



Request for Information

#YH16-0040 Electronic Visit Verification

Procurement Officer:

ISSUE DATE:

March 30, 2016

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

RFI NAME: ELECTRONIC VISIT VERIFICATION

RESPONSE DUE DATE: May 11, 2016 no later than **3:00 pm** AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY April 6, 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 will 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 THROUGH THE ENTIRE RFI.

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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 March 1, 2016, AHCCCS provides coverage to approximately 1.8 million members in Arizona.

AHCCCS's mission "reaching across Arizona to provide comprehensive, quality health care to those in need" is implemented through the vision of "shaping tomorrow's managed care...from today's experience, quality and innovation."

Over 83% of the AHCCCS program's expenditures in State Fiscal Year (SFY) 2015 were through managed care programs. AHCCCS contracts with Managed Care Organizations (MCO's) that are responsible for providing Acute, Long Term Care, and Behavioral Health Services. A list of contracted plans can be found here: <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

The program has a total fund budget for SFY 2016 of approximately \$11.2 billion. AHCCCS has over 60,000 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: <https://www.azahcccs.gov/Resources/Reports/federal.html>.

2. INTRODUCTION / PURPOSE of RFI (and/or Background)

The Arizona Long Term Care System (ALTCS) was initiated in 1988 and designed to ensure the service system to support members to live in and be served in the least restrictive setting as well as in a setting that provides integration and interaction in community life. Members are afforded the choice to remain in their own home or choose an alternative residential setting versus receiving services in a Skilled Nursing Facility. In addition to serving members in the most integrated setting, the ALTCS program development, management, and oversight is governed by the following guiding principles:

▪ **Member-Centered Case Management**

The member is the primary focus of the ALTCS program. The member, and family/significant others, as appropriate, are active participants in the planning for and the evaluation of services provided to them. Services are mutually selected to assist the member in attaining his/her goal(s) for achieving or maintaining their highest level of self-sufficiency. Information and education about the ALTCS program, their choices of options and mix of services should be accurate and readily available to them.

▪ **Member-Directed Options**

To the maximum extent possible, members should be afforded the opportunity to exercise responsibilities in managing their personal health and development by making decisions about how best to have their needs met including who will provide the service, and when and how the services will be provided.

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- **Consistency of Services**

Service systems are developed to ensure a member can rely on services being provided as agreed to by the member and the MCO.

- **Accessibility of Network**

Access to services is maximized when services are developed to meet the needs of the members. Service provider restrictions, limitations or assignment criteria are clearly identified to the member and family/significant others. Service networks are developed by the MCOs to meet members' needs which are not limited to normal business hours.

- **Collaboration with Stakeholders**

The appropriate mix of services will continue to change. Resources should be aligned with identified member needs and preferences. Efforts are made to include members/families, service providers and related community resources, to assess and review the change of the service spectrum. Changes to the service system are planned, implemented and evaluated for continuous improvement.

The ALTCS population is comprised of three main categories of membership which determines the entities that are responsible for providing their healthcare. Individuals who are elderly or individuals with physical disabilities (EPD) are currently served by one of three MCOs (Bridgeway Health Solutions, Mercy Care Plan and UnitedHealthcare Community Plan). Individuals with developmental disabilities are served by the Arizona Department of Economic Security, Division of Developmental Disabilities (DDD). Individuals who are American Indians can choose to be served by a Tribal Contractor. American Indians enrolled with Tribal Contractors receive case management services from the Tribal Contractor; all other services are provided on a fee-for-service basis.

As of December 2015, there are a total of 58,091 individuals served by the ALTCS program. The following is an outline of where the current ALTCS membership resides. A total of 86% of the ALTCS membership reside in a HCBS setting (own home or alternative residential setting). Conversely, 14% of the ALTCS membership either resides in an institutional setting or the placement data is not currently available at this time.

Setting	EPD	DDD	AIHP	Total Membership
Own Home	13,476 (50%)	24,240 (84%)	1,871 (74%)	39,587 (68%)
Alternative Residential	6,181 (23%)	4,058 (15%)	65 (3%)	10,304 (18%)
Institution	7,199 (27%)	406 (1%)	595 (23%)	8,200 (14%)
Total	26,856	28,704	2,531	58,091

AHCCCS is considering the option of implementing Electronic Visit Verification (EVV) for in-home services, provided to the 68% of members living in their own homes, including attendant care, personal care, homemaker, habilitation and respite services. The purpose of the RFI is to explore

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what opportunities may exist in the marketplace to verify in-home service delivery including date of service, site of service, provider of service and duration of service.

AHCCCS is interested in meeting the following objectives through the implementation of EVV:

- Ensuring timely service delivery for members including real time service gap reporting and monitoring
- Reducing administrative burden associated with hard copy timesheet processing by AHCCCS providers
- Generating cost savings from the prevention of fraud, waste and abuse

3. INFORMATION REQUESTED:

If a vendor is interested in responding to any or all of the areas identified, AHCCCS is requesting the following detailed written response:

- 3.1 The vendor should describe how your firm delivers this type of service in similar Medicaid settings or other similar health care settings for home care service delivery.
 - 3.1.1 Describe and discuss the population characteristics of individuals currently served by your system(s) (i.e. number of members, types of populations and special needs of the populations, etc.)
 - 3.1.2 Discuss strategies employed to garner customer satisfaction and include any satisfaction survey data, if available.
 - 3.1.3 Describe the process for the implementation of the system including workplans, timelines for implementation and training for all user populations (individuals, providers, State Medicaid Agency and MCOs). If available, provide examples of implementation whereby the vendor was an exclusive vendor in a single geographic area and/or one vendor amongst several in a geographic area.
- 3.2 The vendor should include information regarding its experience and capability as it relates to this type of service.
 - 3.2.1 Provide a detailed description of the EVV system. At a minimum, the description must include the following:
 - 3.2.1.1 Functionality of the system including the devices, technology and infrastructure requirements for both individuals receiving services and service providers (e.g. cellular phones, fixed device in home, tablet, internet, GPS, other)
 - 3.2.1.2 Security features of the system that confirms the identity of both the provider of service and individual receiving the service and replace the need for a hard copy or electronic signature
 - 3.2.1.3 Flexibility of the system to allow for manual overrides and instances whereby manual overrides are allowed

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- 3.2.1.4 Real time data collection and monitoring including data storage and record retention
 - 3.2.1.5 Features of the system that address needs of special populations of both service providers and individuals receiving services (e.g. individuals with limited English proficiency, individuals with vision and/or hearing impairments, etc).
 - 3.2.1.6 Features of the system that addresses the provision of EVV in rural areas where technology infrastructure is limited or non-existent.
 - 3.2.1.7 Contingency plans for when a system may be temporarily unavailable or inoperable
 - 3.2.1.8 Other features of the system outside of verification of service delivery (e.g. scheduling, billing, monitoring health and safety of individuals receiving services, etc.)
- 3.2.2 Identify any challenges you have faced with EVV implementation and ongoing management and provision of the service including challenges specific to service providers and individuals receiving services. For example, unintended consequences or financial costs to the individual receiving services. Describe solutions or efforts to mitigate challenges that were employed.
- 3.2.3 Describe the systems capability of interfacing with multiple service providers who have existing EVV, timekeeping and payroll systems including a description of how the data is collected and reported in a uniform/streamlined manner to an MCO or State Medicaid Agency.
- 3.3 The vendor should provide potential benefits of implementing this service in Arizona or any other supporting information that may assist in our justification to fund this type of service. (Return on Investment, positive outcomes for members, cost avoidance). Provide data, if available.
- 3.4 Financial/Total Cost of Ownership
 - 3.4.1 Provide complete operational and implementation cost details for all parties, including individuals served, providers of service, managed care organizations, and the state Medicaid agency. Information should be provided on the costs associated with any tool or technology and the operational costs. Specify if the solution must be purchased versus rented.
 - 3.4.2 Provide, to the extent possible, an estimated cost model to purchase, implement, and operate your described solution including unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables.
 - 3.4.3 Respondents must clearly state all assumptions underlying your pricing responses (e.g., charge basis, charge variances and sensitivities, etc.).

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4. CONTENTS OF YOUR RESPONSE

If you are interested in responding to any or all of the areas identified above, AHCCCS is requesting the following

- 4.1 **Detailed Written Response** to any/all areas listed above.
- 4.2 **Presentations/ Demonstrations:** Respondents may have the opportunity to schedule a 60-minute presentation with select AHCCCS management. Please indicate your willingness to schedule an in-person presentation. Should this opportunity become available, AHCCCS will contact you with dates and times that are convenient for both parties. AHCCCS reserves the right to decide if presentations will be scheduled for some or any of the respondents.
- 4.3 **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.

5. HOW TO RESPOND

- 5.1 Submit one (1) electronic copy of the RFI response via email attachment
- 5.2 Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- 5.3 Submit your response electronically (or by mail/physically) to the procurement officer listed on the front page of this RFI.

6. CONFIDENTIAL/PROPRIETARY INFORMATION:

- 6.1 To the extent allowed by law, information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law and as such, are open to public inspection after this time.
- 6.2 **Detailed Legal Analysis:** If a Respondent believes that a specific portion of its response contains information that should be withheld from public inspection due to confidentiality, the Respondent shall submit to the Procurement officer a detailed legal analysis, prepared by legal counsel, which sets forth the bases for the requested non-disclosure and the specific harm or prejudice which may arise if disclosed. The analysis shall be presented to the Procurement Officer at the same time as the bid, proposal, offer, specification or protest.
- 6.3 **Redacted Version of Response:** If any pieces of your response are being requested to be kept confidential, and withheld from public viewing, please submit an additional redacted copy of the proposal ON A SEPARATE CD. This will ensure that our office is crystal clear on

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which version of your response is acceptable for public viewing as opposed to the version that contains confidential information for AHCCCS viewing only.

6.3.1 An entire response shall not be identified as confidential; only those very limited and distinct portions which are considered by the Offeror as confidential may be identified as such.

6.3.2 In the event that AHCCCS receives a request for disclosure of the information, AHCCCS shall disclose the information in accordance with law. Prior to disclosure, AHCCCS will inform the Offeror of such request and provide the Offeror a period of time to take action it deems appropriate to support non-disclosure. The Offeror shall be responsible for any and all costs associated with the nondisclosure of the information.

7. REIMBURSEMENT:

AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.

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 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.

Attachment A: Respondent's Contact Information

Arizona Transaction (Sales) Privilege Tax License No.:

Federal Employer Identification No.:

E-Mail Address: _____

Company Name

Address

City State Zip

For clarification of this response, contact:

Name: _____

Phone: _____

Fax: _____

Signature of Person Authorized to Sign

Printed Name

Title

END OF DOCUMENT

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