



# Request for Information

#YH16-0012 NEMT RFI

**Procurement Officer:**

**Mark Held**

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**Issue Date: JANUARY 19, 2016**

**OFFICE ADDRESS: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)**  
Procurement Office  
701 E. Jefferson, MD 5700  
Phoenix, AZ 85034

RFI NAME: Non-Emergency Medical Transportation Tribal Broker(s)

RESPONSE DUE DATE: March 21, 2016 AT 3:00 P.M.  
ARIZONA TIME

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL

BY **FEBRUARY 11, 2016, 5:00 PM**, ARIZONA TIME ON THE **Q & A FORM** PROVIDED WITH THIS RFI.

ANSWERS TO QUESTIONS WILL BE POSTED ON THE AHCCCS WEBSITE FOR THE BENEFIT OF ALL POTENTIAL RESPONDENTS.

Responses to this RFI must be in the actual possession of AHCCCS on or prior to the time and date and at the location indicated above. **Late responses may not be considered.**

**This is a Request for Information ("RFI") only and as such will NOT result in any award of contract.**

AHCCCS is in the information gathering stage and no decisions have been made concerning the agency's intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

**RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFI.**

# REQUEST FOR INFORMATION

## 1. AHCCCS OVERVIEW

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. As of September 1, 2015, AHCCCS provides coverage to approximately 1.8 million members in Arizona

AHCCCS contracts with Managed Care Organizations (MCO's); and has a Fee for Service (FFS) Program that is both responsible for providing Acute, Long Term Care, and Behavioral Health Services.

The program has a total fund budget for FY 2016 of approximately \$11.23 billion. AHCCCS has over 61,000 active providers in Arizona such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional information may be found on the AHCCCS website reporting page: <http://www.azahcccs.gov/reporting>.

## 2. DEFINITIONS

2.1 **AHCCCS** – Arizona Health Care Cost Containment System

2.2 **MEMBER** - Covered members are enrolled in the American Indian Health Program, Tribal ALTCS, and other FFS populations, except FES.

2.3 **PROVIDER** – Any person or entity that with AHCCCS or a Contractor for the provision of covered service to members according to the provisions of A.R.S. 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. 36-2901.

2.4 **PROVIDER NETWORK** – A list of AHCCCS registered providers who are contracted with the Tribal Broker to provide covered NEMT transportation services to FFS AHCCCS members residing on the tribe's land. The NEMT broker is responsible to establish a provider network that has the capacity to provide comprehensive coverage which meets the needs of the AHCCCS Fee For Service member population residing on tribal lands including but not limited to coverage which can accommodate request volume, and ability to provide safe, timely and reliable service within both urban and rural geographic service areas.

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2.5 **TRIBAL BROKER** - Transportation vendor responsible for establishing a network of providers, operating a central call center, implementing screening to validate eligibility of recipient and trip for coverage, determining the most appropriate mode of transportation, maintaining quality assurance, reporting encounter data, and paying transportation claims. The tribal NEMT Broker must have the ability to provide oversight to ensure that NEMT providers have the appropriate tribal business license, meet safety requirements and appropriately bill for services. For more information please reference the provider type profile at the following link:

<http://www.azahcccs.gov/commercial/Downloads/ProviderRegistration/Non-EmergencyTransportationProvider.pdf>

<http://www.azahcccs.gov/commercial/Downloads/NEMTList.pdf>

### 3. PURPOSE

AHCCCS is seeking information from tribal representatives to determine if there is interest by tribes in becoming a Non-Emergency Medical Transportation (NEMT) Broker specifically for AHCCCS eligible Fee-for-Service (FFS) members residing in their communities. AHCCCS expects that interested tribes would only manage an NEMT Broker for their tribal community.

The Tribal Broker will be responsible for negotiation of rates, arrangement of transportation and submission and/or reimbursement of transportation claims. The Tribal Broker will be required to ensure that all eligible members receive transportation services that are safe, reliable and on time by providers who are licensed, qualified, competent, and courteous.

The primary population that will be served for the AHCCCS Fee for Service program is enrolled in the American Indian Health Program and the Tribal Arizona Long Term Care Services (ALTCS) programs. The provider network may be tribe specific and is widely utilized in rural areas and on Tribal lands.

### 4. BACKGROUND OF PROJECT

The AHCCCS Fee for Service (FFS) program expends approximately \$53,000,000 annually for non-emergency transportation services. The claim volume for this service is approximately 400,000 annually, serving 43,000 distinct members. The FFS program currently requires prior authorization for NEMT services when the mileage billed is over 100 miles per claim. Providers can request authorization through the AHCCCS provider web portal, via fax or by phone or, for ALTCS members, through the Tribal case manager. Services provided under this benefit for claims billed for 100 miles and under are audited on a random post payment basis for accuracy.

Services provided under this benefit are allowed only when members are being transported to the closest appropriate facility/provider capable of meeting the members medical or behavioral health needs for a covered service. For more information, please refer to AHCCCS transportation coverage policies contained in AMPM Policies 310-BB, 820-W, FFS Provider Manual Chapter 14).

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At this time, AHCCCS is seeking information specifically from tribal representatives to determine if there is potential to establish NEMT Broker model(s) in tribal communities. AHCCCS would prefer Tribes establish NEMT broker models in partnership with an I.H.S / 638 facilities.

## 5. **METHODOLOGY (Information Requested)**

**AHCCCS seeks the following information from the Tribal Broker:**

- 5.1 How do you/would you operationalize the transportation broker services?
- 5.2 Do you/would you use a different approach for rural vs. an urban county? If yes please describe.
- 5.3 What kind of information system and/or software do you/would you use to manage the NEMT services?
- 5.4 What types of basic reporting packages do you/would you provide?
- 5.5 What reporting capabilities does or would your software have; e.g. Standard reporting; please describe what is captured and how the data is utilized in these reports; as well as a list of data elements which are included and provided in your standard reports.

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- 5.6 What types of vehicles do you /would you and/or your providers use for general and special populations?
- 5.7 Explain your ability to transport special needs members including the types of vehicles used.
- 5.8 How would you coordinate any meals/lodging that may be required for members traveling to and returning from an approved health care service site outside of the member's county of residence?
- 5.9 Describe your current/proposed provider network or proposed network and service area of the network.
- 5.10 Do you /would you provide training for your provider network? If so, please describe, including but not limited to requirements, topics covered and frequency.
- 5.11 How do you/would you ensure the safety of the vehicles?
- 5.12 What is or would be your process of adding providers to your network? Describe the screening process.
- 5.13 Describe the current or proposed operations of your call center.
- 5.14 What are your proposed call center hours of operation?
- 5.15 Do you provide translator or interpreter services?
- 5.16 How do you /would you ensure timely pick up and drop off times?
- 5.17 What is your current or proposed communication system between drivers on the road and their central office in case of emergency or other delay?
- 5.18 How do you /would you ensure appropriate billing/tracking of mileage?
- 5.19 Do you have the capacity to submit and/or pay claims?
- 5.20 Describe the workflow of an approval for transportation; for example, how far in advance would requests need to be submitted and how would you handle urgent requests?
- 5.21 How do you/would you ensure adequate provider geographic coverage for your tribal community?
- 5.22 Describe how you would ensure that transportation services are only provided to the closest appropriate IHS/638 or AHCCCS registered provider or facility for medically necessary AHCCCS covered services while complying with HIPAA regulations.

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- 5.23 Please provide any additional information and/or comments about Tribal NEMT Broker services on your tribal land.
- 5.24 How would you establish a mechanism for capturing member satisfaction?
- 5.25 Define your proposed service area? For example, are you/would you be willing to provide NEMT services for your tribal members outside of tribal lands?
- 5.26 How do you/would you track, monitor, follow up and report member issues and quality of care concerns?
- 5.27 How would you verify that behavioral health transportation services are only provided when it is specifically listed in the member's service plan? How will this comply with HIPAA regulations?
- 5.28 How would you handle prior authorizations for transportation services over 100 miles?
- 5.29 How would you handle when a member is not at the agreed upon pick up location, ie, "no-show"?

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## 6. HOW TO RESPOND

6.1 Submit a completed **Attachment A**, Respondent's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

### 6.2 **METHODOLOGY** (Information Requested)

6.2.1 Provide a detailed description of for each area listed in 5 Methodology

### 6.3 **PRICING**

6.3.1 Provide, to the extent possible, an estimated pricing model to implement, and operate the described NEMT Broker service for the FFS population in your Tribal lands.

6.3.2 Please state all assumptions underlying your pricing responses.

### 6.4 **EXPERIENCE AND EXPERTISE**

6.4.1 AHCCCS is interested in understanding if your Tribe has attempted to implement an NEMT Broker model of any kind and what your experiences were.

6.4.2 AHCCCS is interested to understand what your Tribe's capability would be to implement an NEMT Broker Model in your community including any obstacles that could be present.

6.5 **PRESENTATION:** Respondents may also take the opportunity to schedule a 60-minute presentation with select AHCCCS management to describe your tribe's capability. Please include your interest in such a presentation with your cover letter. AHCCCS will contact the vendor to schedule a time at the option of AHCCCS. AHCCCS reserves the right to decide if presentations will be scheduled for some or any of the respondents.

6.6 **ELECTRONIC SUBMISSION:** Entire response shall be submitted to the procurement officer listed on the front page in electronic format. Due to AHCCCS's system restrictions, we are not able to view information on a USB drive so please use a CD or email for submission.

6.6.1 Submit your response no later than 3:00 p.m., Arizona Time, March 21, 2016.

6.6.2 Submit your response electronically or physically (*on a CD*) to:

Mark Held  
AHCCCS Contracts and Purchasing, First Floor  
701 E. Jefferson St., MD-5700  
Phoenix, AZ 85034  
[Mark.Held@azahcccs.gov](mailto:Mark.Held@azahcccs.gov)

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- 6.7 Reimbursement: AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.
- 6.8 No Award of Contract: This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract. AHCCCS is in the information gathering stage and no decisions have been made concerning the agency’s intent going forward.



## Attachment A: Respondent's Contact Information

NAME OF TRIBE:

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Address

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Address

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City State Zip

For clarification of this response, contact:

Name: 

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Phone: 

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Email: 

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Signature

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Title

**END OF DOCUMENT**

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