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| Criteria | Description | Comments |
| 1 - Delivers Person-Centered Service Coordination that connects Member needs to effective care. | 1A -Demonstrates an understanding of the unique elements of Service Coordination and the needs of the STAR & CHIP population with special physical and behavioral health care needs.  1B - Demonstrates an effective, Person-Centered process and infrastructure to identify, assess, and respond to individual Member’s needs and strengths.  1C - Demonstrates engagement of Providers, Member’s family, and community supports serving the Member in the Service Coordination process.  1D - Supports successful transitions of care for Members between programs, services, and settings, including transitions between Medicaid and Healthy Texas Women (HTW).  1E - Demonstrates how data will be used to inform Service Coordination approaches and to measure outcomes. |  |
| 2 - Ensures Members have timely access to the Services they need. | 2A - Demonstrates the ability to deliver Person-Centered Services timely in the most clinically appropriate and cost-effective setting for Members covered in the STAR & CHIP Program.  2B - Demonstrates use of innovative and proven strategies to promote access to Providers and Services, including addressing Provider shortages and barriers to care in specific areas of the State.  2C - Demonstrates the ability to provide, arrange, and coordinate preventive, primary, acute care, behavioral health and pharmacy services that contribute to the well-being of women, children, and families.  2D - Demonstrates a proactive approach to outreach and education regarding a Member’s management of their services and supports that is culturally and linguistically appropriate, accessible, and responsive to the needs of Members in the STAR & CHIP Program. |  |
| 3 - Encourages Providers to participate in the Medicaid program. | 3A - Demonstrates effective collaboration and communication with the provider community as evidenced by Network participation and Provider satisfaction.  3B - Demonstrates proactive strategies to streamline processes and reduce administrative burden for Providers.  3C - Demonstrates transparent and efficient policies and processes for key business operations, such as Credentialing, contracting, claims payment, and Utilization Management.  3D - Demonstrates support to Providers in complex clinical decision-making through decision-support tools, best practice guidelines, and utilization management approaches.  3E - Utilizes Network development strategies and incentives that ensure appropriate access for Members, including access to consistent providers across programs and services.  3F - Demonstrates supports to providers serving the Member using technology, data, and processes and tools to better inform and improve care. |  |
| 4 - Ensures a sustainable Medicaid program by incentivizing value in the Service delivery model and optimizing resources. | 4A - Demonstrates proven strategies to monitor and manage healthcare quality and improve key quality metrics that align with the goals of the State.  4B - Demonstrates a system of care that identifies, invests in, and rewards desired outcomes for access and high-value care.  4C - Demonstrates advances in value-based care and delivery system reform and supports Providers through the transition to value-based payment arrangements with necessary data and information.  4D - Demonstrates achievable cost efficiencies and program integrity through effective monitoring and control of spending and Utilization Management trends. |  |
| 5 - Uses data, technology, and reporting to facilitate and demonstrate strong performance and oversight. | 5A - Demonstrates capability to meet all requirements related to access to Services, Service delivery, quality of care, operations, and financial performance.  5B - Demonstrates consistent, timely, and accurate delivery of data, analysis, and reporting.  5C - Demonstrates process improvements and cost efficiencies using automation and data solutions.  5D - Utilizes integrated systems and processes with the State and other vendors to facilitate appropriate Member transitions. |  |