

Scoring Rubric Update – May 2025

CMHN has updated Appendix B – Scoring Rubric to include Domain 10: Provider of Choice. This domain was always part of the RFP’s narrative and response requirements but was inadvertently omitted from the original rubric. It is now formally integrated and will be evaluated consistent with all other domains using CMHN’s established qualitative tiers (High, Moderate, Limited Alignment).

No changes have been made to the content of the RFP or expectations of respondents. The updated rubric ensures full alignment between RFP domains and evaluation criteria.

Appendix B: Scoring Rubric

A panel of evaluators will score each proposal submitted in response to the PPA’s Request for Proposal according to the following Scoring Rubric.

Scoring Rubric

Responses will be evaluated using the thematic domains below, which reflect CMHN’s values and goals for its Medicaid network. Rather than assigning points, reviewers will assess how well each submission addresses the intent of each domain. The goal is to reward thoughtful, responsive proposals—even if they offer alternative approaches—while identifying gaps in clarity or alignment.

Evaluation Tiers

- **High:** The response offers a clear, thoughtful, and well-structured approach that aligns with CMHN’s goals and provides compelling justification.
- **Moderate:** The response addresses the area but may lack detail, clarity, or full alignment with CMHN’s preferred model.
- **Limited Alignment:** The response is incomplete, vague, or does not reflect understanding of CMHN’s preferred model.

Evaluation Doman	What We’re Looking For	Reviewer Considerations
Organizational Fit	Demonstrated presence and infrastructure in NC Medicaid. Experience with value-based care for underserved groups.	How well does the response reflect capacity to partner with FQHCs and manage Medicaid work?
Shared Savings Model	Vision and structure for shared savings, including readiness for downside risk and equitable risk protections.	Does the model demonstrate fairness, feasibility, and sustainability?

Risk Adjustment & Social Risk	How risk is measured and adjusted including use of SDOH, transparency, and plans for reconciliation and appeals.	Are tools equitable and accessible? Is data shared in meaningful ways?
Quality Incentives Program	Approach to funding and distributing incentives. Alignment with meaningful, actionable quality measures.	Are incentives designed to drive care improvement? Are measures appropriate and clear?
Data Reporting, Accountability & Transparency	Commitment to data sharing, performance transparency, and timely reporting.	Will CMHN and FQHCs have actionable data and mechanisms to resolve data concerns?
Care Management Delegation	Approach to working with CMHN on care management, including funding pass-through and oversight.	Is the model rooted in trust and collaboration? Are processes efficient but flexible?
Health Opportunities Program	Integration of HOP funding and operations, including patient-level data exchange and pass-through of HOP funding.	How well does the PHP support HOP as a value-driving, data-supported component?
Medicaid Attribution & Enrollment	Processes for member attribution and corrections, especially in collaboration with FQHCs.	Are methods accurate and adaptable? Is CMHN included in resolving issues?
Infrastructure and Administrative Support	Upfront and ongoing financial and administrative support for VBC infrastructure at CMHN and FQHCs.	Does the plan support network readiness and sustainability?
Governance & Collaboration	Proposed operating structure, including joint governance and dispute resolution.	Is there meaningful CMHN participation in oversight and shared accountability?
Provider of Choice	Clear actions the PHP will take to ensure CMHN and its FQHC members are prioritized as preferred providers across all current and future product lines, including concrete steps for integration in dual-eligible strategies, Medicare	Does the response provide a clear plan for ensuring CMHN's inclusion as a preferred partner across product lines? Is there evidence of strategic alignment with CMHN's roles

	<p>Advantage, and Tailored Plans. Responses should demonstrate mechanisms for ongoing collaboration, member education, and referral support that affirm CMHN's strategic role across all populations</p>	<p>in high-need populations and dual-eligible strategies?</p>
Sustainability	<p>Stability and readiness for a multi-year agreement aligned with NC Medicaid strategy.</p>	<p>Does the respondent show commitment to Medicaid space?</p>
Contracting Readiness	<p>Capacity to lead contracting processes and ensure regulatory compliance.</p>	<p>Will CMHN have a contract that reflects mutual agreement and Medicaid alignment?</p>