

AWARD RECOMMENDATION

Notice of Intent to Award Number: 240000000523

The Department of Technology, Management, & Budget's Central Procurement office has completed the evaluation of Comprehensive Health Care Program (CHCP) – RFP 240000000139 and has recommended an award to Bidders as listed in the award table on page 7, pending State Administrative Board approval, if applicable. More information on the State Administrative Board can be found at: [State Administrative Board](#).

Bidders who were not recommended for the award are encouraged to schedule a debriefing session with the Solicitation Manager. The debriefing session will provide the bidder with the State's rationale on why the bidder was not recommended for the award. The Solicitation Manager may be contacted as follows:

Brandon Samuel, Solicitation Manager.

Samuelb@michigan.gov

517-249-0439

Background Information:

This Request for Proposal (RFP) was to solicit responses for selection of Contractors to provide CHCP services. The term of the contracts is five years, with up to three-one year renewal options.

Bidders:

The RFP was posted on SIGMA VSS on October 30, 2023, for 89 days. The following bidders submitted proposals by the published due date of January 26, 2024.

Bidder	Address, City, State, Zip Code	SDVOB*	GDBE**
Aetna Better Health of Michigan, Inc. (AET)	28588 Northwestern Hwy. Suite 380B Southfield, MI 48034	No	Yes
Blue Cross Complete of Michigan, LLC (BCC)	4000 Town Center, Suite 13000 Southfield, MI 48075	No	No
HAP CareSource, Inc. (HCS)	3031 W. Grand Blvd, Suite 110 Detroit, MI 48202	No	Yes
McLaren Health Plan, Inc. (MCL)	G-3245 Beecher Rd Flint, MI 48532	No	No
Meridian Health Plan of Michigan, Inc. (MER)	777 Woodward Ave., Suite 700 Detroit, MI 48226	No	Yes
Molina Healthcare of Michigan, Inc. (MOL)	880 W. Long Lake Rd. Troy, MI 48098	No	No
Priority Health Choice, Inc. (PRI)	1231 E. Beltline NE Grand Rapids, MI 49525	No	No
UnitedHealthcare Community Plan, Inc. (UNI)	3000 Town Center #1400 Southfield, MI 48075	No	No

Upper Peninsula Health Plan, LLC (UPP)	853 West Washington Street Marquette, MI 49855	No	No
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*SDVOB: Service-Disabled Veteran Owned Business
**GDBE: Geographically Disadvantaged Business Enterprise

EVALUATION SYNOPSIS

I. Evaluation Process

A Responsible Vendor is a vendor that demonstrates it has the ability to successfully perform the duties identified by the solicitation. A Responsive proposal is one that is submitted in accordance with the solicitation instructions and meets all mandatory requirements identified in the solicitation.

Proposal Instructions: Mandatory Minimum Requirements

1. Licensed, in good standing, and financially solvent. **MDHHS will verify this information with the Department of Insurance and Financial Services (DIFS):**
 - a. The bidder is licensed as a Medicaid Health Maintenance Organization (HMO) by the Michigan Department of Insurance and Financial Services (DIFS);
 - b. The bidder holds a current Certificate of Authority covering all counties where they intend to bid; and
 - c. The bidder meets all applicable statutory financial requirements for HMOs as set forth in the Michigan Insurance Code.
2. Achieved NCQA or URAC Health Plan Accreditation.
 - a. Bidders must provide proof of the organization's National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC) accreditation status for Michigan by submitting a copy of the letter from the accrediting entity and a copy of the certificate of accreditation. **LABEL SUBMISSION AS NCQA or URAC ACCREDITATION, based on what is appropriate.**
 - b. This does not apply to bidders who did not hold a contract with the State of Michigan as a mandatory minimum requirement. Bidders who are not currently accredited in the State of Michigan are required to obtain this accreditation no later than July 1, 2024. Bidders must submit a copy of their application to the accrediting entity and information on their survey date, if set at the time of bid. **LABEL APPLICATION AS NCQA or URAC ACCREDITATION APPLICATION, based on what is appropriate.**
3. Submit a proposal by region (as indicated in Schedules G and H) and not by individual counties.
 - a. All counties in a region being bid on must be covered in the bidder's proposal. Only one proposal submission is required when bidding on more than one region, however, many exhibits require information to be provided for each region. Region 2 and Region 3 must be bid together. A bid proposal including a response for only Region 2 or Region 3 will not be considered for award in these regions.

Only proposals meeting the mandatory minimum requirements will be considered for evaluation.

Proposal Instructions: Evaluation Process

If all mandatory minimum requirements are met, the State will evaluate each proposal based on the following factors:

Technical Evaluation Criteria	Points
Vendor Questions Worksheet. 5. State of Michigan Experience and Prior Experience	300
Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services	30
Schedule G. Narrative Submission (includes Schedules L, M and N)	710
Schedule H. Contracted Provider Network	380
Schedule I. Quality Measurement Performance	110
Total	1530

Proposals receiving 1,224 or more evaluation points will be considered for award.

Informational – Required, Not Scored
Schedule J. Organizational Chart
Schedule K. Subcontractor Information

The full evaluation process is stated in the RFP Proposal Instructions.

II. Evaluation Method

Responses to this solicitation were reviewed by a Joint Evaluation Committee, which consisted of the following individuals:

Voting	Advisory
Brandon Samuel, SAA, Category Specialist DTMB – Central Procurement Services	Aaron Canfield, State Administrative Manager, Plan Management Section, DHHS
Penny Rutledge, Director, Bureau of Medicaid Care Management and Customer Service, DHHS	Jennifer Therrien, Contract and Waiver Specialist, Managed Care Plan Division, DHHS
Kim Hamilton, SAA, Managed Care Plan Division, Bureau of Medicaid Care Management and Customer Service, DHHS	Danielle Walsh, Departmental Analyst, Bureau of Grants and Purchasing, DHHS
Brad Barron, Director, Managed Care Plan Division, Bureau of Medicaid Care Management and Customer Service, DHHS	Terra Depew, State Administrative Manager, Policy and Program Development Section, Children's Special Health Care Services Division, DHHS

Voting	Advisory
Gretchen Backer, Director, Program Review Division, Bureau of Medicaid Care Management and Customer Service, DHHS	Addam Kilpatrick, Network Adequacy Analyst, Plan Management Section, Managed Care Plan Division, DHHS
	Matt Seager, State Administrative Manager, Quality Improvement and Program Development, DHHS
	Shauna McDonald, Quality Analyst, Quality Improvement & Program Development Section, Managed Care Plan Division, DHHS
	Katie Commey, State Administrative Manager, Strategic Engagement & Planning Section, DHHS
	Theresa Landfair, Program Specialist, Managed Care Plan Division, DHHS
	Rachel Copeland, Quality Analyst, Quality Improvement & Program Development Section, Managed Care Plan Division, DHHS
	Sandhya Swarnavel, Quality Improvement & Program Development Section, Managed Care Plan Division, DHHS
	Miriam Cachey, Quality Improvement & Program Development Section, Managed Care Plan Division, DHHS
	Ali Jahr, Departmental Specialist, Quality Improvement & Program Development Section, Managed Care Plan Division
	Alex Lilley, Senior IT Business Analyst, DTMB Agency Services supporting MDHHS
	Iffat Sumbal, Senior Business Analyst, DTMB Agency Services supporting MDHHS
	Dustin Hartigan, Section Manager, Architects & Secure Application Development Lifecycle Cybersecurity and Infrastructure Protection

CHCP Services are required in the below Regions.

Region 1	Region 2 and Region 3	Region 4	Region 5
Alger Baraga Chippewa Delta Dickinson Gogebic Houghton Iron Keweenaw Luce Mackinac Marquette Menominee Ontonagon Schoolcraft	Antrim Benzie Charlevoix Emmet Grand Traverse Kalkaska Leelanau Manistee Missaukee Wexford	Alcona Alpena Cheboygan Crawford Iosco Ogemaw Oscoda Otsego Presque Isle Montmorency Roscommon	Allegan Barry Ionia Kent Lake Mason Mecosta Muskegon Montcalm Newaygo Oceana Osceola Ottawa
			Arenac Bay Clare Gladwin Gratiot Isabella Midland Saginaw

Region 2 and Region 3 were required to be bid together.

Region 6	Region 7	Region 8	Region 9	Region 10
Genesee Huron Lapeer Sanilac Shiawassee St. Clair Tuscola	Clinton Eaton Ingham	Berrien Branch Calhoun Cass Kalamazoo St. Joseph Van Buren	Hillsdale Jackson Lenawee Livingston Monroe Washtenaw	Macomb Oakland Wayne

Bidder listing by Region:

Bidder	Region 1	Region 2&3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
AET				X	X	X	X	X	X
BCC		X	X	X	X	X	X	X	X
HCS		X	X	X	X	X	X	X	X
MCL		X	X	X	X	X	X	X	X
MER		X	X	X	X	X	X	X	X
MOL		X	X	X	X	X	X	X	X
PRI*		X	X	X	X	X	X	X	X
UNI		X	X	X	X	X	X	X	X
UPP	X								

*Bidder failed the Mandatory Minimum Requirement 1.b. (The bidder holds a current Certificate of Authority covering all counties where they intend to bid) in Regions 5, 6 and 7 and was not considered for award in those Regions.

III. Evaluation Results

Award by Region

NOTE: Yellow highlight represents awardee. Red font represents score below the 1224 threshold.

Bidder	Region 1	Region 2&3***	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
AET				1286.47	1274.45	1246.88	1237.29	1256.85	1350.19
BCC		1634.94	1310.64	1276.44	1297.10	1218.09	1204.22	1274.75	1351.42
HCS		1559.22	1276.54	1255.44	1313.25	1230.42	1183.2	1260.41	1367.1
MCL		1677.38	1312.71	1288.42	1296.78	1243.00	1248.18	1269.65	1376.33
MER		1650.09	1311.32	1328.90	1304.19	1211.37	1231.31	1278.02	1418.04
MOL		1652.09	1317.08	1291.74	1304.54	1215.07	1188.81	1233.38	1378.39
PRI*		1669.02	1312.85				1216.46	1220.32	1370.33
UNI		1652.92	1328.22	1292.42	1320.76	1230.3	1250.75	1273.64	1380.33
UPP**	1205.95								

*Bidder failed the Mandatory Minimum Requirement 1.b. (The bidder holds a current Certificate of Authority covering all counties where they intend to bid) in Regions 5, 6 and 7 and was not considered for award in those Regions.

**Although Bidder score was below the threshold, the Bidder was awarded the region because no other Bidders provided proposals for Region 1.

***Totals in Regions 2 and 3 include the Statewide subtotal, plus Provider Network Scores (Schedule H) for these Regions.

Where the total number of bidders who passed technical in a Region exceeded the total number of preferred plans in a Region, provider network scores were used as the best value determination.

Estimated Award Amount by Bidder

Bidder	Estimated Award Amount
AET	\$6,825,507,200.00
BCC	\$9,391,167,200.00
HCS	\$6,635,074,200.00
MCL	\$11,469,288,500.00
MER	\$9,890,985,800.00
MOL	\$8,557,033,700.00
PRI	\$6,324,028,500.00
UNI	\$9,545,668,900.00
UPP	\$1,759,329,500.00

A. Aetna Better Health of Michigan, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	9										
Schedule G. Narrative Submission	710	667										
Schedule H. Provider Network	380						236.25	224.23	196.66	187.07	206.63	299.97
Schedule I. Quality Program and Measure Reporting	110	54.22										
subtotal		1050.22										
TOTAL Statewide + Region subtotal	1530						1286.47	1274.45	1246.88	1237.29	1256.85	1350.19
		Combined score for Regions 2 and 3										

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	156
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	15
3.	Vaccines For Children (VFC) Participation	(50)	38
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	150
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	100
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	40
IV. Partnerships & Community Collaboration		140	121
16.	Addressing SDOH and Equity	(30)	23
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	30
18.	Contracting with Child and Adolescent Health Centers	(50)	38
19.	Coordinating Care for Children and Youth in Foster Care	(30)	30
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	667

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 29/30

Section 1.7 – In the provided documentation, the Bidder does not state their testing frequency for their Business Continuity Plan and Disaster Recovery Plan.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 667/710

I. Access to Care and Provider Engagement

2. Non-Emergency Medical Transportation (NEMT)

Response did not include strategies to include culturally and linguistically appropriate services.

3. Vaccines for Children (VFC) Participation

Response did not adequately address results of prior efforts to increase participation in VFC.

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care

Bidder's proposed process does not fully describe a comprehensive approach to support prevention and treatment efforts for children and adolescents with Mild-to-Moderate behavioral health needs in all Regions.

IV. Partnerships & Community Collaboration

16. Addressing SDOH and Equity

Bidder did not describe approach for monitoring and providing oversight to ensure Social Services are provided in a medically appropriate and cost-effective way.

Response indicates experience in Michigan Medicaid Market, lacks detail to support assessment of how prior experience has contributed to desirable outcomes.

18. Contracting with Child and Adolescent Health Centers

Response did not include examples of lessons learned from previous experience.

Bidder did not provide a clear approach to demonstrate how they would contract with Child and Adolescent Health Centers (CAHC) / school-based health centers and participate in school-based initiatives or programs to increase access to care.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30					15.00	17.14	0.00	4.28	10.00	30.00
Primary Care - Pediatric	30					0.00	0.00	0.00	4.28	5.00	20.00
Gynecology, OB/GYN	30					7.50	4.28	0.00	4.28	0.00	20.00
Cardiology	10					10.00	5.71	10.00	8.57	10.00	10.00
Neurology	10					10.00	5.71	10.00	8.57	6.66	6.66
Oncology - Medical, Surgical	10					10.00	8.57	10.00	8.57	8.33	10.00
Oncology - Radiation	10					10.00	10.00	10.00	7.14	10.00	10.00
Orthopedics/ Orthopedic Surgery	10					10.00	10.00	10.00	8.57	10.00	10.00
Occupational Therapy	10					7.50	10.00	10.00	8.57	8.33	10.00
Physical Therapy	10					10.00	10.00	10.00	8.57	10.00	10.00
Speech Therapy	10					7.50	10.00	10.00	5.71	6.66	3.33
Outpatient Clinical Behavioral Health – Adult	30					15.00	12.85	0.00	4.28	0.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30					15.00	12.85	0.00	4.28	0.00	30.00
Psychiatry– Adult	10					10.00	10.00	10.00	8.57	10.00	10.00
Psychiatry – Pediatric	10					10.00	10.00	10.00	8.57	10.00	10.00
Dentistry: General	30					30.00	30.00	30.00	25.71	30.00	30.00
Dentistry: Endodontist	10					1.25	5.71	0.00	4.28	6.66	0.00
Dentistry: Oral Surgery	10					10.00	10.00	10.00	10.00	10.00	6.66
Dentistry: Periodontist	10					1.25	7.14	6.66	0.00	8.33	6.66
Dentistry: Prosthodontist	10					6.25	8.57	10.00	7.14	10.00	3.33
Hospitals**	40					30.00	11.42	40.00	34.28	33.33	13.33
Pharmacy	20					10.00	14.28	0.00	2.85	3.33	20.00
TOTAL	380					236.25	224.23	196.66	187.07	206.63	299.97

Schedule I. Quality Measurement Performance

Score 54.22/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	2.00
Asthma Medication Ratio (AMR-ALL)	7	2.22
Controlling High Blood Pressure (BCP-RPTD)	7	2.22
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	3.11
Lead Screening in Children (LSC-CH)	7	1.33
Childhood Immunization Status (CIS-COM3)	7	1.78
Chlamydia Screening in Women – Total (CHL-AD)	7	3.33
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	1.56
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	2.67
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	1.00
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	0.00
Total	77 points	21.22

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

B. Blue Cross Complete of Michigan, LLC

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	626										
Schedule H. Provider Network	380			279.00	324.50	279.20	245.00	265.66	186.65	172.78	243.31	319.98
Schedule I. Quality Program and Measure Reporting	110	75.44										
subtotal		1031.44										
TOTAL Statewide + Region subtotal	1530			1310.44	1355.94	1310.64	1276.44	1297.10	1218.09	1204.22	1274.75	1351.42
		Combined score for Regions 2 and 3										
			1634.94									

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	147
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	20
3.	Vaccines For Children (VFC) Participation	(50)	38
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	23
II. Population Health Management		150	150
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	95
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	15
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	40
IV. Partnerships & Community Collaboration		140	94
16.	Addressing SDOH and Equity	(30)	30
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	16
18.	Contracting with Child and Adolescent Health Centers	(50)	25
19.	Coordinating Care for Children and Youth in Foster Care	(30)	23
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	626

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 626/710

I. Access to Care and Provider Engagement

3. Vaccines for Children (VFC) Participation

Response did not address results of prior efforts to increase participation in VFC.

4. Access to Care for Adults with Mild-to-Moderate Behavioral Health Care

Bidder's approach lacks sufficient detail to demonstrate provision of gap-free whole person care.

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Bidder's approach lacks sufficient detail to demonstrate provision of gap-free whole person care.

6. Access to Dental Care for Adults

Response did not include a timeline for implementing elements of Bidder's approach to ensure access to adult dental services.

III. Data Analysis & Quality Improvement

13. Identifying/Addressing Disparities in Maternal and Infant Health

Response did not adequately address experience and proposed approach in identifying and addressing maternal mortality.

IV. Partnerships & Community Collaboration

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Bidder provided a letter of support that did not come from a CBO that the Bidder has an active agreement with (organization was not listed on Schedule M – CBO Partnerships).

Schedule M did not reflect BCCM investments cited in narrative response.

Schedule M lacks detail regarding CBO relationships outside of transactional service line agreements or grants in the exchange for clinical services. The CBO partnerships detailed in the narrative do not appear in Schedule M.

18. Contracting with Child and Adolescent Health Centers

Bidder indicates a majority of CAHC/SBHCs are serviced with BCCM contracted providers also affiliated with rural health clinics, Local Health Departments (LHDs), and health systems but bidder does not describe their approach for contracting with CAHC/SBHC outside of that statement.

Capacity and experience with information sharing lacked detail to determine if anything innovative or systemic in nature has already been established.

19. Coordinating Care for Children and Youth in Foster Care

Bidder's proposed approach does not consider health disparities and opportunities to advance health equity among the foster care population.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		27.00	24.54	18.46	15.00	17.14	0.00	4.28	20.00	30.00
Primary Care - Pediatric	30		27.00	24.54	18.46	15.00	12.85	0.00	4.28	20.00	30.00
Gynecology, OB/GYN	30		15.00	21.81	9.23	11.25	4.28	0.00	4.28	0.00	20.00
Cardiology	10		7.00	10.00	9.23	10.00	10.00	10.00	8.57	10.00	10.00
Neurology	10		5.00	10.00	9.23	10.00	8.57	10.00	8.57	8.33	10.00
Oncology - Medical, Surgical	10		5.00	10.00	9.23	8.75	5.71	6.66	5.71	10.00	6.66
Oncology - Radiation	10		9.00	10.00	10.00	10.00	10.00	10.00	7.14	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		7.00	10.00	9.23	10.00	10.00	10.00	8.57	10.00	10.00
Occupational Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	5.71	10.00	10.00
Physical Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Speech Therapy	10		10.00	4.54	9.23	10.00	8.57	10.00	4.28	6.66	10.00
Outpatient Clinical Behavioral Health – Adult	30		21.00	24.54	18.46	11.25	17.14	0.00	4.28	5.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		21.00	24.54	18.46	11.25	17.14	0.00	4.28	5.00	30.00
Psychiatry– Adult	10		9.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Psychiatry – Pediatric	10		9.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Dentistry: General	30		30.00	30.00	30.00	30.00	30.00	30.00	25.71	30.00	30.00
Dentistry: Endodontist	10		0.00	0.00	0.00	1.25	5.71	3.33	5.71	10.00	0.00
Dentistry: Oral Surgery	10		9.00	9.09	10.00	10.00	10.00	10.00	8.57	10.00	6.66
Dentistry: Periodontist	10		3.00	10.00	3.84	1.25	7.14	6.66	0.00	8.33	3.33

Dentistry: Prosthodontist	10		1.00	0.90	3.84	0.00	5.71	0.00	4.28	0.00	10.00
Hospitals**	40		28.00	40.00	40.00	30.00	34.28	40.00	28.57	33.33	13.33
Pharmacy	20		16.00	20.00	12.30	10.00	11.42	0.00	2.85	6.66	20.00
TOTAL	380		279.00	324.50	279.20	245.00	265.66	186.65	172.78	243.31	319.98

Schedule I. Quality Measurement Performance

Score 75.44/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	3.78
Asthma Medication Ratio (AMR-ALL)	7	2.00
Controlling High Blood Pressure (BCP-RPTD)	7	3.67
Eye Exam for Patients with Diabetes (CDC-EYE (EED))	7	4.00
Lead Screening in Children (LSC-CH)	7	5.22
Childhood Immunization Status (CIS-COM3)	7	3.44
Chlamydia Screening in Women – Total (CHL-AD)	7	4.44
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	4.33
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	5.78
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	5.00
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	0.78
Total	77 points	42.44

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

C. HAP CareSource, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	677										
Schedule H. Provider Network	380			217.00	281.78	216.10	195.00	252.81	169.98	122.76	199.97	306.66
Schedule I. Quality Program and Measure Reporting	110	53.44										
subtotal		1060.44										
TOTAL Statewide + Region subtotal	1530			1277.44	1342.22	1276.54	1255.44	1313.25	1230.42	1183.20	1260.41	1367.10
		Combined score for Regions 2 and 3		1559.22								

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	173
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	20
3.	Vaccines For Children (VFC) Participation	(50)	50
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	150
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	95
12.	PHM Data Analysis	(20)	15
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	40
IV. Partnerships & Community Collaboration		140	119
16.	Addressing SDOH and Equity	(30)	23
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	23
18.	Contracting with Child and Adolescent Health Centers	(50)	50
19.	Coordinating Care for Children and Youth in Foster Care	(30)	23
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	677

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 677/710

I. Access to Care and Provider Engagement

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Bidder's proposed process does not fully describe a comprehensive approach to support prevention and treatment efforts for children and adolescents with Mild-to-Moderate and SUD behavioral health needs in all Regions.

Response did not adequately demonstrate experience for children and adolescent enrollees.

III. Data Analysis & Quality Improvement

12. PHM Data Analysis

Bidder response did not provide sufficient detail related to their planned approach to design interventions to support PHM as well as a timeline for implementation.

IV. Partnerships & Community Collaboration

16. Addressing SDOH and Equity

Response did not address how Bidder would adequately leverage community reinvestment in their approach to addressing SDOH and equity.

Response cites ILOS experience in other markets without providing detail to validate such experience, nor how that experience would be applied in Michigan.

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Response indicated commitment to expand CBO partnerships but did not provide detail of approach to accomplish.

19. Coordinating Care for Children and Youth in Foster Care

Bidder provided a letter of support; however, the organization was not responsible for overseeing the placement for children and youth in the foster care system as required.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		18.00	30.00	16.15	11.25	21.42	0.00	4.28	15.00	30.00
Primary Care - Pediatric	30		9.00	13.63	4.61	3.75	8.57	0.00	4.28	0.00	30.00
Gynecology, OB/GYN	30		9.00	16.36	4.61	3.75	4.28	0.00	0.00	0.00	20.00
Cardiology	10		8.00	10.00	9.23	8.75	10.00	10.00	4.28	10.00	10.00
Neurology	10		6.00	7.27	4.61	5.00	10.00	3.33	0.00	10.00	10.00
Oncology - Medical, Surgical	10		5.00	8.18	7.69	7.50	8.57	6.66	5.71	6.66	10.00
Oncology - Radiation	10		10.00	10.00	9.23	10.00	10.00	10.00	2.85	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		7.00	8.18	9.23	7.50	10.00	10.00	4.28	10.00	10.00
Occupational Therapy	10		10.00	9.09	10.00	10.00	10.00	10.00	5.71	10.00	10.00
Physical Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	5.71	10.00	10.00
Speech Therapy	10		10.00	9.09	10.00	10.00	10.00	10.00	5.71	10.00	10.00
Outpatient Clinical Behavioral Health – Adult	30		9.00	27.27	9.23	7.50	12.85	0.00	0.00	0.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psychiatry– Adult	10		10.00	10.00	8.46	10.00	10.00	10.00	5.71	10.00	10.00
Psychiatry – Pediatric	10		0.00	0.00	0.00	0.00	1.42	0.00	1.42	0.00	3.33
Dentistry: General	30		30.00	30.00	30.00	30.00	30.00	30.00	25.71	30.00	30.00
Dentistry: Endodontist	10		3.00	5.45	6.15	10.00	10.00	10.00	5.71	6.66	10.00
Dentistry: Oral Surgery	10		10.00	9.09	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Dentistry: Periodontist	10		8.00	10.00	6.92	1.25	8.57	10.00	1.42	10.00	10.00
Dentistry: Prosthodontist	10		1.00	5.45	0.76	6.25	8.57	3.33	4.28	6.66	10.00
Hospitals**	40		28.00	32.72	36.92	20.00	34.28	26.66	22.85	33.33	13.33
Pharmacy	20		16.00	20.00	12.30	12.50	14.28	0.00	2.85	1.66	20.00
TOTAL	380		217.00	281.78	216.10	195.00	252.81	169.98	122.76	199.97	306.66

Schedule I. Quality Measurement Performance

Score 53.44/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	2.78
Asthma Medication Ratio (AMR-ALL)	7	2.89
Controlling High Blood Pressure (BCP-RPTD)	7	2.44
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	2.22
Lead Screening in Children (LSC-CH)	7	2.44
Childhood Immunization Status (CIS-COM3)	7	1.11
Chlamydia Screening in Women – Total (CHL-AD)	7	4.22
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	0.44
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	2.67
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	1.67
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	1.56
Total	77 points	24.44

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	12
B2.	17	17
TOTAL	33	29

B1: Bidder did not include concrete examples demonstrating the Bidder's experience performing QAPI activities.

D. McLaren Health Plan, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	.5										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	9										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	4										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	640										
Schedule H. Provider Network	380			295.00	362.71	293.04	268.75	277.11	223.33	228.51	249.98	356.66
Schedule I. Quality Program and Measure Reporting	110	52.17										
subtotal		1019.67										
TOTAL Statewide + Region subtotal	1530			1314.67	1382.38	1312.71	1288.42	1296.78	1243.00	1248.18	1269.65	1376.33
		Combined score for Regions 2 and 3		1677.38								

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	161
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	20
3.	Vaccines For Children (VFC) Participation	(50)	38
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	143
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	23
III. Data Analysis & Quality Improvements		100	95
12.	PHM Data Analysis	(20)	15
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	40
IV. Partnerships & Community Collaboration		140	126
16.	Addressing SDOH and Equity	(30)	23
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	30
18.	Contracting with Child and Adolescent Health Centers	(50)	50
19.	Coordinating Care for Children and Youth in Foster Care	(30)	23
V. Payment Reform		50	25
20.	Payment Reform	(50)	25
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	640

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 27.5/30

Section 1.3 - Response states they will achieve Level AA compliance.

Section 1.4 - Response states they will support current version and previous two (this is tied to the second Bidder Response box).

Section 1.5 - Response lacked adequate detail for a full evaluation.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 640/710

I. Access to Care and Provider Engagement

3. Vaccines for Children (VFC) Participation

Bidder response did not include results of past efforts to increase participation in VFC.

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Bidder's proposed process does not fully describe a comprehensive approach to support prevention and treatment efforts for children and adolescents with Mild-to-Moderate and SUD behavioral health needs in all Regions.

II. Population Health Management

11. MHP-PIHP Joint Care Planning for High Need Enrollees

Response did not adequately describe how Bidder would engage Enrollees in the care planning process.

III. Data Analysis & Quality Improvement

12. PHM Data Analysis

Bidder included an approach for using data to design interventions to support population health management in Michigan but does not include specific objectives and a timeline for implementation.

IV. Partnerships & Community Collaboration

16. Addressing SDOH and Equity

Bidder's approach to managing a network of providers to offer social services is limited to an online directory of potential services without specificity of how the Bidder uses the technology platform to manage a network of providers.

19. Coordinating Care for Children and Youth in Foster Care

Bidder's proposed approach does not consider health disparities and opportunities to advance health equity among the foster care population.

V. Payment Reform

20. Payment Reform

Bidder's approach to reporting and technical assistance outlines general oversight and communication as a way to engage providers, but Bidder does not describe how the planned strategy differs from past strategies which elicited barriers.

Bidder provides reports to providers, but response does not mention VBP's being embedded into quality dashboards or member management software, which can be a barrier to performance.

Bidder's response does not demonstrate experience working with its provider network to adopt more advanced VBP arrangements by addressing barriers to leveraging VBP arrangements.

Bidder's proposed approach to implementing VBP within the Bidder's provider networks does not demonstrate ability to increasingly advancing VBP.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		27.00	30.00	18.46	15.00	17.14	0.00	12.85	15.00	30.00
Primary Care - Pediatric	30		27.00	30.00	18.46	15.00	17.14	0.00	12.85	15.00	30.00
Gynecology, OB/GYN	30		9.00	24.54	9.23	7.50	8.57	0.00	4.28	0.00	20.00
Cardiology	10		8.00	10.00	9.23	10.00	10.00	10.00	10.00	10.00	10.00
Neurology	10		5.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Oncology - Medical, Surgical	10		6.00	10.00	9.23	8.75	8.57	10.00	10.00	10.00	10.00
Oncology - Radiation	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		8.00	10.00	9.23	10.00	10.00	10.00	10.00	10.00	10.00
Occupational Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Physical Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Speech Therapy	10		10.00	10.00	9.23	10.00	10.00	10.00	8.57	10.00	10.00
Outpatient Clinical Behavioral Health – Adult	30		24.00	30.00	23.07	15.00	12.85	10.00	8.57	5.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		24.00	30.00	23.07	15.00	12.85	10.00	8.57	5.00	30.00
Psychiatry– Adult	10		10.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Psychiatry – Pediatric	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Dentistry: General	30		27.00	30.00	30.00	30.00	30.00	30.00	25.71	30.00	30.00
Dentistry: Endodontist	10		3.00	5.45	6.15	10.00	10.00	10.00	5.71	6.66	10.00
Dentistry: Oral Surgery	10		10.00	9.09	10.00	10.00	10.00	10.00	10.00	10.00	10.00

Dentistry: Periodontist	10		8.00	10.00	6.92	1.25	8.57	10.00	1.42	10.00	10.00
Dentistry: Prosthodontist	10		1.00	5.45	0.76	6.25	8.57	3.33	4.28	6.66	10.00
Hospitals**	40		32.00	40.00	40.00	35.00	34.28	40.00	34.28	40.00	26.66
Pharmacy	20		16.00	18.18	10.00	10.00	8.57	0.00	2.85	6.66	20.00
TOTAL	380		295.00	362.71	293.04	268.75	277.11	223.33	228.51	249.98	356.66

Schedule I. Quality Measurement Performance

Score 52.17/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	2.33
Asthma Medication Ratio (AMR-ALL)	7	2.00
Controlling High Blood Pressure (BCP-RPTD)	7	0.33
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	1.67
Lead Screening in Children (LSC-CH)	7	1.67
Childhood Immunization Status (CIS-COM3)	7	0.67
Chlamydia Screening in Women – Total (CHL-AD)	7	3.33
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	1.67
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	4.00
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	1.50
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	0.00
Total	77 points	19.17

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

E. Meridian Health Plan of Michigan, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	669										
Schedule H. Provider Network	380			246.00	332.69	239.92	257.50	232.79	139.97	159.91	206.62	346.64
Schedule I. Quality Program and Measure Reporting	110	72.40										
subtotal		1071.40										
TOTAL Statewide + Region subtotal	1530			1317.40	1404.09	1311.32	1328.90	1304.19	1211.37	1231.31	1278.02	1418.04
		Combined score for Regions 2 and 3		1650.09								

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	173
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	20
3.	Vaccines For Children (VFC) Participation	(50)	50
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	150
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	80
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	20
IV. Partnerships & Community Collaboration		140	133
16.	Addressing SDOH and Equity	(30)	30
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	23
18.	Contracting with Child and Adolescent Health Centers	(50)	50
19.	Coordinating Care for Children and Youth in Foster Care	(30)	30
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	83
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	23
TOTAL		710	669

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 669/710

I. Access to Care and Provider Engagement

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Bidder's proposed process does not fully describe a comprehensive approach to support access and treatment for children and adolescents with Mild-to-Moderate behavioral health/SUD needs in all Regions.

III. Data Analysis & Quality Improvement

15. Sanctions and Compliance Actions

Response did not summarize all sanctions and compliance actions.

Bidder's approach description lacks sufficient detail to determine that the Bidder will avoid violations and sanctions /compliance actions in Michigan and lacks detail to determine if a good fit for Michigan.

IV. Partnerships & Community Collaboration

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Bidder cites experience with CBO partnerships; however, response provides limited detail around the scope, impact/potential outcomes of those experiences.

VI. Case Scenarios

23. Case Scenario 3 (Dalya)

Bidder's approach to Dalya's health care needs did not consider all possible medical implications/urgencies related to physical symptoms.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		21.00	27.27	18.46	15.00	12.85	0.00	4.28	5.00	30.00
Primary Care - Pediatric	30		21.00	27.27	18.46	15.00	12.85	0.00	4.28	10.00	30.00
Gynecology, OB/GYN	30		6.00	13.63	2.30	7.50	4.28	0.00	4.28	0.00	20.00
Cardiology	10		3.00	10.00	5.38	10.00	10.00	6.66	8.57	10.00	10.00
Neurology	10		3.00	10.00	2.30	8.75	8.57	3.33	5.71	8.33	6.66
Oncology - Medical, Surgical	10		3.00	10.00	2.30	8.75	5.71	0.00	7.14	6.66	10.00
Oncology - Radiation	10		5.00	10.00	9.23	10.00	7.14	0.00	2.85	10.00	6.66
Orthopedics/ Orthopedic Surgery	10		4.00	9.09	7.69	10.00	5.71	6.66	5.71	10.00	10.00
Occupational Therapy	10		9.00	1.81	8.46	3.75	7.14	10.00	2.85	8.33	10.00
Physical Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Speech Therapy	10		8.00	9.09	9.23	7.50	7.14	6.66	2.85	8.33	6.66
Outpatient Clinical Behavioral Health – Adult	30		21.00	27.27	11.53	15.00	8.57	0.00	0.00	0.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		21.00	27.27	11.53	15.00	8.57	0.00	0.00	0.00	30.00
Psychiatry– Adult	10		10.00	10.00	10.00	10.00	5.71	10.00	8.57	8.33	10.00
Psychiatry – Pediatric	10		10.00	10.00	10.00	8.75	5.71	10.00	8.57	8.33	10.00
Dentistry: General	30		25.00	30.00	30.00	30.00	30.00	30.00	25.71	30.00	30.00
Dentistry: Endodontist	10		3.00	5.45	6.15	10.00	10.00	10.00	5.71	6.66	10.00
Dentistry: Oral Surgery	10		10.00	9.09	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Dentistry: Periodontist	10		8.00	10.00	6.92	1.25	8.57	10.00	1.42	10.00	10.00
Dentistry: Prosthodontist	10		1.00	5.45	0.76	6.25	8.57	3.33	4.28	6.66	10.00
Hospitals**	40		28.00	40.00	36.92	35.00	34.28	13.33	34.28	33.33	26.66
Pharmacy	20		16.00	20.00	12.30	10.00	11.42	0.00	2.85	6.66	20.00
TOTAL	380		246.00	332.69	239.92	257.50	232.79	139.97	159.91	206.62	346.64

Schedule I. Quality Measurement Performance

Score 72.4/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	3.67
Asthma Medication Ratio (AMR-ALL)	7	0.67
Controlling High Blood Pressure (BCP-RPTD)	7	3.33
Eye Exam for Patients with Diabetes (CDC-EYE (EED))	7	4.00
Lead Screening in Children (LSC-CH)	7	3.22
Childhood Immunization Status (CIS-COM3)	7	1.78
Chlamydia Screening in Women – Total (CHL-AD)	7	5.89
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	3.56
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	4.89
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	4.50
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	3.89
Total	77 points	39.40

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

F. Molina Healthcare of Michigan, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	652										
Schedule H. Provider Network	380			264.00	346.35	275.34	250.00	262.80	173.33	147.07	191.64	336.65
Schedule I. Quality Program and Measure Reporting	110	59.74										
subtotal		1041.74										
TOTAL Statewide + region subtotal	1530			1305.74	1388.09	1317.08	1291.74	1304.54	1215.07	1188.81	1233.38	1378.39
		Combined score for regions 2 and 3		1652.09								

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	175
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	15
3.	Vaccines For Children (VFC) Participation	(50)	50
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	136
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	16
III. Data Analysis & Quality Improvements		100	80
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	20
IV. Partnerships & Community Collaboration		140	121
16.	Addressing SDOH and Equity	(30)	30
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	30
18.	Contracting with Child and Adolescent Health Centers	(50)	38
19.	Coordinating Care for Children and Youth in Foster Care	(30)	23
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	652

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 652/710

I. Access to Care and Provider Engagement

2. Non-Emergency Medical Transportation (NEMT)

Bidder did not describe an approach, capabilities or experience in coordinating and ensuring timely and reliable provision of mileage reimbursement.

II. Population Health Management

11. MHP-PIHP Joint Care Planning for High Need Enrollees

Bidder does not clearly state an approach for increasing the number of members who receive joint care planning other than conducting outreach and hiring a behavioral health liaison.

Tailoring joint care plans largely describes who is responsible to take the “lead” in care planning and coordination but not how the plan is tailored for the individual’s physical, behavioral and other care needs.

III. Data Analysis & Quality Improvement

15. Sanctions and Compliance Actions

Schedule L was not completed as instructed. Bidder did not provide detail on the relevant sanctions and compliance actions.

Bidder failed to include affiliates or subsidiaries in the summary of all sanctions and compliance actions.

IV. Partnerships & Community Collaboration

18. Contracting with Child and Adolescent Health Centers

Response regarding experience lacks information sharing, care management and/or the provision of physical health and behavioral health services to Enrollees served by school-based health centers and school-based initiatives or programs.

19. Coordinating Care for Children and Youth in Foster Care

Bidder did not clearly describe efforts to meet benchmarks for initial well child visits or how Bidder will promote same day well child visits.

Bidder’s proposed approach does not consider health disparities and opportunities to advance health equity among the foster care population.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		21.00	30.00	16.15	15.00	17.14	0.00	4.28	5.00	30.00
Primary Care - Pediatric	30		21.00	30.00	16.15	15.00	17.14	0.00	4.28	10.00	30.00
Gynecology, OB/GYN	30		9.00	21.81	9.23	7.50	8.57	0.00	0.00	0.00	20.00
Cardiology	10		7.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Neurology	10		8.00	10.00	10.00	10.00	7.14	10.00	5.71	8.33	10.00
Oncology - Medical, Surgical	10		4.00	10.00	9.23	10.00	10.00	10.00	7.14	8.33	10.00
Oncology - Radiation	10		9.00	10.00	10.00	10.00	10.00	10.00	4.28	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		9.00	10.00	9.23	10.00	10.00	10.00	7.14	10.00	10.00
Occupational Therapy	10		10.00	9.09	10.00	10.00	10.00	10.00	5.71	10.00	10.00
Physical Therapy	10		10.00	10.00	10.00	10.00	10.00	10.00	7.14	10.00	10.00
Speech Therapy	10		10.00	10.00	10.00	10.00	7.14	10.00	2.85	10.00	6.66
Outpatient Clinical Behavioral Health – Adult	30		27.00	30.00	25.38	15.00	12.85	0.00	4.28	0.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		24.00	30.00	23.07	15.00	12.85	0.00	0.00	0.00	30.00
Psychiatry– Adult	10		10.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Psychiatry – Pediatric	10		10.00	10.00	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Dentistry: General	30		27.00	30.00	27.69	30.00	30.00	30.00	25.71	25.00	30.00
Dentistry: Endodontist	10		1.00	0.00	3.84	1.25	5.71	3.33	5.71	1.66	0.00
Dentistry: Oral Surgery	10		1.00	5.45	3.07	5.00	10.00	0.00	5.71	5.00	3.33
Dentistry: Periodontist	10		2.00	10.00	0.00	1.25	7.14	0.00	0.00	8.33	3.33
Dentistry: Prosthodontist	10		0.00	0.00	0.00	0.00	1.42	0.00	0.00	0.00	3.33
Hospitals**	40		28.00	40.00	40.00	35.00	34.28	40.00	28.57	33.33	40.00
Pharmacy	20		16.00	20.00	12.30	10.00	11.42	0.00	2.85	6.66	20.00
TOTAL	380		264.00	346.35	275.34	250.00	262.80	173.33	147.07	191.64	336.65

Schedule I. Quality Measurement Performance

Score 59.74/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	2.67
Asthma Medication Ratio (AMR-ALL)	7	1.89
Controlling High Blood Pressure (BCP-RPTD)	7	3.56
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	2.89
Lead Screening in Children (LSC-CH)	7	1.56
Childhood Immunization Status (CIS-COM3)	7	0.67
Chlamydia Screening in Women – Total (CHL-AD)	7	4.00
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	2.67
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	3.33
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	4.00
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	3.50
Total	77 points	30.74

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	12
B2.	17	17
TOTAL	33	29

B1: Bidder did not include concrete examples demonstrating the Bidder's experience performing QAPI activities.

G. Priority Health Choice, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	9										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	2										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	614										
Schedule H. Provider Network	380			299.00	356.35	299.18	Failed MMR	Failed MMR	Failed MMR	202.79	206.65	356.66
Schedule I. Quality Program and Measure Reporting	110	72.67										
subtotal		1013.67										
TOTAL Statewide + Region subtotal	1530			1312.67	1370.02	1312.85	Failed MMR	Failed MMR	Failed MMR	1216.46	1220.32	1370.33
		Combined score for Regions 2 and 3		1669.02								

Schedule G. Narrative Submission		Max Points	Score
I. Access to Care and Provider Engagement		180	161
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	15
3.	Vaccines For Children (VFC) Participation	(50)	50
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	23
II. Population Health Management		150	143
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	23
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	90
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	30
IV. Partnerships & Community Collaboration		140	80
16.	Addressing SDOH and Equity	(30)	16
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	16
18.	Contracting with Child and Adolescent Health Centers	(50)	25
19.	Coordinating Care for Children and Youth in Foster Care	(30)	23
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	90
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	614

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 27/30

Section 1.4. Bidder response lacked adequate detail in order to evaluate. Bidder simply stated "Yes, original/current environment support *will* be in place" (this is tied to the third Bidder Response box).

Section 1.6. Bidder response does not provide details regarding how a migration would occur between hosting providers.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 614/710

I. Access to Care and Provider Engagement

2. Non-Emergency Medical Transportation (NEMT)

Response did not include strategies to address enrollees' preference including culturally and linguistically appropriate services.

Response lacked detail regarding capability and experience of their identified NEMT vendor.

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Response did not describe how Bidder's approach would support treatment efforts for children and adolescents with mild to moderate behavioral health needs.

6. Access to Dental Care for Adults

Response did not include a timeline for implementing all elements of the Bidder's approach to ensuring access to adult dental services.

II. Population Health Management

9. Robust and Equitable Prenatal Care

Response does not address meeting the timely access standards outlined in Appendix 15 of the contract in all Regions.

III. Data Analysis & Quality Improvement

15. Sanctions and Compliance Actions

Response did not adequately describe lessons learned regarding sanctions or compliance actions.

IV. Partnerships & Community Collaboration

16. Addressing SDOH and Equity

Response overall lacks detail to support effective evaluation of approach, capacity, and experience, especially in relation to addressing Health Equity and how the approach may vary across geographic designations.

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Response is lacking detail around how Bidder will ensure capacity is in place to deliver social services to address HRSN or what role the bidder will play to build capacity.

Response did not provide details on how Bidder investments would be strategically approached moving forward.

Bidder's approach did not provide details on how their work would address health disparities.

18. Contracting with Child and Adolescent Health Centers

Bidder described approach to contracting with CAHCs as "continually seek opportunities to expand our growing network" with no specifics other than when a member seeks care out of network – then the Bidder would attempt to bring the CAHC/SBHC into Bidder's network.

Bidder did not describe capacity or experience with information sharing.

19. Coordinating Care for Children and Youth in Foster Care

Response did not adequately demonstrate capability to deploy care management, meaningful support, and collaboration with necessary parties.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		27.00	30.00	18.46				8.57	5.00	30.00
Primary Care - Pediatric	30		27.00	30.00	18.46				8.57	5.00	30.00
Gynecology, OB/GYN	30		9.00	16.36	11.53				4.28	0.00	20.00
Cardiology	10		8.00	10.00	10.00				8.57	10.00	10.00
Neurology	10		6.00	10.00	10.00				8.57	10.00	10.00
Oncology - Medical, Surgical	10		8.00	10.00	9.23				8.57	10.00	10.00
Oncology - Radiation	10		10.00	10.00	10.00				7.14	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		9.00	10.00	9.23				8.57	10.00	10.00
Occupational Therapy	10		10.00	10.00	10.00				8.57	10.00	10.00
Physical Therapy	10		10.00	10.00	10.00				10.00	10.00	10.00
Speech Therapy	10		10.00	10.00	10.00				8.57	10.00	10.00
Outpatient Clinical Behavioral Health – Adult	30		24.00	30.00	23.07				4.28	0.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		24.00	30.00	23.07				4.28	0.00	30.00

Psychiatry–Adult	10		10.00	10.00	10.00				10.00	10.00	10.00
Psychiatry – Pediatric	10		10.00	10.00	10.00				10.00	10.00	10.00
Dentistry: General	30		27.00	30.00	30.00				25.71	30.00	30.00
Dentistry: Endodontist	10		3.00	5.45	6.15				5.71	6.66	10.00
Dentistry: Oral Surgery	10		10.00	9.09	10.00				10.00	10.00	10.00
Dentistry: Periodontist	10		8.00	10.00	6.92				1.42	10.00	10.00
Dentistry: Prosthodontist	10		1.00	5.45	0.76				4.28	6.66	10.00
Hospitals**	40		32.00	40.00	40.00				34.28	33.33	26.66
Pharmacy	20		16.00	20.00	12.30				2.85	0.00	20.00
TOTAL	380		299.00	356.35	299.18				202.79	206.65	356.66

Bidder failed the Mandatory Minimum Requirement 1.b. (The bidder holds a current Certificate of Authority covering all counties where they intend to bid) in Regions 5, 6 and 7 and was not considered for award in those Regions.

Schedule I. Quality Measurement Performance

Score 72.67/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	4.00
Asthma Medication Ratio (AMR-ALL)	7	4.00
Controlling High Blood Pressure (BCP-RPTD)	7	6.67
Eye Exam for Patients with Diabetes (CDC-EYE (EED))	7	5.67
Lead Screening in Children (LSC-CH)	7	3.33
Childhood Immunization Status (CIS-COM3)	7	3.33
Chlamydia Screening in Women – Total (CHL-AD)	7	4.67
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	4.00
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	4.00
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	4.00
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	0.00
Total	77 points	43.67

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	12
B2.	17	17
TOTAL	33	29

B1: Bidder did not include concrete examples demonstrating the Bidder's experience performing QAPI activities.

H. UnitedHealthcare Community Plan, Inc.

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	679										
Schedule H. Provider Network	380			252.00	327.25	254.55	218.75	247.09	156.63	177.08	199.97	306.66
Schedule I. Quality Program and Measure Reporting	110	64.67										
subtotal		1073.67										
TOTAL Statewide + Region subtotal	1530			1325.67	1400.92	1328.22	1292.42	1320.76	1230.30	1250.75	1273.64	1380.33
		Combined score for Regions 2 and 3		1652.92								

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	173
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	20
3.	Vaccines For Children (VFC) Participation	(50)	50
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	23
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	150
7.	PHM/Care Management Approach	(30)	30
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	30
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	30
III. Data Analysis & Quality Improvements		100	90
12.	PHM Data Analysis	(20)	20
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	20
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	30
IV. Partnerships & Community Collaboration		140	133
16.	Addressing SDOH and Equity	(30)	30
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	23
18.	Contracting with Child and Adolescent Health Centers	(50)	50
19.	Coordinating Care for Children and Youth in Foster Care	(30)	30
V. Payment Reform		50	50
20.	Payment Reform	(50)	50
VI. Case Scenarios		90	83
21.	Case Scenario 1: Hugo	(30)	30
22.	Case Scenario 2: Jordan	(30)	23
23.	Case Scenario 3: Dalya	(30)	30
TOTAL		710	679

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 679/710

I. Access to Care and Provider Engagement

5. Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health Care

Response does not adequately address consideration for timely access to SUD treatment provided by primary care provider.

III. Data Analysis & Quality Improvement

15. Sanctions and Compliance Actions

Bidder did not complete Schedule L as instructed. Bidder did not provide detail on the relevant sanctions and compliance actions.

IV. Partnerships & Community Collaboration

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Bidder provided a letter of support that did not come from a CBO that the Bidder has an active agreement with (organization was not listed on Schedule M – CBO Partnerships).

VI. Case Scenarios

22. Case Scenario 2: Jordan

Response indicates Jordan is designated high-risk because of lack of prenatal care and previous pre-term, low birth weight delivery but does not specify how they gleaned this information using a population health management approach.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30		27.00	30.00	18.46	15.00	12.85	0.00	8.57	10.00	30.00
Primary Care - Pediatric	30		27.00	30.00	18.46	15.00	12.85	0.00	8.57	10.00	30.00
Gynecology, OB/GYN	30		6.00	24.54	4.61	7.50	4.28	0.00	4.28	0.00	20.00
Cardiology	10		7.00	10.00	8.46	8.75	10.00	10.00	8.57	10.00	10.00
Neurology	10		5.00	10.00	7.69	8.75	10.00	6.66	8.57	8.33	10.00
Oncology - Medical, Surgical	10		4.00	10.00	8.46	6.25	8.57	6.66	8.57	5.00	10.00
Oncology - Radiation	10		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Orthopedics/ Orthopedic Surgery	10		9.00	10.00	9.23	7.50	10.00	10.00	8.57	10.00	10.00
Occupational Therapy	10		10.00	9.09	8.46	10.00	10.00	6.66	4.28	10.00	10.00
Physical Therapy	10		10.00	9.09	10.00	10.00	10.00	10.00	7.14	10.00	10.00
Speech Therapy	10		8.00	5.45	5.38	2.50	5.71	6.66	2.85	6.66	10.00
Outpatient Clinical Behavioral Health – Adult	30		21.00	24.54	20.76	15.00	17.14	10.00	4.28	5.00	30.00
Outpatient Clinical Behavioral Health – Pediatric	30		9.00	19.09	4.61	0.00	8.57	0.00	0.00	0.00	20.00
Psychiatry– Adult	10		9.00	9.09	10.00	10.00	10.00	10.00	8.57	10.00	10.00
Psychiatry – Pediatric	10		6.00	9.09	7.69	6.25	10.00	10.00	5.71	10.00	10.00
Dentistry: General	30		27.00	30.00	30.00	30.00	30.00	30.00	25.71	25.00	30.00
Dentistry: Endodontist	10		0.00	0.00	5.38	0.00	4.28	0.00	0.00	8.33	0.00
Dentistry: Oral Surgery	10		6.00	9.09	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Dentistry: Periodontist	10		6.00	10.00	3.84	1.25	7.14	6.66	0.00	8.33	0.00
Dentistry: Prosthodontist	10		1.00	0.00	3.84	0.00	0.00	0.00	5.71	0.00	3.33
Hospitals**	40		28.00	40.00	36.92	35.00	34.28	13.33	34.28	26.66	13.33
Pharmacy	20		16.00	18.18	12.30	10.00	11.42	0.00	2.85	6.66	20.00
TOTAL	380		252.00	327.25	254.55	218.75	247.09	156.63	177.08	199.97	306.66

Schedule I. Quality Measurement Performance

Score 64.67/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	3.11
Asthma Medication Ratio (AMR-ALL)	7	2.67
Controlling High Blood Pressure (BCP-RPTD)	7	4.89
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	3.78
Lead Screening in Children (LSC-CH)	7	2.22
Childhood Immunization Status (CIS-COM3)	7	2.44
Chlamydia Screening in Women – Total (CHL-AD)	7	2.89
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	1.56
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	4.44
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	3.67
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	0.00
Total	77 points	31.67

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Max Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

I. Upper Peninsula Health Plan, LLC

Summary Score Sheet

Schedule	Max Points	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Vendor Questions Worksheet	300	300										
Schedule A. Section 1.3 Specific Standards	1	1										
Schedule A. Section 1.4 End-User Operating Environment for Enrollee and Provider Website(s) or Web Portal(s)	10	10										
Schedule A. Section 1.5 Enrollee and Provider Website(s) or Web Portal(s)	5	5										
Schedule A. Section 1.6 Migration	4	4										
Schedule A. Section 1.7 Contract Activities and Hosted Services	10	10										
Schedule G. Narrative Submission	710	552										
Schedule H. Provider Network	380		243.94									
Schedule I. Quality Program and Measure Reporting	110	80.01										
subtotal		962.01										
TOTAL Statewide + Region subtotal	1530		1205.95									
Combined score for Regions 2 and 3												

Schedule G. Narrative Submission Summary		Max Points	Score
I. Access to Care and Provider Engagement		180	163
1.	Network Adequacy and Monitoring	(20)	20
2.	Non-Emergency Medical Transportation (NEMT)	(20)	15
3.	Vaccines For Children (VFC) Participation	(50)	38
4.	Access to Care for Adults with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
5.	Access to Care for Children and Adolescents with Mild-to-Moderate Behavioral Health (BH) Care	(30)	30
6.	Access to Dental Care for Adults	(30)	30
II. Population Health Management		150	115
7.	PHM/Care Management Approach	(30)	23
8.	Vaccines on Periodicity Schedule	(30)	30
9.	Robust and Equitable Prenatal Care	(30)	30
10.	Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees	(30)	16
11.	MHP-PIHP Joint Care Planning for High Need Enrollees	(30)	16
III. Data Analysis & Quality Improvements		100	80
12.	PHM Data Analysis	(20)	15
13.	Identifying/Addressing Disparities in Maternal and Infant Health	(20)	15
14.	Alliance for Innovation on Maternal Health (AIM) Safety Bundles	(20)	20
15.	Sanctions and Compliance Actions	(40)	30
IV. Partnerships & Community Collaboration		140	80
16.	Addressing SDOH and Equity	(30)	16
17.	Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing	(30)	23
18.	Contracting with Child and Adolescent Health Centers	(50)	25
19.	Coordinating Care for Children and Youth in Foster Care	(30)	16
V. Payment Reform		50	38
20.	Payment Reform	(50)	38
VI. Case Scenarios		90	76
21.	Case Scenario 1: Hugo	(30)	23
22.	Case Scenario 2: Jordan	(30)	30
23.	Case Scenario 3: Dalya	(30)	23
TOTAL		710	552

Vendor Question Worksheet

Score 300/300

No deficiencies noted.

Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services

Score 30/30

No deficiencies noted.

Schedule G. Narrative Submission (includes Schedules L, M & N)

Score 552/710

I. Access to Care and Provider Engagement

2. Non-Emergency Medical Transportation (NEMT)

Response did not adequately describe how Bidder will ensure and monitor on-time transportation performance.

3. Vaccines for Children (VFC) Participation

Response did not adequately address results of prior efforts to increase participation in VFC.

II. Population Health Management

7. PHM and Care Management Approach

Response does not adequately address experience related to population health management or describe outcomes associated with prior experience.

10. Coordination with Prepaid Inpatient Health Plans (PIHPs) for Shared Enrollees

Response described broad approach to working with PIHP/CMH but did not describe specific approaches to or consider health disparities for SMI/SED, SUD, or IDD.

11. MHP-PIHP Joint Care Planning for High Need Enrollees

Response did not address engaging enrollees in the care planning process.

Response did not address tailoring the joint care planning process based on Enrollee's needs, so that physical, behavioral, and other care needs are addressed in a coordinated and timely manner.

III. Data Analysis & Quality Improvement

12. PHM Data Analysis

Response did not adequately describe consideration of SDOH and enrollee HRSN.

13. Identifying/Addressing Disparities for Maternal and Infant Health

Response did not adequately address experience and proposed approach in identifying and addressing maternal mortality.

15. Sanctions and Compliance Actions

Bidder response did not adequately describe lessons learned regarding sanctions or compliance actions.

IV. Partnerships & Community Collaboration

16. Addressing SDOH and Equity

Bidder did not describe approach for monitoring and providing oversight to ensure Social Services are provided in a medically appropriate and cost-effective way.

Response did not address how Bidder would adequately leverage community reinvestment in their approach to addressing SDOH and equity.

17. Experience with CBO Partnerships and Supporting Social Services Through Sustainable Financing

Bidder cites experience with CBO partnerships; however, response provides limited detail around the impact/potential outcomes of those experiences.

18. Contracting with Child and Adolescent Health Centers

Response did not describe capacity or experience of care management.

Response did not adequately describe capacity or experience for the provision of behavioral health services.

19. Coordinating Care for Children and Youth in Foster Care

Response did not adequately address the capability to deploy care management strategies.

Response did not describe an approach to meet MDHHS-determined benchmarks for initial well-child visits.

Response did not adequately identify anticipated challenges and the Bidder's capability to manage against these, including examples of lessons learned from previous experience.

Response did not include efforts to promote the availability of same-day well-child visits to ensure children are seen within 30 days of entering foster care, including strategies to mitigate any barriers such as transportation challenges and provider cancellations.

V. Payment Reform

20. Payment Reform

Bidder's proposed approach does not adequately address barriers to expanding VBP arrangements into Category 3 and 4.

VI. Case Scenarios

21. Case Scenario 1: Hugo

Response does not specify how Bidder identified Hugo for care management using a population health management approach.

23. Case Scenario 3: Dalya

Bidder's approach to Dalya's health care needs did not consider all possible medical implications of complaint regarding heart racing, feeling weak and light headedness.

Schedule H. Contracted Provider Network by Region

Standard	Maximum Points per Region	Region 1 Score	Region 2 Score	Region 3 Score	Region 4 Score	Region 5 Score	Region 6 Score	Region 7 Score	Region 8 Score	Region 9 Score	Region 10 Score
Compliance with Network Adequacy Standard											
Primary Care - Adult	30	26.00									
Primary Care - Pediatric	30	14.00									
Gynecology, OB/GYN	30	14.00									
Cardiology	10	8.66									
Neurology	10	8.66									
Oncology - Medical, Surgical	10	8.66									
Oncology - Radiation	10	9.33									
Orthopedics/ Orthopedic Surgery	10	9.33									
Occupational Therapy	10	8.66									
Physical Therapy	10	8.66									
Speech Therapy	10	8.66									
Outpatient Clinical Behavioral Health – Adult	30	24.00									
Outpatient Clinical Behavioral Health – Pediatric	30	0.00									
Psychiatry– Adult	10	10.00									
Psychiatry – Pediatric	10	8.66									
Dentistry: General	30	20.00									
Dentistry: Endodontist	10	0.00									
Dentistry: Oral Surgery	10	10.00									
Dentistry: Periodontist	10	0.00									
Dentistry: Prosthodontist	10	0.00									
Hospitals**	40	34.66									
Pharmacy	20	12.00									
TOTAL	380	243.94									

Schedule I. Quality Measurement Performance

Score 80.01/110

A: Quality Measure Reporting

Measure	Maximum Points	Score
Adults' Access to Preventive/Ambulatory Health Services – 20-24 Year Old (AAP-2044)	7	4.67
Asthma Medication Ratio (AMR-ALL)	7	0.00
Controlling High Blood Pressure (BCP-RPTD)	7	7.00
Eye Exam for Patients with Diabetes (CDC-EYE (EED)	7	6.00
Lead Screening in Children (LSC-CH)	7	2.00
Childhood Immunization Status (CIS-COM3)	7	2.67
Chlamydia Screening in Women – Total (CHL-AD)	7	0.00
Prenatal and Postpartum Care – Postpartum Care (PPC-AD)	7	7.00
Well-Child Visits in the First 30 Months of Life – Rate 1 (W30-015)	7	6.67
Kidney Health Evaluation for Patients with Diabetes – Total All Ages (KED-AD)	7	4.00
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7	7.00
Total	77 points	47.01

B: Quality Assessment and Performance Improvement (QAPI) Narrative Submission

Narrative Submission	Maximum Points	Score
B1.	16	16
B2.	17	17
TOTAL	33	33

IV. Pricing

Bidders were not required to submit proposal pricing. Actuarially sound capitated rates are established by the Michigan Department of Health and Human Services.

V. Award Recommendation

Award recommendation is made to the responsive and responsible Bidders who offer the best value to the State of Michigan. Best value is based on the proposal meeting the minimum point threshold and offering the best combination of the factors stated in the *Proposal Instructions Evaluation Process* section.

The below Bidders by Region provided the best value to the State. The best value factor for Award Recommendation was Provider Network (Schedule H) score.

As part of the best value determination, overall economic impact to the State of Michigan was considered and is not a determinative factor in making this award.

Region 1

Upper Peninsula Health Plan, LLC.

Region 2 & 3

Blue Cross Complete of Michigan, LLC
 McLaren Health Plan, Inc.
 Molina Healthcare of Michigan, Inc.
 Priority Health Choice, Inc.

Region 4

Blue Cross Complete of Michigan, LLC
 McLaren Health Plan, Inc.
 Meridian Health Plan of Michigan, Inc.
 Molina Healthcare of Michigan, Inc.
 Priority Health Choice, Inc.
 UnitedHealthcare Community Plan, Inc.

Region 5

Blue Cross Complete of Michigan, LLC
 McLaren Health Plan, Inc.
 Meridian Health Plan of Michigan, Inc.
 Molina Healthcare of Michigan, Inc.

Region 6

Blue Cross Complete of Michigan, LLC
 HAP CareSource, Inc.
 McLaren Health Plan, Inc.
 Meridian Health Plan of Michigan, Inc.
 Molina Healthcare of Michigan, Inc.
 UnitedHealthcare Community Plan, Inc.

Region 7

Aetna Better Health of Michigan, Inc.
HAP CareSource, Inc.
McLaren Health Plan, Inc.
UnitedHealthcare Community Plan, Inc.

Region 8

Aetna Better Health of Michigan, Inc.
McLaren Health Plan, Inc.
Meridian Health Plan of Michigan, Inc.
UnitedHealthcare Community Plan, Inc.

Region 9

Aetna Better Health of Michigan, Inc.
Blue Cross Complete of Michigan, LLC
HAP CareSource, Inc.
McLaren Health Plan, Inc.
Meridian Health Plan of Michigan, Inc.
UnitedHealthcare Community Plan, Inc.

Region 10

Aetna Better Health of Michigan, Inc.
Blue Cross Complete of Michigan, LLC
HAP CareSource, Inc.
McLaren Health Plan, Inc.
Meridian Health Plan of Michigan, Inc.
Molina Healthcare of Michigan, Inc.
Priority Health Choice, Inc.
UnitedHealthcare Community Plan, Inc.