	Vendor Name: Aetna					
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
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	Covered all areas, liked the "Unite Us" Big Kentucky focus throughout response. Figure A8 - liked the Integrated System of Care The CPSM figures and outcomes identified on page 90. Liked they offer the Enterprise Wise Trauma Informed Initiative.
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	OUD Initiative was very progressive. Liked the Social Determinates of Health that outlines the initiative (see B1-2, B1-3, B1-4) The number of members in other states and the other states demonstrates their corporate experience, but although they have stated other states the proposal is very Kentucky specific.
Section Score		60			60	
60.7 B Company Background - 2. Corporate Information						

	Vendor Name: Aetna					
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.	"(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.
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.

	Vendor Name: Aetna					
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
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 (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	5	2	10	Never had accreditation status adjusted down in Kentucky, but have in other states.
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	4	2	8	Withdrew from contract in NV due to lack of members.
Section Score		100			74	
60.7 B Company Background - 3. Staffing						

	Vendor Name: Aetna					
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.	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 requiremen viii. Retention approach for key personnel.ts of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".	50	5	10	50	Extensive, detailed, and through Extensive training for new staff and a strong benefit package. Table B3-1 gives examples of their initiative solutions to empowering enrollees; actions & outcomes. Like everything is based upon the System of Care Model "We are Kentuckians Serving Kentucky"

	Vendor Name: Aetna					
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.	Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart that clearly displays the following: 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	Liked Table B.3-4 that outlines the operational areas and the FTEs (Page 204)
Section Score		100			100	
60.7 C Technical Approach						
1	**Subcontracts** *(Sections 4.3 Delegations of Authority and 6.0 Subcontracts)* *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	4.5	6	27	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question. Appreciated that they were forthcoming about past issues with Evicore. Liked that the Local Level Oversite Committee makes decisions on the Kentucky specific issues related to subcontractors.
2	**Collaboration** *(Section 9 .0 Organization and Collaboration)* *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:* *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	Page 228 propose monthly forums. Like the proposed meeting topics and the Lessons Learned. Like trying to engage dentist on substance abuse screening. Top indicators dashboard. C.2-1
3	**Capitation Payments** *(Section 10.0 Capitation Payment Information, Section 11.0 Rate Component)* *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	Detailed incentive plans/payments. Lots of different options for these plans and Figure C.3-2 shows the improvements from 2016 to 2018.

	Vendor Name: Aetna					
	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
4	**Financial Security Obligations** *(Section 13.0 Contractor's Financial Security Obligations)* *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	They have unlimited financial backing and a 5 year line of credit. Have stop loss in place currently and the continuing risk assessment.
5	**Third Party Resources** *(Section 14.0 Third Party Resources)* *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.*	10	5	2	10	Saved $399 Million in 3 years. They call the other insurance companies.
6	**Management Information System** *(Section 15 Management Information System)*					
	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	Especially like and found the Life of the Claim and the Life of an Encounter (C.6-8 and C.6-9) charts to be helpful.
	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	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 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 is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.
	d. Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.	5	4.5	1	4.5	Addressed claim edits and coding accuracy.
	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	Encrypt the data in rest and in motion. They have a list of other security measures, i.e. training, badge restrictions.

	Vendor Name: Aetna					
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
	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	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. See pages 309 & 310 for enhancements.
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	4.5	2	9	The stats they provided were very good.
	b. Provide the Vendor's Encounter Data Processing policies and procedures.	5	5	1	5	Not only did they provide the policies they also provided their best practices and strategies.
	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	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. Provided an example of when they had to do a corrective action.
	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	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.
	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 provided 6 initiatives for the encounter workgroup.
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	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, but would have liked to have know what the actual amount of money the incentive was.
	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	5	2	10	Table C.8-1 provided a detailed training.
	c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.	5	5	1	5	Talked about collaboration across all MCOs. See Table C.8-2 which shows the percentages. Advisory council was good.
9	**Quality Management and Health Outcomes** *(Section 19.0 Quality Management and Health Outcomes)*					
	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	Liked Attachment L and Table C.9-3 Additional Resources Supporting Goals. Would like for them to take the "Unite Us" Commonwealth wide. Like the enrollee incentives.
	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	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. It not only fully addresses all aspects of the question, but provides additional relevant information. After reading the response, the reviewer should have no (or very few) questions about the applicant's plans to implement the project.

	Vendor Name: Aetna					
	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. Provide the Vendor's proposed use of the Quality Improvement Committee (QIC) to improve the Kentucky Medicaid managed care program.	5	4	1	4	Clearly outline their responsibilities on page 355. There are no members on their QM/UM committee.
	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	4.5	4	18	They gave really good examples from 3 other states; however, it was unclear if they are going implement those in Kentucky.
	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	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. It not only fully addresses all aspects of the question, but provides additional relevant information. After reading the response, the reviewer should have no (or very few) questions about the applicant's plans to implement the project.
	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	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. It not only fully addresses all aspects of the question, but provides additional relevant information. After reading the response, the reviewer should have no (or very few) questions about the applicant's plans to implement the project. Lots of information on diabetes and colon rectal.
	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	3	4	12	The response is clear and informative, but it lacks specific details on lessons learned.
	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	Aligns with Public Health's goals. Provides a very detailed table of priority areas and initiatives.
	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	Likes they used predictive analytics. Many forms of communication. Like the PDSA (Plan Do Study Act) approach.

	Vendor Name: Aetna					
	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
	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	7 lessons learned and 3 examples from other states.
	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 have a successful plan in place. They have a table that shows there Hedis measure improvements over 3 2016 to 2019.
	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	5	1	5	Detailed action plan, Table C.9-27.
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	They talk about reducing the complexity and administrative burden. The dashboard examples provided were very through. They use UM Data in multiple of areas. The example of the care management given was impactful.

	Vendor Name: Aetna					
	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 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	4.5	12	54	They have a great list of evidence based tools.
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	Dashboards are really good. They have good tools to track issues.
	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	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. Would have liked to have seen more than 1 specific example.
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	Local Call Center 27 staff dedicated to Kentucky. Extensive training, 4 to 6 weeks long.
	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	Offers a various array of outreach tools, i.e. Kiosk at Walmart. Eager to collaborate.

	Vendor Name: Aetna					
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. 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	4.5	6	27	They use KRAMES for enrollees. They have a multicultural approach. They provide lifeline mobile phones.
	d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.	5	5	1	5	Targeted effective outreach to the homeless population, Table C.12-1.
	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	The response is extensive, detailed, clear, and informative and flows in a logical and sequential manner. It addresses the aspects of the question.
	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	They are willing to attempt to get a provider enrolled if they out of network. Enrollees are about select a specialist, i.e. OBGYN. SSI members are auto assigned.
	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	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 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 and the change is effective immediately.
	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	5	1	5	Liked the intervention that was highlighted and the collaboration of providers and they target through the VBP program.
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	4	1	4	They agree state they comply and they have an appeal and grievance department that manages everything. They assist enrollees in filing the appeal and grievances.
	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.
	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	5	1	5	They talk about the system and the things they record for the QI.
	e. Reviewing overturned decisions to identify needed changes.	5	5	1	5	The appeals committee identified I problem with the claims denials for the MRI.
15	**Marketing** *(Section 25.0 Marketing)*					

	Vendor Name: Aetna					
	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 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	Tightly controlled; only a compliance officer
	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	Demonstrate a clear population across the Commonwealth. Liked they went region by region and they understand their markup.
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	5	1	5	They talk about daily and monthly files. Only 97 request for disenrollment.
	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	4.5	1	4.5	They do not currently have issues, but have a plan in place if an issue arises.
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	7 examples listed on how they engage providers. They do an ongoing annual survey. The fact that PSRs are people internal to the Commonwealth are positive.
	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	The primary call center staff is in Jacksonville.
	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	Provided screenshots that were easy to follow and visually appealing.
	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	They have a separate behavioral health 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.

	Vendor Name: Aetna					
	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
	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	4.5	6	27	They will be a lot of engagement with the provider to get it right the first time. The have identified an issue through the KIT tool and are working to resolve it.
	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	4	16	Like they analyze data to review and reduce appeals. Through the appeal process they identified a provider who needed education on one of the processes.
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	Like their value based plan. They provide providers the application fee.
	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	they hold regular meetings and have dedicated account managers.

	Vendor Name: Aetna					
	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. 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	It aligns with DMS regulations. They pay the originating site and the provider 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	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. They try to contract with the provider.
	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	The response is clear and informative, but lacks detail and explanations as it relates to the methodology. It merely addresses the question, but provides no additional information or insight into the plan.
	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	Table C.18-3 (Page 563) is the listing of all of their reporting activities with detail description. They provide a statement that they acknowledge they have network adequacy; however, the enrollee can not always access it.
	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	5	1	5	Page 568 address immediate terminations.
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	Good stats and have edits & audits in place. The average days to payment is 7.

	Vendor Name: Aetna					
	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. 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	Performance measures look good.
	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	They demonstrate a through mythology for adequate payment processes.
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	Like Table C.21-1 and they are provide an enhanced transportation. Identify different categories, i.e. value added.
	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	A referral from your PCP for a second opinion is not required.
	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	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. It not only fully addresses all aspects of the question, but provides additional relevant information. After reading the response, the reviewer should have no (or very few) questions about the applicant's plans to implement the project.
	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	4.5	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. The examples provided were good and relevant. And they explained multi pronged approach to reducing PPC.
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	They gave good goal matrix for an opioid dashboard and have exceeded some of those goals (C.21-1) page 620. Show they have set goals and they have been exceeded. Liked the CPESN and the ePA.
	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	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. They addressed the $2 dispensing fee.

	Vendor Name: Aetna					
	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. 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	The vendor has identified how to maximize the Commonwealth's rebates. Demonstrates the need to identify 340B drugs. Their encounter acceptance rate is 99.9%.
	d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions.	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.
	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	The PA program and how it is transparent so the provider will know if it is covered. Smart PA and ePA Denials must be by a licensed physician in Kentucky. Liked Table C.21-6
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	Identified the strategies for developing the special program awareness. See Tables C.22-1 & C.22-3
	b. Description of medical necessity review process.	5	5	1	5	Liked that they recognized that every enrollee is a unique individual.
	c. Outreach methods to engage Enrollees.	5	5	1	5	Offers texting, kiosk, and iPad mini-kit for the remote patient monitoring options.
	d. Approach to identify, enroll and encourage compliance with lock-in programs.	5	5	1	5	The supportive manage care program shows application of their person centered and trauma informed approach.
	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	4	1	4	The Unite US is a good concept; however, it is limited to Louisville…would like to have this rolled out across the Commonwealth since it connects enrolls to non Medicaid services.
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	They do not delegate their behavioral health services and do not plan to anytime in the future. Care managers are integrated, a fully integrated model. They talk about tools to monitor network compliance and share success stories. They provide incentives to keep their follow up appointments.
	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	They identify the training for staff, the ER crisis for the administrator was above and beyond. The call matrix were good.
	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	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. Contractually require information sharing.
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	Integrated system of care and regional specific health outcomes were provided. Table C.24-3 defines Aetna System of Care Staff the staffing in the population health management program. They have 3 components to support the over all innovations and PHM.
	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	5	1	5	Provided an extensive summery which appears that they will be accredited in May.
	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	5	1	5	88% success rate for enrollee engagement for care management was great

	Vendor Name: Aetna					
	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
	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	Appears they are looking at factors outside of physical health and behavior health to trigger care management. Liked the healthcare equity outcome dashboard (see page 706).
	v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.	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.
	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	Likes Table C.24-10 that shows the dashboards.
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	Like Table C.25-2 that shows the services for specific population with special health care needs.
	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	Liked Thomas's story and like C.25-3 which was for assessments and screeners and Table C.25-4 which identified approaches transitions.
26	**Program Integrity** *(Section 36.0 Program Integrity)*					

	Vendor Name: Aetna					
	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 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	4.5	4	18	2 FTEs for Kentucky plus a compliance officer. Good overview and plan of action.
	b. Describe the Contractor's proposed approach to prepayment reviews.	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. Detailed prepayment review policy.
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	They had a robust suite of reports.
	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	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 Contractor's processes to review report accuracy and completeness prior to submission to the Department.	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. 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	A lot of good reports and how they use them to make improvements.
	e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.	5	4	1	4	Liked the measures they use to monitor the subcontractors.
	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	The Figure C.27-4 displays the granular level staff effort required to fulfill adhoc reporting request.
28	**Records Maintenance and Audit Rights** *(Section 38.0 Records Maintenance and Audit Requirements)*					
	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	4.5	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. They identified detailed barriers and interventions including their follow up measures.
	b. Describe the Contractor's approach to prevent and identify data breaches.	5	5	1	5	their security score has exceeded the industry benchmarks for the last 4 years.
	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	5	1	5	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. It not only fully addresses all aspects of the question, but provides additional relevant information. After reading the response, the reviewer should have no (or very few) questions about the applicant's plans to implement the project.

	Vendor Name: Aetna					
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
Section Score		1270			1202	
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	The response is very extensive; Rhonda was meet in the ER and her social determines of health were addressed for housing, food, and safety.
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	They outlined the regions health risk; listed the value add programs that would apply to Katy. Awarded her face-to-face healthcare management.
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	Liked the peer-to-peer action plan and identified several ways to simplify provider administer burden Implemented staff training for the Bridges Out of Poverty Program.
Section Score		105			105	
60.7 D. Implemenation Plan						
1	Describe the Vendor's proposed approach to support the readiness review process, and include the following information:					

	Vendor Name: Aetna					
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. 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	Liked the 3 level implementation team. The key implementation activates are listed in the current status.
	b. Proposed staffing to support implementation activities and readiness reviews.	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. An overview of system operational implementation requirements and related milestones.	5	5	1	5	They plan to incorporation changes from the new RFP into their implementation plan.
	d. Required MCO, Department, and other resources to ensure readiness.	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.
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	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.
Section Score		30			27	
60.7 E. Emergency Response and Disaster Recovery Plan						
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	Detailed description of the risk levels for business impact events, see Table E-2 and give examples of operation the emergency plan. It is updated quarterly and tested annually.
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	Stated that they keep their focus on the enrollee. Table F-2 shows the sample transition plan and activities by functional areas.
Section Score		25			25	
Grand Total		**1750**			**1653**	

	Vendor Name: Aetna					
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