

Vendor Name: Molina										
Values assigned should relate to the quality and strength of the solution and its relevance to DMS										
Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments						
<b>60.7 A - Executive Summary</b>										
Provide an Executive Summary that summarizes the Vendor's proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor's ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:										
The Vendor's statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid										
An overview of the Vendor's proposed organization to provide coordinated services under the Contract.										
A summary of the Vendor's strategy and approach for administering services for Enrollees.										
A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.										
A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.										
<b>Section Score</b>										
25			17.5							
<b>60.7 B Company Background - 1. Corporate Experience</b>										
a.	Describe the Vendor's experience in the provision of managed care services to the populations specified in this Contract. In addition, include the following information in the response: i. Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health. ii. Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change. iii. A summary of lessons learned from the Vendor's experience providing similar services to similar populations. iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.				60	4.5	12	54	Based upon the information provided in the response it appears they have good corporate experience; significant Medicaid experience. Their initiatives to support improved outcomes we very good & through.	
<b>Section Score</b>										
60			54							
<b>60.7 B Company Background - 2. Corporate Information</b>										

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a.	<p>“(1)(i) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.</p> <p>(ii) Date of birth and Social Security Number (in the case of an individual).</p> <p>(iii) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.</p> <p>(2) Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.</p> <p>(3) The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.</p> <p>(4) The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).”</p>	20	5	4	20	Everything is provided - it is clear, easy to find, and understand.
b.	<p>Indicate the Vendor’s form of business (e.g., corporation, non-profit corporation, partnership, etc.) and provide the following information:</p> <p>i. Names and contact information for all officers, directors, and partners.</p> <p>ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations.</p> <p>iii. Provide copies of the Vendor’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.</p> <p>iv. Provide the Vendor’s Uniform Certificate of Authority or application for the Uniform Certificate of Authority, as well as copies of reports filed with the Kentucky Department of Insurance during the prior twelve (12) months, if applicable.</p>	20	4	4	16	Some of the documents in B.3 were miss labeled and difficult to locate. It was very conflicting if Mr. Sansone was going to continue as the CEO.
c.	<p>Demonstrate financial viability for the Vendor and each Subcontractor, as evidenced by sustained bottom line profitability and no current areas of significant financial risk for the past three (3) calendar years. For the Vendor and each Subcontractor, provide copies of financial statements from the most recently completed and audited year.</p>	20	3.5	4	14	In 2017 they had a significant financial loss; due to poor performance of their previous management team. They reference industry leading profit margins on page 8 which questions their intent giving this is a Government program.
d.	<p>Provide a statement of whether there is any past (within the last ten (10) years or pending litigation against the Vendor or sanctions, including but not limited to the following:</p> <p>i. Litigation involving the Vendor’s failure to provide timely, adequate, or quality Covered Services. If any litigation listed, include damages 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 Kentucky Medicaid Managed Care Contract.</p> <p>ii. Sanctions for deficiencies in performance of contractual requirements related to an agreement with any federal or state regulatory entity. Include monetary sanctions the Vendor 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, corrective action, and resolution.</p> <p>iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation.</p> <p>Include information for Parent Company, affiliates, and subsidiaries. The Vendor may exclude workers’ compensation cases.</p>	10	5	2	10	Score Waived
e.	<p>For the Vendor, Parent Company, subsidiaries and all Subcontractors list and describe any Protected Health Information (PHI) breaches that have occurred and the response. Do not include items excluded per 42 CFR 164.402.</p>	10	5	2	10	Score Waived

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f.	Has the Vendor ever had its accreditation status (e.g., National Committee on Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), or Accreditation Association for Ambulatory Health Care (AAAHC)) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include information for the Vendor's Parent Company and subsidiaries.	10	3	2	6	Almost 1/2 of the markets were adjusted down.
g.	Provide a listing of Medicaid managed care contracts held in the past ten (10) years for which the Vendor has: (Include information for the Offeror as well as parent company, subsidiaries, and Subcontractors. For each contract identified, provide a description of the reason for the change in contracting.) i. Voluntarily terminated all or part of the contract under which it provided health care services as the licensed entity. ii. Had such a contract partially or fully terminated before the contract end date (with or without cause). iii. Had a contract not renewed. iv. Withdrawn from a contracted service area v. Had a reduction of enrollment levels imposed?	10	3.5	2	7	Approximately 20% of their plans have had action taken against them; they had a partial termination in Illinois and in California they had a sanction that said they had to reduce their enrollment by 25% and in Michigan there was a state imposed enrollment freeze (see Attachment 1.B.02.0 G - Managed Care Contracts)
<b>Section Score</b>		100			63	
<b>60.7 B Company Background - 3. Staffing</b>						
a.	Describe the Vendor's proposed approach to staffing this Contract, including the following information at a minimum:  i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).  ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.  iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.  iv. A listing of Key Personnel identified in Section 9.2 of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", and as otherwise defined by the Vendor, including:  1. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.  2. Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.  3. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.  v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.  vi. Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", for all operational areas.  vii. Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements  viii. Retention approach for key personnel. of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".	50	3.5	10	35	On page 2 the response dictates a need for 445 Molina employees to implement the high touch staffing model outlined in this section. Liked they are willing to move the regional operations center to Kentucky, the recruitment incentives were very enticing.

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b.	<p>Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart that clearly displays the following:</p> <ul style="list-style-type: none"> <li>i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.</li> <li>ii. How the RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company</li> <li>iii. Where subcontractors will be incorporated.</li> <li>iv. A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", to ensure a streamlined experience for the Members, providers and the Department.</li> <li>v. Number of proposed FTEs dedicated to RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", by position type and operational area and how the Vendor determined the appropriateness of these ratios.</li> </ul>	50	4	10	40	In this section it appears that Mr. Sansone is currently the interim CEO; however, in previous section his status as interim was not identified as such.
<b>Section Score</b>		100			75	
<b>60.7 C Technical Approach</b>						
1	<p><b>Subcontracts</b> (Sections 4.3 Delegations of Authority and 6.0 Subcontracts)</p> <ul style="list-style-type: none"> <li>a. Describe the Vendor's approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.</li> <li>b. Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?</li> <li>c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP.</li> <li>d. Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.</li> </ul>	30	4	6	24	They have a clear list of subcontractors, but it doesn't appear that they have included all. The parent company provides a lot of services.
2	<p><b>Collaboration</b> (Section 9.0 Organization and Collaboration)</p> <ul style="list-style-type: none"> <li>a. Provide a recommended approach for conduct of monthly meetings that the Vendor must attend with the Department, other agencies, and other contracted MCOs. In your response, provide the following, at a minimum:                             <ul style="list-style-type: none"> <li>i. Meeting formats the Vendor proposes that will result in successful collaboration.</li> <li>ii. Examples of issues, ideas, and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each, and whether collaboration for each will require implementation of short-term and/or long-term solutions.</li> </ul> </li> <li>b. Describe lessons learned from similar collaborations that the Vendor has experienced, and how those could be applied in moving forward with monthly meetings.</li> </ul>	15	5	3	15	They have an "issues tracking log". The agenda items for meetings suggested including topics that come up at TAC meetings. Liked the Utah Provider Association and the Illinois credentialing process.
3	<p><b>Capitation Payments</b> (Section 10.0 Capitation Payment Information, Section 11.0 Rate Component)</p> <ul style="list-style-type: none"> <li>a. Describe proposed approaches for Physician Incentive Plans, including innovative approaches to incent provider behavior and participation.</li> <li>b. Provide examples of successful Physician Incentive Plans the Vendor has implemented, including information about their structure, measurable outcomes, challenges and lessons learned.</li> </ul>	15	5	3	15	They have two tables and an exhibit that well outlined their VBP continuum.

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4	<p><b>Financial Security Obligations</b> (Section 13.0 Contractor's Financial Security Obligations)</p> <p>a. Describe how the Vendor will comply with net worth, solvency, reinsurance and surplus requirements.</p> <p>b. Provide documentation of lines of credit that are available, including maximum credit amounts and available credit amount.</p> <p>c. Describe any risk arrangements the Vendor proposes to have with providers for contracted services and describe oversight of such arrangements.</p>	15	5	3	15	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. Has a \$878 million open loan.
5	<p><b>Third Party Resources</b> (Section 14.0 Third Party Resources)</p> <p>Describe the Vendor's approaches in the identification of other insurance held by its Enrollees and other insurance that may be required to pay for services provided to Enrollees (third party liability) and coordination of benefits (COB) with third parties, including cost avoidance, and Enrollee and provider request for COB or TPL within specified timelines.</p>	10	4.5	2	9	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. They have a lot of sources of third party information and specifically Exhibit C.5-1 which is their flowchart of their governance and functional committees.
6	<p><b>Management Information System</b> (Section 15 Management Information System)</p> <p>a. Provide a detailed description, diagrams and flowcharts of the Management Information System (MIS) the Vendor will use to support all aspects of Kentucky's Medicaid managed care program including the following subsystems:</p> <ul style="list-style-type: none"> <li>i. Enrollee Subsystem</li> <li>ii. Third Party Liability (TPL)</li> <li>iii. Provider Subsystem</li> <li>iv. Reference Subsystem</li> <li>v. Claims Processing Subsystem (to include Encounter Data)</li> <li>vi. Financial Subsystem</li> <li>vii. Utilization/Quality Improvement Subsystem</li> <li>viii. Surveillance Utilization Review Subsystem (SURS)</li> </ul> <p>Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements.</p> <p>As part of the response, include information about the following:</p> <ul style="list-style-type: none"> <li>i. Required interfaces, how the system will share and receive information with the Department, how the Vendor's system will use files provided by the Department, Subcontractors, providers, and other supporting entities.</li> <li>ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports.</li> <li>iii. Extent to which these systems are currently implemented and integrated with other systems, internal and external, and the Vendor's approach for assuring systems that are not fully implemented and integrated will be ready to begin operations on required timeframes.</li> </ul> <p>Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements.</p>	15	4.5	3	13.5	They have implemented in 15 markets...all of the systems are well described and accounted for; however, did not identify a backup plan if something were to happen.
	<p>b. Provide a description for and list of potential risks and mitigation strategies for implementing new information systems and changes to existing systems to support the Kentucky Medicaid managed care program.</p>	5	4	1	4	Table C.6-5 - Key Risk and Mitigation Strategies addressed the question.
	<p>c. Describe the Vendor'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).</p>	5	4.5	1	4.5	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Like the Molina Mobile App which you can access your personal health records through.
	<p>d. Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.</p>	5	3	1	3	It merely addresses the question, but provides no additional information.
	<p>e. Provide a description of the Vendor's data security approach and how the Vendor will comply with Health Insurance Portability and Accountability Act (HIPAA) standards including the protection of data in motion and at rest, staff training and security audits.</p>	5	5	1	5	Liked the zero trust digital security model and the Certified Threat Hunting Team
	<p>f. Describe any proposed system changes or enhancements that the Vendor is contemplating making during the anticipated Contract Term, including subcontracting all or part of the system. Describe how the Vendor will ensure operations are not disrupted.</p>	5	3	1	3	It merely addresses the question, but provides no additional information.

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<b>7</b>	<b>Encounter Data (Section 16.0 Encounter Data Submissions)</b>					
	a. Provide a detailed description of the Vendor's processes for ensuring complete, accurate, and timely encounter data submissions to the Department, including procedures for working with providers and Subcontractors to correct errors.	10	4.5	2	9	Liked Exhibit C.7-1 on page 2, simple and easy to follow. They have snapshots of encounter data and dashboards.
	b. Provide the Vendor's Encounter Data Processing policies and procedures.	5	4.5	1	4.5	Detailed; they included 3 policy.
	c. Describe common challenges the Vendor has experienced in encounter data development and submission, and mitigation strategies and best practices the Vendor has implemented to ensure accurate and complete encounter data.	10	5	2	10	Very good and detailed Table C.7-1 has their common encounter challenges and solutions and specifically identify what they would do before go live in Kentucky.
	d. Describe educational approaches the Vendor will implement to support providers and Subcontractors that are identified as having ongoing challenges in submission of complete, accurate, and timely information.	5	4.5	1	4.5	Talk about individualized approach to encounters. And provided an example from Mississippi.
	e. Describe initiatives the Vendor proposes raising to the Encounter Technical Workgroup to enhance the data submission requirements and improve the accuracy, quality, and completeness of encounter submissions.	5	4.5	1	4.5	Proposed initiatives Table C.7-2
<b>8</b>	<b>Kentucky Health Information Exchange (KHIE) and Electronic Health Records (Section 17 Kentucky Health Information Exchange, Section 18 Electronic Health Records)</b>					
	a. Describe strategies and incentives the Vendor will implement to encourage provider adoption and use of electronic health records that result in improvements in the quality of care for Enrollees and cost of health care services.	5	4	1	4	The financial benefits were tied to the use of a single platform; otherwise, strategies were good.
	b. Describe strategies for requiring participants to establish connectivity to the Kentucky Health Information Exchange (KHIE) for a minimum of: i. Providers: applicable public health reporting ii. Hospitals: applicable public health reporting and Admit Discharge Transfer (ADT's).	10	4	2	8	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner but provided no impressive innovations.
	c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.	5	5	1	5	Outlined 7 strategies; strong initiatives
<b>9</b>	<b>Quality Management and Health Outcomes (Section 19.0 Quality Management and Health Outcomes)</b>					
	a. Provide a detailed description of how the Vendor will support the Department in achieving its goals to transform the Medicaid program to empower individuals to improve their health and engage in their healthcare and to significantly improve quality of care and healthcare outcomes, and to reduce or eliminate health disparities. At a minimum, the Vendor's response should address: i. How it will structure its organization to provide for a comprehensive and holistic approach to meet these goals, including coordination with Subcontractors and providers. ii. Strategic solutions the Vendor will use in quality management, measurement, and improvement. iii. Innovative strategies and enhanced services, if any, that the Vendor proposes to implement to enhance the health and well-being of Enrollees and to improve health outcomes, including examples of successes with similar Medicaid populations. iv. Internal tools and technology infrastructure the Vendor will use to support improvements in health outcomes and to identify, analyze, track, and improve quality and performance metrics as well as the quality of services provided by Network Providers at the regional and statewide levels. v. Methods to ensure a data-driven, outcomes-based continuous quality improvement process, including an overview of data that is shared with providers to support their understanding of progress in achieving improved outcomes.	30	4	6	24	Very detailed; however, not sure how enrollment will impact the structure or availability of regional specialist.
	b. Indicate if the Vendor has received NCQA accreditation for the Kentucky Medicaid market, and if not, the proposed timeline for achieving accreditation.	5	4	1	4	Provided a detailed timeline
	c. Provide the Vendor's proposed use of the Quality Improvement Committee (QIC) to improve the Kentucky Medicaid managed care program.	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question and provides an Ohio example.

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d. Provide the Vendor's proposed use of the Quality and Member Access Committee (QMAC) to improve the Kentucky Medicaid managed care program, including the following information: i. Proposed stakeholder representation. ii. Innovative strategies the Vendor will use to encourage Enrollee participation. iii. Examples of successful strategies the Vendor has implemented to obtain active participation in similar committees.	20	4	4	16	The expectation of 15 enrollees at each meeting doesn't not appear to match the Kentucky Medicaid population.
e. Provide a comprehensive description of the Vendor's proposed Quality Assessment and Performance Improvement (QAPI) Program that meets all requirements of this Contract.	5	5	1	5	Table C.9-5 which is the QAPI elements and description was very good
f. For each of the below quality measures, demonstrate how the Vendor will work to make improvements in Kentucky's Medicaid population. Include discussion of strategies and interventions specific to each measure, partners that will be necessary to achieve improvement, data analytics, and anticipated timeframes for success in achieving improvements. Describe potential challenges the Vendor anticipates, if any, and how those will be addressed. Provide examples of successes in other state Medicaid programs, and how that success will be leveraged in the Kentucky Medicaid market. i. Medication Adherence for Diabetes Medications ii. Tobacco Use and Help with Quitting Among Adolescents iii. Colorectal Cancer Screening	30	5	6	30	Very detailed examples of the 3 quality measures
g. Describe the Vendor's proposed approach to collaborating with the Department, other MCOs, and providers to ensure Performance Improvement Projects (PIPs) are effective in addressing identified focus areas and improving outcomes and quality of care for Enrollees, including the following: i. Lessons learned, challenges, and successes the Vendor has experienced while conducting PIPs, and how the Vendor will consider those experiences in collaboration with the Department on identified PIPs. ii. Recommended focus areas, including those for regional collaborative PIPs, for the first two years of the Contract resulting from this RFP and rationale for these focus areas. iii. Methods for monitoring and ongoing evaluation of progress and effectiveness.	20	4.5	4	18	Very strong application specific to how it would apply to Kentucky; many challenges listed Lessons learned was basic
h. Provide a description of opportunities the Vendor has identified to collaborate with the Department for Public Health to support improvement in public health outcomes. Where does the Vendor anticipate that collaborating on initiatives would have the most impact in addressing quality care and outcomes for Medicaid Enrollees? Explain the Vendor's rationale.	5	4.5	1	4.5	Proposed ideas were good and they provided examples from other states. Aligns with DPH priorities
i. Describe the Vendor's approach to monitoring and evaluating progress in improving the quality of health care and outcomes on an ongoing basis. Describe the following: i. How the Vendor will use data to inform and prioritize initiatives to address Enrollee needs. ii. Methods for measuring provider performance against practice guidelines and standards adopted by the QIC, and follow up activities to be conducted with providers based on ongoing review of findings. iii. A summary of the Vendor's approach to annual evaluation of the overall effectiveness of the QAPI program and how the Vendor will use findings for continuous quality improvement efforts.	15	5	3	15	They have a PIP tracking tool from Ohio The Monitoring CPG Adherence Table C.9-13 (page 71) was good.
j. Provide a summary of how the Vendor will collaborate with the Department and other Vendors in developing and implementing a value-based payment (VBP) program. Include proposed approaches for the following at a minimum: i. The Vendor's lessons learned in developing and implementing VBP models, examples of models that have been most effective in improving performance and outcomes. ii. Recommended goals and focus areas in the first two years of implementation of the VBP program. iii. Proposed approaches to collaborate with the Department and other MCOs to develop the VBP program and to implement a coordinated approach to achieve statewide improvement in outcomes. iv. Potential challenges specific to Kentucky and the Vendor's proposed methods for addressing identified challenges. v. Regardless of the model implemented, the Vendor's approaches to analyzing performance against targets, frequency of analyses, reporting results to DMS, and use of analyses to modify interventions that are not making progress towards achieving targets.	25	5	5	25	Provide an extensive list of lessons learned, and challenges, and examples from other states.

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	k. Will the Vendor and Subcontractors implement VBP arrangements with providers? If so, describe the following: i. The types of VBP arrangements the Vendor and Subcontractors plan to use and why these models were selected. As part of your description, map your proposed VBP arrangement to the HCP-LAN APM Framework maturity level. ii. How improvement in health outcomes will be addressed through the VBP arrangements implemented. iii. Methods for evaluating the effectiveness of VBP, including tracking of costs and improvement in health outcomes.	20	5	4	20	They give examples of other states; offer 5 examples of tiered approached, see Table C.9-15 for their VBP and Enrollee Incentives Quality Measures.
	l. Provide results of any provider satisfaction survey reflecting the Vendor's performance in Kentucky or any other state Medicaid program over the last three (3) years. Where results identified provider dissatisfaction, Describe strategies the Vendor has implemented to address improvement, and examples of how those strategies have been effective.	5	4	1	4	They give example of provider satisfaction in Ohio.
10	<b>Utilization Management (Section 20.0 Utilization Management)</b>					
	a. Describe strategies the Vendor will implement to identify and reduce inappropriate utilization of services, including emergency departments, including the following at a minimum: i. Proposed approach to using data to inform the Vendor's efforts to improve appropriate use of service and cost efficiencies, as well as to identify potential Fraud and Abuse referrals. ii. Overview of the Vendor's methods for monitoring appropriate health care utilization, including two examples of identified negative trends, initiatives undertaken to improve them, and the results of these initiatives. iii. Frequency in which the Vendor proposes to re-evaluate its approaches to identify need for adjustments (e.g., re-evaluation of existing prior authorization requirement for appropriateness)?	15	4	3	12	Great sample utilization reports, i.e. Exhibit C.10-3 Liked the housing specialist and identify ED High utilizers
	b. Describe the Vendor's proposed Utilization Management (UM) Program, assuring that it addresses requirements of RFP Attachment F " <b>Draft Medicaid Managed Care Contract and Appendices</b> ". In the description, include information about the following, at a minimum: i. Approach to align the UM Program with the Department's required clinical coverage policies. ii. Proposed evidence-based decision support tool(s). iii. Innovations and automation the Vendor will implement, for example, to reduce provider administrative burden under the UM Program. iv. Methods and approach to balance timely access to care for Enrollees with the administration of the UM Program. v. Approach to integrate medical and behavioral health services in the UM program. vi. Approach to ensure UM Program is compliant with mental health parity. vii. Approach to ensuring accountability for developing, implementing, and monitoring compliance with Utilization policies and procedures and consistent application of criteria by individual clinical reviewers. viii. Processes and resources used to develop and regularly review Utilization Review (UR) criteria. ix. Prior Authorization processes for Members requiring services from non-participating providers or expedited Prior Authorization, including methods for assuring services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope. x. How the Vendor will use its Utilization Management Committee to support Utilization Management activities.	60	4	12	48	They are agreeing to comply with the Department's requirements and commit to reviewing PA burdens.
11	<b>Monitoring and Oversight (Section 21.0 Monitoring and Oversight)</b>					
	a. Describe the Vendor's proposed approach to internal monitoring of operations to ensure compliance with this Contract.	5	5	1	5	Provided a really good compliance audit work plan
	b. Describe the Vendor's proposed approach to providing oversight of its Subcontractors, including examples of actions the Vendor takes when a Subcontractor is found to be non-compliant or when performance improvement opportunities are identified.	10	5	2	10	Provided multiple example from other states
12	<b>Enrollee Services (Section 22.0 Enrollee Services)</b>					
	a. Describe the Vendor's operation of the Enrollee Services call center including: i. How the Vendor will monitor and ensure full staffing during operational hours. ii. Examples of training and resources provided to call center staff. iii. Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.	15	5	3	15	Good performance matrix from other plans and project call volumes in 30 min increments and have extensive training; some is Medicaid specific. Have a red light strategies during high call volumes and the backup is in Texas.



Vendor Name: Molina		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
	b. Describe the Vendor's approach to Enrollee outreach and education, including the following at a minimum: i. Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health. ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education. iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost-effective health care services. iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.	25	4.5	5	22.5	Outlines good ideas about collaboration with other MCOs on page 20. Liked the "Welcome" videos Table C.12-4 addressed the priority topics and how they will outreach and educate enrollees.
	c. Describe methods for communicating with Enrollees as follows: i. Creative efforts to achieve high levels of Enrollee engagement (e.g., smart phone applications,) to educate Enrollees and to communicate information for their individual health issues. ii. Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations, and efforts the Vendor proposes to target distribution to specific populations as appropriate. iii. Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.	30	5	6	30	They are going to offer youth football camp; very innovative idea. Get Fit for Kicks, program for children where they receive wellness check and a \$50 gift card towards new shoes.
	d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.	5	5	1	5	Mosaic is a data analytics tool for identifying the homeless population They will provide education on domestic violence Path is a program to serve individuals with SMI
	e. Describe the proposed approach to assess Enrollee satisfaction at each point of contact (call, online and in-person), including tools, frequency and process to measure trends, and use of findings to support ongoing program improvement.	5	4	1	4	Detailed explanation, but noting special
	f. Provide the following sample materials: i. Draft Welcome Packet and Enrollee ID card aligned with the requirements of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices". ii. Sample Enrollee Handbook meeting the requirements of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices". iii. Three (3) sample Enrollee materials with taglines and displaying ability to meet translation, accessibility and cultural competency requirements.	15	4.5	3	13.5	Visually appealing and easy to follow; however, the confirmation letter was wordy and there was a typo in the appeal letter.
13	<b>Enrollee Selection of Primary Care Provider (PCP) (Section 23.0 Enrollee Selection of Primary Care Provider)</b>					
	a. Describe the Vendor's proposed approach to helping Enrollees to identify and make voluntary selections of PCPs, within specified timeframes, who meet their needs, ensure continuity of care. Include information about differences in the Vendor's approach, if any, to supporting Enrollees without Supplemental Security Income (SSI), Enrollees who have SSI and Non-Dual Eligible, and Enrollees under Guardianship through the selection process.	5	5	1	5	Liked you can change the PCP at anytime and it is effective immediately. You have the option to choose or they will auto assign you within 24 hours.
	b. Describe the Vendor's PCP auto-assignment algorithm for Enrollees who do not make a voluntary selection, including how the Vendor will ensure an Enrollee's continuity of care.	5	4.5	1	4.5	Exhibit C.13-2 PCP Auto Assignment Process was easy to follow and understand.
	c. Describe the Vendor's approach for processing provider change requests when for an Enrollee request after initial assignment, for cause, when Enrollees regain eligibility, when the Provider is terminated, and for a Provider request.	5	4	1	4	Will notify the enrollee within 15 days for involuntary termination.
	d. Describe the Vendor's approach to identifying, outreaching to, and educating Enrollees who do not receive services from their PCP within one (1) year of enrollment with the PCP. What information and support will the Vendor provide to Enrollees to obtain services?	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Nothing really besides the Molina Days.
14	<b>Enrollee Grievances and Appeals (Section 24.0 Enrollee Grievances and Appeals)</b>					
	Describe the Vendor's proposed Enrollee Grievances and Appeals process, including a summary of methods for the following:					
	a. Compliance with State and Federal requirements.	5	5	1	5	Provided a very detailed and well organized table (C.14-1) outlining the State and Federal requirements.
	b. Process for Expedited Review.	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.

Vendor Name: Molina					
Values assigned should relate to the quality and strength of the solution and its relevance to DMS					
	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
c. Involvement of Enrollees and their caregivers in the process.	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.
d. Tracking grievances and appeals received by type and trending results for use in improving operations.	5	4	1	4	Provides a screenshot a appeals and grievances dashboard. Other categories which adds another layer of review
e. Reviewing overturned decisions to identify needed changes.	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.
<b>15</b>	<b>Marketing (Section 25.0 Marketing)</b>				
a. Provide a summary of the Vendor's marketing and distribution plan, describing the following at a minimum: i. The system of control over the content and form of all marketing materials. ii. The methods and procedures to log and resolve marketing Grievances. iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 "Marketing Activities" and Section 4.4 "Approval of Department" for the Vendor and its Subcontractors.	15	5	3	15	Liked the social listening tools Local based staff, but they have a corporate marketing team they can use as a resource. Table C.15-1 breaks down advertising by method and Exhibit C.15-5 outlines the process.
b. Describe the Vendor's understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.	5	5	1	5	Table C.15-2 was very good and broken out by region
<b>16</b>	<b>Enrollee Eligibility, Enrollment and Disenrollment (Section 26 Enrollee Eligibility, Enrollment and Disenrollment)</b>				
a. Describe the approach to meeting the Department's expectation and requirements outlined in RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".	5	5	1	5	Provided tables and flowcharts with end to end details of the process. Capability of reviewing enrollment files daily if not more frequently.
b. Detail any limitations and/or issues with meeting the Department's expectations or requirements and the Vendor's proposed approach to address such limitations and/or issues.	5	4	1	4	They identified what they will do if there were issues; however, we would have liked to have seen examples of issues and the resolutions of those issues from their other 15 states.
<b>17</b>	<b>Provider Services (Section 27 Provider Services)</b>				
a. Summarize the Vendor's overall approach to Provider Services, including initiatives and processes for providing effective services to providers to support the Kentucky Medicaid program. In the response, address the following at a minimum: i. A description of how provider representatives engage with providers initially and on an ongoing basis, including level of local presence and onsite visits to provider locations. ii. Description of formal committees, workgroups, or other forums, if any, in which Providers can receive updates and instruction from the Vendor and offer input about the overall program and Vendor initiatives. iii. Methods and metrics used to collect provider feedback and to measure overall provider satisfaction, including frequency of doing so. iv. Methods the Vendor will use to minimize provider complaints and escalations to the Department.	25	4	5	20	A good plan, but there are questions. The average claim to payment is 10.6 days across all of their states. They have a Preferred Provider PA Page 4 states that in Ohio a grid is maintained on the provider portal that shows all correct coding edits.
b. Describe the Vendor's proposed Provider Services call center, including an overview of the following at a minimum: i. Approach to assuring the call center is fully staffed during required timeframes. ii. Location of proposed operations. iii. How the Vendor will meet and monitor call center standards, and how the Vendor will use monitoring results to adjust operations, as needed.	15	4	3	12	Going to be in Louisville, not currently there. They can pull from 8 other locations.
c. Provide an overview of the Vendor's proposed provider website, including examples of information that will be provided through the website and any functionality that will be included to communicate with providers.  Provide sample screenshots of provider websites currently maintained by the Vendor.	5	4	1	4	The screenshots were too blurry, especially the Hadis measures.
d. Provide a proposed table of contents for the Provider Manual and a brief description of the type of information the Vendor will communicate via the manual.	5	4	1	4	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Attachment I.C.17.A which was the table of contents of the provider manual.
e. Provide the Vendor's proposed approach to provider orientation and education.	5	4	1	4	Good list of covered topics. Liked they were going to provide behavioral health education to the PCPs.

Vendor Name: Molina					
Values assigned should relate to the quality and strength of the solution and its relevance to DMS					
	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<p>f. Describe the Vendor's support of providers in Medicaid enrollment and credentialing, including the following:</p> <p>(Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).)</p> <p>i. Methods for assisting providers who are not enrolled in Medicaid with the enrollment process.</p> <p>ii. Proposed process for conduct of credentialing until such time that a Credentialing Verification Organization (CVO) is contracted by the Department.</p> <p>iii. Proposed process for transitioning credentialing activities to and coordinating with the Department's contracted CVO(s) to educate and assist Providers in completing the credentialing process with the CVO(s).</p> <p>iv. Approach for a timely contracting determination of providers upon receipt of information from a CVO that a provider's credentialing is complete, specifying timeframe for uploading a credentialed and contracted provider into the claims payment system to allow for payment of adjudicated claims.</p>	30	4	6	24	Do not review Map 8 11 Page 47 was hard to follow Have experience in Texas when they transition to CVO.
<p>g. Provide the Vendor's proposed approach for processing provider grievances and appeals. Include at a minimum:</p> <p>i. The overall process to include description of interaction with providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals.</p> <p>ii. Process for tracking reasons for grievances and appeals to identify trends, and how the Vendor will use this information to improve internal operations, provider relations, and provider satisfaction.</p> <p>iii. Process for ensuring transparency to DMS of grievance and appeal types, resolutions, and any Vendor actions to decrease such grievances or appeals in the future.</p>	20	3	4	12	They provided the grievance processing flowcharts; however, the text was difficult to read the charts, they are small and blurry. It was unclear how the informal grievance is defined.
<b>18 Provider Network (Section 28 Provider Network)</b>					
<p>a. Provide the Vendor's proposed Provider Network development strategy to ensure a comprehensive statewide network across all provider types. The Vendor's strategy must describe the following:</p> <p>i. Innovative approaches to recruit providers and to develop and maintain the Vendor's provider network to ensure network adequacy standards and highest quality care, including:</p> <ol style="list-style-type: none"> <li>Strategies to recruit providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges.</li> <li>Strategies and methods to address workforce shortages and network gaps, included proposed initiatives to collaborate with the Department and other contracted MCOs to develop innovative solutions to meet the healthcare needs of Enrollees.</li> <li>Strategies for contracting with providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach.</li> </ol> <p>ii. Approach to providing out-of-network care when timely access to a Network Provider is not possible, including the Vendor's approach to supporting Enrollees in accessing such care.</p> <p>iii. Approach to ensure Network Providers are physically accessible and have accommodations for Enrollees with physical or mental disabilities.</p> <p>iv. Approach to ensure a comprehensive network to address the needs of all Enrollees, including the provision of services in a culturally sensitive and linguistically appropriate manner.</p> <p>v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.</p>	50	3.5	10	35	States they have 350 FQHC sites PCP enrollee ratio is 115 to 1 We question the use of interns as a behavior health provider and the requirement that in order to be a provider they must have received EHR incentive funds (see page 14).
<p>b. If Subcontractors will provide Covered Services, describe how network development efforts will be coordinated with the Vendor's provider network development strategy and how the Vendor will monitor the Subcontractor's activities and ensure transparency of these activities to the Department.</p>	10	4	2	8	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Standard ideas
<p>c. Describe the Vendor's approach to use of telehealth services to improve access. Include the following at a minimum:</p> <p>i. Criteria for recognized sites.</p> <p>ii. Education efforts to inform providers and Enrollees.</p> <p>iii. Whether reimbursement will be available to the presenting site as well as the consulting site or only the consulting site. Include any requirements or limitations on reimbursement.</p> <p>iv. Lessons learned and successes or challenges with implementation of telehealth services for other programs the Vendor has served and that the Vendor will consider for provision of telehealth services in Kentucky.</p>	20	5	4	20	Will pay both the originating and consulting sites, TelaDoc platform.

Vendor Name: Molina					
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	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
d. Describe the Vendor's provider contracting strategies, including processes for determining if a provider meets all contracting requirements (at the time of enrollment and on an ongoing basis), as well as processes for corrective action and termination.  Include copies of the Vendor's proposed contract templates for individual practitioners and for facilities as attachments.	5	4	1	4	The corrective action process lacked detail.
e. Demonstrate progress toward developing network capabilities for statewide access by providing evidence of existing contracts or signed Letters of Intent with providers by provider type (for the Vendor and Subcontractor). Include the following information at a minimum: i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s). ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county. iii. A statewide Geographic Access report of all providers with LOIs color coded by provider type by Service Region.	15	5	3	15	Everything was complete and the maps were very clear and easy to read.
f. Describe proposed Enrollee to provider ratios by provider type, as well as the Vendor's methodology for considering a provider's FTE when calculating network adequacy standards.	5	3	1	3	It merely addresses and limits the provider to 3 sites and specifically notes the 300,000 enrollees.
g. Describe the Vendor's proposed methods for ongoing monitoring and assessment to ensure compliance with network adequacy and access to care standards, including tools used, the frequency of reviews, and how the Vendor will use findings to address deficiencies in the Provider Network. The response should also address how the Vendor monitors appointment availability and wait times.  Provide samples of tools and/or reports.	10	4.5	2	9	The provider reports are detailed and they will be used at the QIC meetings.
h. Describe how the Vendor would respond to the network termination or loss of a large provider group or health system. Include information about the following at a minimum: i. Notification to the Department and Enrollees. ii. Transition activities and methods to ensure continuity of care. iii. Analyses the Vendor will conduct to assess impact to network adequacy and access, and how the Vendor will address identified deficiencies.	5	4	1	4	They did not identify how much time they would give enrollees to choose a new PCP when current provider is immediately terminated.
<b>19</b>	<b>Provider Payment Provisions (Section 29 Provider Payment Provisions)</b>				
a. Describe the Vendor's claims adjudication process and capabilities in maintaining high standards in claims processing.	5	4	1	4	They averaged 10.6 days across all plans in 2019.
b. Provide information about the Vendor and any entity proposed to process and pay claims. As part of the response, address the following: i. Policies and procedures to meet performance standards and prompt pay requirements for all provider types. ii. Market specific strategies for addressing potential provider payment issues, including underpayments, overpayments, pre-and post-claims editing policies and provider billing education. iii. Proposed average days to payment from claims submission for the Vendor's proposed claims platform for medical and pharmacy claims. Provide the Vendor's last calendar year's report on the "average number of days to pay providers."	15	5	3	15	Included detailed charts Will implement a Kentucky specific provider education program.
c. Describe the Vendor's methodology for ensuring claims payment accuracy standards will be monitored and improved through audit. At a minimum, address the sampling methodology, the process for auditing the sample, documenting of results, and activities conducted to implement changes or required corrective actions.	5	4	1	4	Have dashboards to track claims, see page 20, but it is difficult to read. The claims audit tool appears to be good.
<b>20</b>	<b>Covered Services(Section 30 Covered Services)</b>				

Vendor Name: Molina					
Values assigned should relate to the quality and strength of the solution and its relevance to DMS					
	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
a. Provide a detailed description of how the Vendor's operational structure and practices will support integrated delivery of services (i.e., staff, contractors, systems, calls centers, etc.). In addition, the Vendor's response should address: i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health. ii. Approach for coordination with carved-out services (e.g., transportation and transitions to long term supports and services). iii. A description of any value-added services the Vendor proposes to provide to Enrollees.	15	4.5	3	13.5	Directly integrate physical and behavioral health with social determinates of health. Extensive list of value added services, page 15. Approach for carved out services were weak.
b. Provide the Contractor's approach to assisting Enrollees to access direct access services and second opinions, and referrals for services not covered by the Contractor.	5	5	1	5	Will allow members the opportunity to get a second opinion in or out of network.
c. Describe the Vendor's proposed approach to the following: i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities. ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges. iii. Complying with the Mental Health Parity and Addiction Equity Act.	15	4.5	3	13.5	Liked how their One Stop Help Center will facilitate telehealth connection. The behavioral health care manager will assist with discharging.
d. Describe initiatives the Contractor will implement to identify trends in provider-preventable conditions and to educate providers who are identified as possibly needing support in better addressing those conditions.	5	4	1	4	Provide targeted education, but did not provide specific examples. Lots of policies
<b>21</b>	<b>Pharmacy Benefits (Section 31 Pharmacy Benefits)</b>				
a. Describe the Contractor's proposed approach to administration of pharmacy benefits and related pharmacy services, including the following in its response: i. If using a Pharmacy Benefit Manager (PBM), provide a copy of the Subcontract, approach to integration with other services, as well as assuring transparency in pricing and reporting. ii. Methods to ensure access to covered drugs and adherence to the preferred drug list. iii. Responsibilities and composition of the P&T Committee. iv. Proposed DUR Program, including approaches to collaborate with the Department on pharmacy initiatives. v. Proposed Maximum Allowable Cost (MAC) program. vi. Approach to operation of a pharmacy call center.	30	4	6	24	The fact they use a PBM to perform certain functions was confusing.
b. Describe the Contractor's pharmacy claims payment administration, including an overview of the Point of Sale (POS) system and processes for complying with dispensing fee requirements.	5	5	1	5	Table C.21-2 was very through
c. Describe the Contractor's processes and procedures to provide timely, accurate and complete data to support the Department's rebate claiming process and ensure the Department maintains current rebates levels.	5	4	1	4	Agrees to comply with the requirements and provided examples from other states.
d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions.	5	3.5	1	3.5	Would have liked for them to say something about reviewing or auditing the claims for correctness.
e. Describe the Contractor's pharmacy Prior Authorization process, including the following as part of the response: i. Transparency in communicating the conditions for coverage to providers. ii. Required credentials for staff reviewing, approving and denying prior authorization requests. iii. Use of pharmacy and/or medical claims history to adjudicate prior authorization requests.	20	5	4	20	liked the smart PA tool and the prior authorization process, see C.21-4.
<b>22</b>	<b>Special Program Requirements (Section 32 Special Program Requirements)</b>				
a. Approach to ensuring Enrollees and Providers are aware of special program services.	5	5	1	5	Table C.22-1 outlines special programs and their methods for ensuring awareness. Offers incentive gift cards.
b. Description of medical necessity review process.	5	4	1	4	Works with pediatric sexual abuse providers to ensure the child is connected to the child's care management services.
c. Outreach methods to engage Enrollees.	5	4	1	4	enroller locator team use community health works
d. Approach to identify, enroll and encourage compliance with lock-in programs.	5	4.5	1	4.5	Detailed and provides good examples. Appears to be punitive; very strict
e. Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery.	5	5	1	5	Provided a very extensive list that was not restricted to CHFS.
<b>23</b>	<b>Behavioral Health Services (Section 33.0 Behavioral Health Services)</b>				

Vendor Name: Molina		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
	a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services, including the following: i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity. ii. Process for monitoring and evaluating compliance with access and care standards. iii. Proposed innovations to develop and maintain network adequacy and access. iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes. v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.	25	5	5	25	Fully integrated Recovery oriented system of care Liked the example dashboards they include, i.e. executive BH dashboard.
	b. Describe the Contractor's approach to meeting the Department's requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment F " <b>Draft Medicaid Managed Care Contract and Appendices</b> ".	5	4	1	4	Mobile crisis is not available everywhere. Parent company operates the hotline.
	c. Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment F " <b>Draft Medicaid Managed Care Contract and Appendices</b> ".	5	4	1	4	Like they that they will be incentivizing PCPs to complete mental health first aid certificate training.
24	<b>Population Health Management (PHM) Program</b> (Section 34.0 Population Health Management Program)					
	a. Provide a comprehensive description of the Contractor's proposed Population Health Management (PHM) Program, including the following at a minimum:					
	i. Innovations and program elements the Contractor proposes to incorporate into this Program to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare.	20	4.5	4	18	Table C.24-1 outlines the key components and they use predictive modeling. Liked the housing assistance program.
	ii. The Contractor's understanding of the National Committee for Quality Assurance (NCQA) PHM Model, and components of the Model the Contractor will incorporate into its PHM Program. If the Contractor, holds NCQA PHM Accreditation, describe the Contractor's implementation of related models, lessons learned, challenges and successes.	5	4	1	4	Table C.24-2 implantation of related models was good. Would have like to have seen more in the way of lessons learned and challenges.
	iii. Plan to ensure high levels of Enrollee participation across all priority populations and conditions, including innovative methods for contacting and engaging Enrollees to initiate completion of Health Risk Assessments and Enrollee Needs Assessments.	5	4	1	4	Enrollee locator team. Use Mosaic
	iv. The Contractor's approach to each of the three PHM Program defined risk levels: health promotion and wellness, management of chronic conditions, and complex care management. Include information about the following for each risk level: a. Tools the Contractor will use to identify Enrollees and their risk levels and to support services provided. b. Risk stratification methodology and descriptions of the types of data that will be used. c. Methods to identify Enrollees for each of Kentucky's priority conditions or populations. d. Services and information available within each risk level. e. Description of the care planning process, including methods to ensure individualized and person-centered care plans, and summary of how the Contractor will include Enrollees, their caregivers, and multi-disciplinary teams. f. Stakeholder engagement strategies, including involvement of community resources to meet social needs. g. Technology and other methods for information exchange, as applicable. h. Frequency of provision of services. i. Priority areas (e.g., specific health risks, conditions, social determinants of health, etc.). j. Description of staffing for each risk level, including staff to Enrollee ratios, modes of interface with Enrollees, and use of care managers. k. If applicable, value-based payment (VBP) or incentive models the Contractor will include in Provider agreements to support involvement in the PHM Program. l. Methods for evaluating success of services provided. m. Methods for communicating and coordinating with an Enrollee's primary care provider or other authorized providers about care plans and service needs. n. Role, if any, the Kentucky Health Information Exchange (KHIE) will play in the Contractor's PHM Program as a resource.	70	4	14	56	Medical PH focused. Exhibit C.24-6 is their stratification of levels; level 2/3 are close. Would have liked to have seen more about behavioral health. Page 27 frequency of provision of services lacked significant detail. Taking into account community and population needs assessment.

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	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.	5	5	1	5	Suggest monthly meeting at the Department with all MCOs.
vi. Describe the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues.	5	4	1	4	They have data and tools they use to review the program, but did not note anything specific.
<b>25</b>	<b>Enrollees with Special Health Care Needs (Section 35.0 Enrollees with Special Health Care Needs)</b>				
a. Describe innovative approaches and evidence-based practices the Contractor proposes to use in providing services to Enrollees defined in Section 35.0 "Enrollees with Special Health Care Needs" including. Include a summary of how the Contractor's experience in providing services to these populations has informed the approaches.	10	5	2	10	Person centered enrollee Their transition of care is based upon the Coleman model. They gave an example from California. Liked Table C.25-1 which outlines the care manager activities
b. Describe the Contractor's approach to facilitate access to appropriate services for Individuals with Special Health Care Needs to include: i. Approach to identifying Enrollees. ii. Process for screening and assessing individual Enrollee needs. iii. Approach to providing education to Enrollees and caregivers. iv. Approach to providing transition support services.	20	5	4	20	Very thorough Exhibit C.25-2 streaming and assessment
<b>26</b>	<b>Program Integrity (Section 36.0 Program Integrity)</b>				
a. Provide a detailed summary of Contractor's proposed Program Integrity plan, including a discussion of the following: i. The Contractor's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification and reporting of issues to all required parties, and ongoing training. ii. An overview of the Regulatory Compliance Committee. iii. The proposed appeals process. iv. Proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in Kentucky or other states.	20	4	4	16	2 local fulltime staff a few examples from Ohio on SIU
b. Describe the Contractor's proposed approach to prepayment reviews.	5	3	1	3	Merely addresses, would have liked to have seen examples from other states since prepayment review is not specific to Kentucky.
<b>27</b>	<b>Contractor Reporting Requirements (Section 37.0 Contractor Reporting Requirement)</b>				
a. As indicated in RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", the Department would like to leverage the contracted MCOs existing technologies and reporting capabilities to develop a comprehensive reporting package through a collaborative process. Understanding that ultimately the Department will define the reporting package, describe the Contractor's willingness to participate in such a collaboration, including a discussion of the following: i. Proposed reports and report templates that will result in a comprehensive, Department-accepted reporting package. ii. Proposed ideas for collaborating across MCOs to ensure consistent and comparable reporting using the same data definitions and specification can be achieved. iii. Requirement of Subcontractors to participate and or comply with this process.	15	4.5	3	13.5	Talk about the data lake and the data analytics team. Exhibit C.27-2 is the Molina data lake Good proposed reports and dashboards.
b. Provide a detailed description of the Contractor's capability to produce reports required under this Contract, including an overview of the Contractor's reporting systems and capability to configure such systems to capture data according to reporting definitions and specifications as required by the Department.	5	4.5	1	4.5	Exhibit C.27-10 is the report generation components. Senior leadership team dashboard report.
c. Describe the Contractor's processes to review report accuracy and completeness prior to submission to the Department.	5	4	1	4	All the reports all go through the parent company for review and validation.
d. Provide examples of the Contractor's proposed: i. Processes for conducting comparative data analyses, interpreting trends, and summarizing findings in a manner that is easily interpreted by the Department. ii. Use of dashboard reporting to monitor, track, and evaluate performance metrics, including dashboard level data the Contractor proposes to submit to the Department. Provide a sample dashboard report. iii. Use of findings from reports to make program improvements and to identify corrective action.	15	5	3	15	Exhibit C.27-20 Sample Kentucky dashboard Table C.27-3 how they use report finding to improve programs
e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.	5	4	1	4	Exhibit C.27-27 is CVSs validation process
f. Describe the Contractor's proposed process for the receipt, generation, interpretation, and provision of ad hoc reports requested by the Department.	5	4	1	4	Exhibit C.27-28/C.27-29 shows the adhoc development process.
<b>28</b>	<b>Records Maintenance and Audit Rights (Section 38.0 Records Maintenance and Audit Requirements)</b>				

Vendor Name: Molina		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
	a. Describe the Contractor's methods to assess performance and compliance to medical record standards of PCPs/PCP sites, high risk/high volume specialist, dental providers and providers of ancillary services to meet the standards identified in Section 38.1 "Records Maintenance and Audit Requirements" of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".	5	4	1	4	Table C.27-1 example of data sources and methodologies
	b. Describe the Contractor's approach to prevent and identify data breaches.	5	4.5	1	4.5	Page 7 includes example of various prevention and detection tools
	c. Describe the Contractor's approach to conducting Application Vulnerability Assessments as defined in Section 38.6 of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".	5	4	1	4	Liked they did an annual incident response exercise
<b>Section Score</b>		<b>1270</b>			<b>1109</b>	
<b>60.7 C.30 Use Cases</b>						
USE CASE 1	Rhonda  Describe how the Vendor would address Rhonda's situation including a detailed description of prenatal programs and Quality Improvement Initiatives. At a minimum, address the following programs and services: Applicable evidence-based Care Management practices; High risk pregnancy initiatives; Health Risk Assessment and Care Planning Environmental assessment; Behavioral Health Services; Family planning; Enrollee and family engagement; Linkage to community resources and support; Social Determinants of Health; Provider engagement; and Transportation.	35	5	7	35	Like the Mother's of Molina Program. Like how it is structured, it identified their challenges up front. Liked who they referred her to has been trained in trauma informed care.
USE CASE 2	Katy  Describe the Vendor's Enrollee engagement process and Care Management. At a minimum, address the following: Evidenced based practices for Care Management; Health Risk Assessment and Care Planning and monitoring; Provider engagement; Cultural competency; Patient engagement and education; Community resources; and Social determinants of health	35	4.5	7	31.5	Good assessment; it identified their challenges up front; however, would have liked to have seen more of an emphasis on Katy's behavioral health.
USE CASE 3	Provider relations  Describe the Vendor's approach in addressing the Provider's concerns. At a minimum, address the following: Provider engagement at local, regional, and statewide levels; Provider education, communications, and support; Simplification of provider administrative burden; Enrollee engagement; and Vendor assessment of internal operation challenges and mitigation strategies.	35	5	7	35	Like how they have used focuses groups and how they were going to apply solutions.
<b>Section Score</b>		<b>105</b>			<b>101.5</b>	
<b>60.7 D. Implementation Plan</b>						
1	Describe the Vendor's proposed approach to support the readiness review process, and include the following information:					



Vendor Name: Molina					
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>					
	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:  i. Establishing an office location and call centers. ii. Provider recruitment activities. iii. Staff hiring and a training plan. iv. Developing all required materials. v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.	10	5	2	10	Provided an example from an implementation in Mississippi. Committed to locating their plan in West Louisville. They have reached out to the Workforce Development Cabinet to assist in obtaining staff. Attachment i.D.a. draft implementation plan.
b. Proposed staffing to support implementation activities and readiness reviews.	5	4	1	4	Appears to be lacking in experience specific to Kentucky.
c. An overview of system operational implementation requirements and related milestones.	5	4	1	4	Not a lot of description, only refers back to the Gantt chart.
d. Required MCO, Department, and other resources to ensure readiness.	5	4	1	4	Standard, they included resources varying
2 Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness, and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.	5	5	1	5	Identified a lot of challenges and how they will be mitigated.
<b>Section Score</b>	<b>30</b>			<b>27</b>	
<b>60.7 E. Emergency Response and Disaster Recovery Plan</b>					
1. Essential operational functions and responsible staff members; 2. Plans to ensure critical functions and continuity of services to Providers and Enrollees will be met; 3. Staff training; 4. Contingency plans for covering essential operational functions in the event key staff are incapacitated or the primary workplace is unavailable; 5. Approach to maintaining data security during an event; 6. Communication methods with staff, Subcontractors, other key suppliers, and the Department when normal systems are unavailable; and 7. Testing plan.	35	5	7	35	They provided examples related to hurricanes. Like the Hybrid Cloud, see Exhibit E-1 Have a critical event management platform.
<b>Section Score</b>	<b>35</b>			<b>35</b>	
<b>60.7 F. Turnover Plan</b>					
Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:					
1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities. 2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program. 3. Resources and training that the Department or another contractor will need to take over required operations. 4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover. 5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.	25	5	5	25	They talk about how continuity of care it most important and they are dedicated to the state they serve and have never left a state. Table F-1 the key the responsibilities for turnover. Talked about how they plan to incentives staff through the turnover.
<b>Section Score</b>	<b>25</b>			<b>25</b>	
<b>Grand Total</b>	<b>1750</b>			<b>1507</b>	