertension and high cholesterol.

Overall, there's growing interest in significant changes in overall drug benefit structure going forward, Dross says.

For example, Dross notes that there's more interest among plan sponsors to provide members with point-of-sale rebates, instead of letting all rebates accrue to plan sponsors. There's particular interest within plan sponsors who have encouraged employees to enroll in consumer-directed health plans. "But the downside of point-of-sale rebates is there's a pretty significant discount factor," he adds. "There are many ways to do a point-of-sale rebate, but the plan sponsor ultimately takes a hit."

Dross agrees that there's talk of unbundling the PBM model. "I'm not saying anyone's doing that," he says. "I'm just hearing more about it. A lot of plan sponsors are at the tipping point, saying maybe we should investigate it. Certainly PBMs will claim they are saving plan sponsors money as a result of the rebates they negotiate. But it gets back to the reality that costs appear to be just increasing."

There's also some interest in empowering consumers to find the best prices on prescription drugs, Dross says. This can take the form of smartphone apps that allow the member to see prices on specific prescriptions by pharmacy, citing GoodRx as one possible app.

But overall, changes may be coming quickly to pharmacy management, Golden says. "There's really a perfect storm brewing within the pharmacy supply chain. It starts with high deductibles, which have turned drug pricing into a consumer issue. This makes pharmacy a hot topic for the media to cover. And as they start to shine light into the darker corners of the supply chain, some tough questions come up: Who benefits from the convoluted world of gross-to-net pricing? Where do all those rebates and incentives come from, and where do they go?"

Golden adds, "the fact is, 10 of the largest 25 companies in the U.S. have a stake in the drug supply chain. And many of these companies have grown quietly, with very little public scrutiny. So this wave of attention is potentially a turning point for the industry."

*Get more news and strategies to help health plans, PBMs, providers and employers contain costs and improve outcomes related to high-cost specialty products in AIS's **Specialty Pharmacy News**. [Sign up for an \\$84 two-month trial subscription today!](#)*

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NEWSROOM

MERCER ANNOUNCES NEW INNOVATIVE APPROACH TO HELP CONTAIN SPECIALTY PHARMACY COSTS

October 5, 2016

United States, New York

Mercer (<http://www.mercer.com/>), a global consulting leader in advancing health, wealth and careers, and a wholly owned subsidiary of Marsh & McLennan Companies (NYSE: MMC), is launching an innovative solution to address one of the fastest growing healthcare cost drivers today: specialty pharmacy costs.¹ Through alliances with [Envolve Pharmacy Solutions](https://www.envolvehealth.com/pharmacy.html) (<https://www.envolvehealth.com/pharmacy.html>) and [Magellan Rx Management](https://www1.magellanrx.com/magellan-rx) (<https://www1.magellanrx.com/magellan-rx>), Mercer is bringing a new strategic approach to this area of healthcare that is among the biggest areas of concern for employers.²

The Mercer specialty pharmacy solution provides a number of benefits for employers, employees and their families including:

- Highly competitive pricing
- Targeted clinical management options
- Patient assistance program facilitation; and
- Access to limited distribution drugs

"We are very excited to bring this innovative solution to our clients to help them provide specialty medications to their employees and families in a more affordable way," said Mercer's David Dross, Managed Pharmacy Practice Leader. "We believe that this new approach provides an important addition to plan sponsors in managing the complex and rapidly changing specialty pharmacy space."

This launch of these alliances comes at a critical time as specialty medications represent 35-40% or more of pharmacy-related costs for employers despite treating just 1-2% of members.³ While specialty biotech medications are therapeutic breakthroughs for chronic disease conditions like Hepatitis C and Multiple Sclerosis, they come with a hefty price tag, costing as much as \$80,000 or more per treatment. For the entire US healthcare market, specialty medication spending has nearly doubled since 2011, reaching more than \$150 billion (see Figure 1).

Both Envolve Pharmacy Solutions and Magellan Rx Management have been managing millions of patients on behalf of health plans for many years and specialize in the complexities of working with providers, health plans, Pharmacy Benefit Managers and other stakeholders.

"As an organization with a long history of putting patient care first, we are thrilled with the opportunity to deliver a specialty-focused drug solution in collaboration with Mercer," said Don Howard, CEO of Envolve Pharmacy Solutions. "We work hard every day to ensure our technology, people and patient services are carefully aligned to improve the outcomes of individuals living with complex conditions."

"This opportunity with Mercer allows us to bring our thought-leading expertise in specialty pharmacy, which we have been delivering to health plans for more than 14 years, to the employer market," said Matt Ward, senior vice president and general manager of Magellan Rx Management's employer division. "We expect this alliance with Mercer to reshape how employers manage costly and complex specialty medications and look forward to working with even more plan sponsors to help improve savings and care."

¹ Mercer National Survey of Employer-Sponsored Health Plans, 2015

² PBMI 2015-2016 Prescription Drug Benefit Cost and Plan Design Report

³ IMS Health 2015 Report of Use of Drugs in the US

About Mercer

Mercer is a global consulting leader in talent, health, retirement and investments. Mercer helps clients around the world advance the health, wealth and careers of their most vital asset – their people. Mercer's more than 20,000 employees are based in 43 countries and the firm operates in over 140 countries. Mercer is a wholly owned subsidiary of [Marsh & McLennan Companies](http://www.mmc.com/) (<http://www.mmc.com/>) (NYSE: MMC), a global professional services firm offering clients advice and solutions in the areas of risk, strategy and people. With annual revenue of \$13 billion and 60,000 colleagues worldwide, Marsh & McLennan Companies is also the parent company of [Marsh](http://usa.marsh.com/) (<http://usa.marsh.com/>), a leader in insurance broking and risk management; [Guy Carpenter](http://www.guycarp.com/portal/extranet/index.html?vid=77) (<http://www.guycarp.com/portal/extranet/index.html?vid=77>), a leader in providing risk and reinsurance intermediary services; and [Oliver Wyman](http://www.oliverwyman.com/index.html) (<http://www.oliverwyman.com/index.html>), a leader in management consulting. For more information, visit www.mercer.com (<http://www.mercer.com/>). Follow Mercer on Twitter [@Mercer](https://twitter.com/Mercer) (<http://www.twitter.com/mercer>).

About Envolve Pharmacy Solutions

Envolve Pharmacy Solutions™ provides unified drug management that includes integrated pharmacy benefits management, specialty pharmacy under the AcariaHealth brand, and medication delivery services. Headquartered in Orlando, FL, Envolve Pharmacy Solutions manages pharmacy and medical benefits, with the ability to predict costs and eliminate financial risk, all under customized and flexible programs, with full clinical, operational and financial visibility. AcariaHealth, an Envolve Solution, is a leading specialty pharmacy focused on improving care and outcomes for patients living with complex conditions, including: cystic fibrosis, hemophilia, hepatitis C, infertility, multiple sclerosis, oncology and rheumatoid arthritis. To learn more, visit www.envolverx.com (<http://www.envolverx.com/>) and www.acariahealth.com (<http://www.acariahealth.com/>).

About Magellan Rx Management

Headquartered in Scottsdale, Ariz., [Magellan Health, Inc.](http://www.magellanhealth.com) (<http://www.magellanhealth.com/>) is a leader in managing the fastest growing, most complex areas of health, including special populations, complete pharmacy benefits and other specialty areas of healthcare. Magellan Rx Management is a full-service PBM that specializes in solving complex pharmacy challenges for its customers by developing and executing smart solutions that leverage industry-leading experience and technology to exceed expectations across the employer, third-party administrator, broker, managed care, government, Medicaid and Medicare Part D lines of business. As a pioneer in medical specialty pharmacy management and a leader in best-in-class formulary optimization programs, Magellan Rx Management delivers consistent, proven cost savings. As clinical experts, Magellan Rx Management delivers customized programs to address clients' most pressing clinical challenges, drive Star Ratings improvements and engage patients and providers to deliver improved health outcomes. For more information visit www.MagellanHealth.com (<http://www.magellanhealth.com/>)

Figure 1: Spending on specialty medications has nearly doubled since 2011

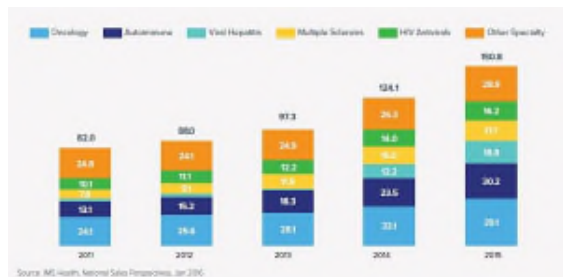


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