Attachment 1 - Best Value Criteria for STAR Kids Managed Care Procurement

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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 children and youth with special health care needs in the STAR Kids population, including children and youth in the Medically Dependent Children Program.  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 - Demonstrates how data will be used to inform Service Coordination approaches and to measure success. |  |
| 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 enrolled in the STAR Kids Program, including Members in the Medically Dependent Children 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 and related to certain provider types or specialties.  2C - Demonstrates the ability to provide, arrange, and coordinate preventive, primary, acute care, behavioral health, long term services and supports, and pharmacy services that contribute to the well-being of children and youth enrolled in the STAR Kids Program, including Members in the Medically Dependent Children Program.  2D - Demonstrates how data will be used to inform Service Coordination approaches and to measure success. |  |
| 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.  3E - Utilizes Network development strategies and incentives that ensure appropriate access for Members, including access to consistent providers across services.  3F - Demonstrates support to Providers serving the Member using technology, data, 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. |  |