

Vendor Name: WellCare		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>						
60.7 A - Executive Summary						
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.		25	5	5	25	Local field based staff and exclusively focus on government healthcare. They talk about the community connection program. Did a really good job on the summery and provided charts. Focus on local impact and social determinants of health. 100% of FQHCs; 100% hospitals; 99% eligible PCPs; 23,000 behavioral health providers
Section Score		25			25	
60.7 B Company Background - 1. Corporate Experience						
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	5	12	60	Very thorough; Listed 8 lessons learned in Table B.1-2 Page 119 listed improvements on multiple specific conditions
Section Score		60			60	
60.7 B Company Background - 2. Corporate Information						
a.	(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. (ii) Date of birth and Social Security Number (in the case of an individual). (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. (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. (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. (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)."	20	5	4	20	Everything is provided - it is clear, easy to find, and understand.
b.	Indicate the Vendor's form of business (e.g., corporation, non-profit corporation, partnership, etc.) and provide the following information: i. Names and contact information for all officers, directors, and partners. ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations. 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. 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.	20	5	4	20	Everything is provided - it is clear, easy to find, and understand.

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c.	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.	20	4	4	16	Provided what was required and their financials appeared to be in good shape.
d.	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: 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. 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. iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. Include information for Parent Company, affiliates, and subsidiaries. The Vendor may exclude workers' compensation cases.	10	5	2	10	Score Waived
e.	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.	10	5	2	10	Score Waived
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 (AAAH)) 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	Adjusted down in 2015 and in 2016 they were adjusted back up in Kentucky
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	1	2	2	Displays a history of withdrawing from contracts, starting on page 394.
Section Score		100			64	
60.7 B Company Background - 3. Staffing						
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	5	10	50	300 staff in KY & 800 staff in Tampa 23 staff in Hazzard at the Kentucky Cares Center All Executive Staff for this plan is located in Kentucky. List all programs available throughout the state.

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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"> i. Management structure, lines of responsibility, and authority for all operational areas of this Contract. ii. How the RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company iii. Where subcontractors will be incorporated. 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. 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. 	50	5	10	50	Their dental director .25 FTEs. Even though they are fully staffed they provided a contingency plan for staffing. Table B.3-3 shows their training plan; frequency, learning topics, and phases.
Section Score		100			100	
60.7 C Technical Approach						
1	<p>Subcontracts (Sections 4.3 Delegations of Authority and 6.0 Subcontracts)</p> <ul style="list-style-type: none"> 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. 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? c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP. 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. 	30	5	6	30	C360 is their compliance management system. Provide an extensive list of contractors and their relevant experience.
2	<p>Collaboration (Section 9.0 Organization and Collaboration)</p> <ul style="list-style-type: none"> 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"> i. Meeting formats the Vendor proposes that will result in successful collaboration. 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. b. Describe lessons learned from similar collaborations that the Vendor has experienced, and how those could be applied in moving forward with monthly meetings. 	15	5	3	15	Liked ideas for the first 3 meetings. Liked the lessons learned, specifically taking the initiative to solve issues.
3	<p>Capitation Payments (Section 10.0 Capitation Payment Information, Section 11.0 Rate Component)</p> <ul style="list-style-type: none"> a. Describe proposed approaches for Physician Incentive Plans, including innovative approaches to incent provider behavior and participation. b. Provide examples of successful Physician Incentive Plans the Vendor has implemented, including information about their structure, measurable outcomes, challenges and lessons learned. 	15	5	3	15	good lessons learned with actions to address them. They have a stop loss and reinsurance provisions. Offer practice transformation specialist. Listed a lot of different reports and scorecards.
4	<p>Financial Security Obligations (Section 13.0 Contractor's Financial Security Obligations)</p> <ul style="list-style-type: none"> a. Describe how the Vendor will comply with net worth, solvency, reinsurance and surplus requirements. b. Provide documentation of lines of credit that are available, including maximum credit amounts and available credit amount. c. Describe any risk arrangements the Vendor proposes to have with providers for contracted services and describe oversight of such arrangements. 	15	5	3	15	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. The parent company has \$34 billion in total assets and a \$2 billion open line of credit and will ensure that WellCare will take care of any financial obligations.
5	<p>Third Party Resources (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	5	2	10	Internal and external identification resources. Their Artificial Intelligence "Machine Learning Capabilities" reviews care manager case notes to defined TPL. Cost avoidance over \$241 million in 2019
6	Management Information System (Section 15 Management Information System)					

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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: i. Enrollee Subsystem ii. Third Party Liability (TPL) iii. Provider Subsystem iv. Reference Subsystem v. Claims Processing Subsystem (to include Encounter Data) vi. Financial Subsystem vii. Utilization/Quality Improvement Subsystem viii. Surveillance Utilization Review Subsystem (SURS) Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements. As part of the response, include information about the following: 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. ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports. 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. Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements.	15	5	3	15	Figure C.6-1 is the MIS overview and they provided detailed subsystems
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.	5	5	1	5	Table C.6-2 list the risk & mitigation strategies
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).	5	4	1	4	The response was concise, detailed, clear, and informative and flows in a logical and sequential manner.
d.	Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.	5	4	1	4	Has an encounters teams, edits and completeness checks are preformed.
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.	5	5	1	5	They have a high trust framework and page 109 list their security features. They do training and have policies in place and incorporate safety and privacy into daily operations.
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.	5	5	1	5	Table C.6-3 proposed system changes were very detailed
7	Encounter Data (Section 16.0 Encounter Data Submissions)					
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	5	2	10	Figure C.7-1 that shows the encounters workflow. Good stats from 2019 and meets face-to-face with providers.
b.	Provide the Vendor's Encounter Data Processing policies and procedures.	5	4	1	4	Attachment C.7-B; provided procedures & 1 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	Their 3 point remediation strategy for encounters can be found on page 1035.
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	they provide education with scorecard and schedules targeted education if needed. 6,000 in 2018
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	5	1	5	They gave an example of an FQHC that was very good. Provided detailed topics and CMS requirements.
8	Kentucky Health Information Exchange (KHIE) and Electronic Health Records (Section 17 Kentucky Health Information Exchange, Section 18 Electronic Health Records)					
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	5	1	5	provide education and support peer-to-peer focus groups. Up to \$1,000 is a grant (page 1053) for those who successfully implement EHRs for the first time.
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	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. Gave examples of strategies and how they have done it in Kentucky
9	Quality Management and Health Outcomes (Section 19.0 Quality Management and Health Outcomes)					

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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	5	6	30	200 employees working on quality Table C.9-1 is the quality reports for providers on page 1072. They paid out \$281 thousand in CMHCs; a lot of programs including PHARMCY.
b. Indicate if the Vendor has received NCQA accreditation for the Kentucky Medicaid market, and if not, the proposed timeline for achieving accreditation.	5	5	1	5	They have NCQA accreditation and have improved.
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	detailed, gave an example of how the committees improved postpartum visits.
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	5	4	20	\$50 gift card in FL market.; transportation; meals; childcare They have 51% enrollee majority for voting members.
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	4.5	1	4.5	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner.
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	3 invention plans; more than 18,000 Kentucky enrollees were on diabetic medication
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	5	4	20	Liked their focus areas. Has several ways of monitoring progress.
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	5	1	5	Liked the partnership with the local health departments. They mention ACES and their work with the local health departments.
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	96% of the of the medical providers passed the AMRR audit in 2019
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	Like they have a regional dedicated provider engagement model and visited 6,600 in 2019. Government partner portal and allows people to pull their own reports. The challenges identified were relevant and appropriate.
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	Liked the Figure C.9-8 value based payments

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	I. 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	5	1	5	Table C.9-7 shows the provider satisfaction survey results.
10	Utilization Management (Section 20.0 Utilization Management)					
	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	5	3	15	Table C.10-1 (page 1146) provider based strategies for reducing utilization services and Table C.10-2 Enrollee based strategies for reducing utilization services identifies ways to control cost. Working on this reduction from two different angles.
	b. Describe the Vendor's proposed Utilization Management (UM) Program, assuring that it addresses requirements of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices". 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	5	12	60	They use ENTERQUAL for physical health and ASAM and clinical guidelines Table C.10-4 list all the tools they use.
11	Monitoring and Oversight (Section 21.0 Monitoring and Oversight)					
	a. Describe the Vendor's proposed approach to internal monitoring of operations to ensure compliance with this Contract.	5	5	1	5	Figure C.11-1 overview of corporate compliance structure. (page 1177) Have a local compliance team.
	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	They went in to a lot of details for providing strategies and oversight. They have 4 phase of how they will address performance improvement.
12	Enrollee Services (Section 22.0 Enrollee Services)					
	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	They use NICE as the workforce management tool. Talks about foundational training and Table C.12-1 list all of their additional trainings (page 1189). Would have been nice to have know how many work from home agents they employee for the call center.
	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	5	5	25	Liked their ideas for the crisis services and the mental health first aid training. They have a strategy in place to engage 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	Extensive list of ways to communicate.
	d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.	5	5	1	5	Table C.12-3 funding for community organizations They way they summed up their homeless efforts as partner, lactate, connect.
	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	Table C.12-4 their approach to enrollee satisfaction.
	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	5	3	15	Visually appealing and easy to follow.
13	Enrollee Selection of Primary Care Provider (PCP) (Section 23.0 Enrollee Selection of Primary Care Provider)					
	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	Enrollees are allowed to select a specialist, i.e. OBGYN.

Vendor Name: WellCare					
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. 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	5	1	5	Impressive, they were very specific and outlined the algorithm and provided calculations
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	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. It can be changed at anytime, but did not address immediate terminations.
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	3	1	3	Nothing innovative, just merely addressed.
14	Enrollee Grievances and Appeals (Section 24.0 Enrollee Grievances and Appeals)				
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	380 compliance staff company wide and 7 in Kentucky. Figure C.14-1 is the continuous solve the cycle process. Additional 80 hours of training on the resolution of issues.
b. Process for Expedited Review.	5	4	1	4	Figure C.14-4 is the process flow.
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	They continuously track and trend data, would have liked to have seen examples.
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.
15	Marketing (Section 25.0 Marketing)				
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 Table C.15-3 statewide marketing event by region.
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	Liked Table C.15-3 statewide marketing event by region.
16	Enrollee Eligibility, Enrollment and Disenrollment (Section 26 Enrollee Eligibility, Enrollment and Disenrollment)				
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	4.5	1	4.5	Page 1279 EEST Team interface can usually resolve issue within 24 hours and how they have been able to grow a lot over the last 9 years.
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	5	1	5	Their proactive example of incarcerated members was great. Really liked the WellCare Recertification Care Center
17	Provider Services (Section 27 Provider Services)				
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	5	5	25	They have over 34,500 contracted providers. Have a local presence in 6 regions. Liked the quality practice advisors and provider advisory panel which gives providers a voice.
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	M-F (8 AM ET - 6 PM ET) Never identified the number of staff or where they are located.
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	5	1	5	Liked Table C.17-1 which displays their web portal availability & good screenshots (see page 1302)
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	5	1	5	Liked Attachment C.17.D their Provider Manual.
e. Provide the Vendor's proposed approach to provider orientation and education.	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.
f. Describe the Vendor's support of providers in Medicaid enrollment and credentialing, including the following: (Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).) i. Methods for assisting providers who are not enrolled in Medicaid with the enrollment process. ii. Proposed process for conduct of credentialing until such time that a Credentialing Verification Organization (CVO) is contracted by the Department. 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). 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.	30	5	6	30	They have experience in other states that have transitioned to a CVO. Attachment C.17-F.iv Credentialing and CVO Policies and Procedures

Vendor Name: WellCare					
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	Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
g. Provide the Vendor's proposed approach for processing provider grievances and appeals. Include at a minimum: i. The overall process to include description of interaction with providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals. 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. 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.	20	4.5	4	18	Liked they say they strive for real-time resolution.
18	Provider Network (Section 28 Provider Network)				
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: 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: 1. Strategies to recruit providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges. 2. 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. 3. Strategies for contracting with providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach. 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. iii. Approach to ensure Network Providers are physically accessible and have accommodations for Enrollees with physical or mental disabilities. 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. v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.	50	5	10	50	acknowledge they have been able to have a continuous relationship with ARH. They have several innovative approaches to maintain the network.
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.	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
c. Describe the Vendor's approach to use of telehealth services to improve access. Include the following at a minimum: i. Criteria for recognized sites. ii. Education efforts to inform providers and Enrollees. 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. 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.	20	5	4	20	They are going to engage local health departments to be presenting sites. Page 1335 provides a bulleted list of criteria for recognized telehealth site.
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	5	1	5	Liked Contract Templates on Attachment C.18.D C
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	2.5	3	7.5	The attachments requested are attached, but some of the fields (language & acceptance) are not completed.
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	2	1	2	Liked the sample provider and enrollee assignments report Attachment C-18.1. Page 1343 chart notes hours for FTEs as 30 not 40. Explained their ratios well.
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	5	2	10	Targeted outreach, signal case agreements, incentives Figure C.18-4 Closed Panel Report Lots of different ways to monitor the network; variety of data points.
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	Doesn't appear to address immediate termination.
19	Provider Payment Provisions (Section 29 Provider Payment Provisions)				
a. Describe the Vendor's claims adjudication process and capabilities in maintaining high standards in claims processing.	5	5	1	5	They have front end edits and they do a thorough review of trends.

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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	4	3	12	Provided policy They have a command center that oversees claims processing for their vendors.
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	5	1	5	Page 1376 provides a list of 5 different types of audits.
20 Covered Services (Section 30 Covered Services)					
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	5	3	15	They have several figures & tables, C.20-3 which is Care Central Medical Platform and C.20-4 which shows their Carve Out Services.
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	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.
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	5	3	15	Identified they interact with the department specific to crises and education; communication to the CMHC on if the patient is in/out of the hospital as a challenge.
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	5	1	5	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Provided good and relevant PPC examples.
21 Pharmacy Benefits (Section 31 Pharmacy Benefits)					
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	5	6	30	Page 1443, P&T Committee; Attachment C.21-2 is the clinical pharmacy program and Attachment C.21-3 outlined their pharmacy call center.
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 21-4 Claims Payment Matrix
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	5	1	5	Because of their high pharmacy encounters they were able to capture \$663 Million in encounters 2019.
d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions.	5	4.5	1	4.5	They provided a list of claim identifiers on page Table C.21-6
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	They have a platform called EPA that allows for automated processing. PA is less than 8 hours.
22 Special Program Requirements (Section 32 Special Program Requirements)					
a. Approach to ensuring Enrollees and Providers are aware of special program services.	5	5	1	5	They provided very detailed examples of multiple outreach strategies.
b. Description of medical necessity review process.	5	5	1	5	Medical necessities decisions are individualized.
c. Outreach methods to engage Enrollees.	5	5	1	5	Multiple outreach methods
d. Approach to identify, enroll and encourage compliance with lock-in programs.	5	5	1	5	Care coordinator is involved and starting on page 24 they provide multiple outcomes.
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	Through and well written - transportation success story. 1,000 care planning meetings.
23 Behavioral Health Services (Section 33.0 Behavioral Health Services)					
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	Behavioral health and physical health have always been integrated. They list material behavioral health related programs. Page 1526, liked the FITT Program
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 "Draft Medicaid Managed Care Contract and Appendices".	5	5	1	5	Figure 23-1 , Behavioral Health Crisis Line
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 "Draft Medicaid Managed Care Contract and Appendices".	5	5	1	5	Liked they incentivized physical health providers to have staff trained in mental health first aid
24 Population Health Management (PHM) Program (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	5	4	20	Showed outcomes from 2016-2018 and they have a membership dashboard Table C.24-1 innovations and program elements (Page 1546)

Vendor Name: WellCare		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>						
	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	Follows the standards, but it is unclear if in 2020 they will be PHM accredited.
	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	4.5	1	4.5	They have an extensive list of how they are engaging the enrollee in participation Locally placed staff. Data mining and search mechanisms.
	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	5	14	70	Figure C.24-4 risk levels shows how they categorize members. The ratios appear to be low; the intention of more face-to-face contract with the chronic condition group. Table C.24-9 (page 1582) within the tiers they stratify risk.
	v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.	5	5	1	5	They talk about multiple department programs;
	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	5	1	5	Evaluate both process and outcomes Care central tools
25	Enrollees with Special Health Care Needs (Section 35.0 Enrollees with Special Health Care Needs)					
	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	Table C.25-1 identified the CPG and criteria used.
	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	Numerous ways that individuals were identified. They seem to be supportive of day-to-day outreach. Page 1628-1629 display the enrollee needs assessment.
26	Program Integrity (Section 36.0 Program Integrity)					
	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	5	4	20	Their proactive data analyses processes led to the recovery of millions of dollars in 2018 & 2019.
	b. Describe the Contractor's proposed approach to prepayment reviews.	5	4	1	4	Less than 1% of hospital claims have been looked at and adjudicated since November 2013 and identified \$81 million for further review.
27	Contractor Reporting Requirements (Section 37.0 Contractor Reporting Requirement)					
	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	5	3	15	Report templates were very good.
	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	1	4	Figure C.27-2 was the reporting and analytics sources and integration
	c. Describe the Contractor's processes to review report accuracy and completeness prior to submission to the Department.	5	4	1	4	They have attached their policies and procedures; showing the process they use to review before sending to DMS.
	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	The screenshots of the sample dashboard they provided were very good. Two examples were provided making program improvements.
	e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.	5	4	1	4	Standard edits and completeness checks.
	f. Describe the Contractor's proposed process for the receipt, generation, interpretation, and provision of ad hoc reports requested by the Department.	5	5	1	5	They talk about the process they go through and give it a high priority.
28	Records Maintenance and Audit Rights (Section 38.0 Records Maintenance and Audit Requirements)					

Vendor Name: WellCare		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	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.
	b. Describe the Contractor's approach to prevent and identify data breaches.	5	5	1	5	Lots of security measures in place from physical controls to High Trust security and employee training.
	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	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. At minim they do 10 different vulnerability assessment.
Section Score		1270			1222	
60.7 C.30 Use Cases						
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	Extensive; they connected Rhonda with Greenhouse 17. They have a good mixture of social determinants of health, behavioral health, and physical health.
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	5	7	35	On page 1765 they talk about the enrollee needs assessment and out outlines the needs assessment factors based upon her social, medical and 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	Detailed explanation of how they are trying to simplify the provider administrative burden and how to midget challenges.
Section Score		105			105	
60.7 D. Implementation Plan						
1	Describe the Vendor's proposed approach to support the readiness review process, and include the following information: 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. b. Proposed staffing to support implementation activities and readiness reviews. c. An overview of system operational implementation requirements and related milestones. d. Required MCO, Department, and other resources to ensure readiness.	10	5	2	10	Figure D-1 talks about the number of members transitioned. Appears they have done approximately 2 transitions per year.
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	Table D-4; provided 2 examples of similar reediness
Section Score		30			26	
60.7 E. Emergency Response and Disaster Recovery Plan						

Vendor Name: WellCare					
<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
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 attached 4 plans. Page 1797 outlines an IT plan in case of a disaster.
Section Score	35			35	
60.7 F. Turnover Plan					
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	Very extensively detailed plan
Section Score	25			25	
Grand Total	1750			1662	