



**SOLICITATION AMENDMENT #1**

<p><b>YH19-0025</b> <b>Electronic Visit Verification (EVV)</b></p>	<p>Solicitation Due Date: <b>NOVEMBER 23, 2018</b> <b>3:00 pm Arizona Time</b></p>	<p>Procurement Officer: Melannie Rustein <a href="mailto:procurement@azahcccs.gov">procurement@azahcccs.gov</a></p>
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A signed copy of this amendment must be returned with the proposal and received by the State of Arizona on or prior to the Solicitation due date and time.

1. **Remove ATTACHMENT A – Certification Regarding Boycott of Israel in its entirety**
2. **Remove last sentence on Page 12, Section 5.3.2** - The Contractor shall provide AHCCCS/Med-QUEST members the Contractor’s toll free and TTY/TDY telephone numbers for customer service and user support which shall be available during normal business hours.  
**Replace with:** The Contractor shall provide online and telephonic user support 24 hours a day, 7 days a week, over the life of the contract.
3. **Remove: Proposal Information - Page 59, Section 3** - Offeror shall submit their proposal as **one (1) original and five (6) copies (total of 7 sets)** as well as **one (1) CD, thumb drive or electronic device** with the same information. The proposals should be clearly labeled **“ORIGINAL”** or **“COPY.”**  
**Replace with:** Offeror shall submit their proposal as **one (1) original and six (6) copies (total of 7 sets)** as well as **one (1) CD, thumb drive or electronic device** with the same information. The proposals should be clearly labeled **“ORIGINAL”** or **“COPY.”**
4. **Remove Evaluation Criteria – Page 59, Paragraph 2** - Exceptions to the Terms and Conditions, as stated in the Uniform Instructions, will impact an Offeror’s susceptibility for award.
5. **Remove: Special Instructions to Offerors – Page 59, Section 3.1, Paragraph 2 of 3.1.1 – list of bulleted items in Method of Approach.**
6. **Remove: Scope of Work, Page 11, Section 5.1.18** - Be consistent with the current and future guidance regarding the Office of National Coordinators’ Trusted Exchange Framework and Common Agreement (TEFCA).
7. **Remove: Special Terms and Conditions – Page 74, 11 Fraud and Abuse, Paragraph 11.3**  
**Replace with 11.3:** If a Contractor discovers, or is made aware, that an incident of alleged fraud, waste, and/or abuse has occurred or is occurring, the Contractor shall report the incident to AHCCCS-OIG within 10 calendar days, by completing and submitting the “Report Member, Provider, or Contractor Suspected Fraud or Abuse of the Program” form available on the AHCCCS-OIG webpage. All pertinent documentation that could assist AHCCCS in its investigation shall be attached to the form. Once the Contractor has referred a case of alleged fraud, waste, and/or abuse to AHCCCS-OIG, the Contractor shall take no action to recoup, offset or act in any manner inconsistent with AHCCCS-OIG’s authority to conduct a full investigation, obtain a

comprehensive recovery of any suspected overpayments, and/or impose a civil monetary penalty. In the event AHCCCS-OIG feels it would be beneficial to seek additional and/or clarifying details regarding a referral from the Contractor, AHCCCS-OIG may first choose to request preliminary review work from the Contractor in order to expand the allegation(s) and to obtain further documentation that will support an investigation by AHCCCS-OIG. If AHCCCS-OIG chooses to seek additional and/or clarifying details regarding a referral from the Contractor, the Contractor will have 30 calendar days to provide the requested documentation.”

- 8. **The attached Answers to Questions are hereby incorporated as part of this solicitation amendment.**

<b>OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.</b>	<b>THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.</b>
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: <b>SIGNATURE ON FILE</b>
TYPED NAME:	TYPED NAME: Meggan LaPorte (Harley), CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE: October 26, 2018



**QUESTIONS AND ANSWERS FORM**

**Electronic Visit Verification (EVV) - YH19-0025**

Questions shall be submitted electronically on this form to [Procurement@azahcccs.gov](mailto:Procurement@azahcccs.gov) no later than **Friday, October 12, 2018, 5:00 PM, Arizona Time**

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
1.	Paragraph # or Title	Page #	Vendor Question	<p>From the CMS website, <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-Directives-and-Policies/CIO-IT-Policy-Library-Items/TRA-Volume-1-%E2%80%93-Foundation.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-Directives-and-Policies/CIO-IT-Policy-Library-Items/TRA-Volume-1-%E2%80%93-Foundation.html</a>, it states that “The five volumes of the TRA are available on the CTO Corner TRA SharePoint site. This is an internal CMS website that is not available to the public. If you require these documents but you don’t have access to the site, please request the documents from your CMS project manager/project lead or Contracting Officer's Representative (COR).”</p> <p>Please provide a copy of the CMS Technical Reference Architecture (TRA).</p>	This information is currently not available.
2.	Conduent	RFP Sections 5.3.1, 5.3.3.1 5.6.3 5.8 5.8.1 5.8.2	12 21 30 31 32	<p>Throughout the RFP, there are statements that all written materials shall be made available to members in each prevalent non English language identified by AHCCCS/Med-QUEST.</p> <p>Please provide all the languages identified by AHCCCS/Med-QUEST that will be required.</p>	AHCCCS/Med-QUEST requires that all written materials be provided in both English and Spanish and comply with Section 1557 of the Patient Protection and Affordable Care Act. These materials are to be written using easy to understand language. In addition, the Vendor shall also make available written materials in each prevalent non English language for the Vendor’s service area.

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3.	Conduent	5.6.1.1 & 5.6.1.4	16	<p>Please confirm that the provider agency is required to enter paper timesheets into the EVV System along with an attachment of the paper timesheet.</p> <p>For the uploading of the paper timesheets, is it acceptable that the provider be required to scan and upload the timesheets?</p> <p>Can the AHCCCS/Med-QUEST provide volume or guidance in the event specific volume information is not available?</p>	As noted in the RFP on page 16, paper timesheets are only allowable under limited circumstances and the EVV system shall have the capability to upload and populate data from the timesheet. Volume data is unknown at this time.
4.	Conduent	5.6.3, EVV Equipment Definitions	20  52	<p>In the first paragraph of RFP section 5.6.3, it states The Vendor shall purchase and maintain and shall be considered the owner of all equipment needed for the EVV System during the installation, customization (as applicable), implementation, and ongoing operations.</p> <p>In the third paragraph of RFP section 5.6.3, it states The Vendor shall provide a data collection device (device) used to securely collect an independent verification of each service subject to EVV.</p> <p>And on RFP page 52 in the RFP Definitions, definition #14 states: <b>DEVICES:</b> The technological equipment used to collect visit data. Devices can include: a web based application on a smart phone or tablet, a smart phone, tablet, computer, telephone or any other technology used for the purpose of collecting member visit data.</p> <p>Please confirm that a mobile software application is included in the definition of devices and the vendor is therefore not required to provide a hardware solution to all members.</p> <p>If the vendor is required to provide hardware, please confirm the volumes for Arizona and Hawaii respectively.</p>	As noted in the RFP on page 15, "The Vendors data collection system shall use a variety of technologies and methods to collect data..." Data has been provided in the bidder's library to assist with any and all data estimates.

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5.	Conduent	5.3.2, 5.9	12 32	<p>There appears to be a contradiction in the customer service required. In RFP section 5.3.2, it states that user support is available during “normal business hours” while RFP section 5.9 states that “The Vendor shall provide online and telephonic user support 24 hours a day, 7 days a week, over the life of the contract.”</p> <p>Please clarify the discrepancy, is customer service support to be provided during normal business hours or 24 hours a day, 7 days a week?</p> <p>Please provide anticipated call volumes and types from members, providers, and CD providers and a breakdown based on the type of requests including application type, technical questions, general information questions, login support, etc.</p>	<p>Customer support is to be provided “online and telephonic user support 24 hours a day, 7 days a week, over the life of the contract...”</p> <p>Data is unknown at this time.</p>
6.	Conduent	5.9	32	<p>In the last sentence of the first paragraph it states: “The Vendor shall ensure that online and telephonic inquiries are resolved in no more than 24 hours.”</p> <p>Is AHCCCS requesting an Integrated Voice Response (IVR) system for customer service?</p>	User support is required both online and telephonic. Users must be able to interact with a live person regarding issue resolution.
7.	Conduent	5.11	34	<p>“The Vendor shall submit an annual audited financial statement to AHCCCS/Med-QUEST within ten (10) months of the Vendor’s fiscal year end”.</p> <p>Should audited annual financial statements be submitted with the proposal? RFP Section 3 does not state that as a requirement. If the financial statements are required, is it sufficient for the Vendor to provide a link to their audited financial statements?</p>	Yes, the link would be acceptable if AHCCCS and Med-QUEST would require financials.
8.	Conduent	5.12 Data Security and	35	The RFP section states: “This assessment shall be conducted by an independent, third party Vendor, approved by AHCCCS/Med-QUEST, who is qualified by the federal government to perform assessments on computers that access federal information and has	AHCCCS/Med-QUEST does not maintain a “list” of approved Vendors who provide the referenced services. AHCCCS/Med-QUEST does however retain the right to provide final approval on any Vendor

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		Privacy		experience performing security assessments with other government agencies.” Please provide a list of AHCCCS/Med-QUEST approved Vendors.	selected to provide the said services.
9.	Conduent	5.15.1 & 5.15.2	45	Please clarify if the equation for availability is correct. It appears that the equation should be: <ul style="list-style-type: none"> <li>• “<b>1</b>- unplanned downtime (total downtime- approved downtime) divided by total time (24X7)”</li> </ul> As opposed to the RFP’s equation: <ul style="list-style-type: none"> <li>• “unplanned downtime (total downtime- approved downtime) divided by total time (24X7)”</li> </ul>	Equation should stand as stated in RFP. 24hrs 1 hour planned downtime 1 hour unplanned downtime 22hrs/23hrs 95% up time
10.	Conduent	3.1 5.14-5.19.	59 45-49	SOW Sections 5.1-5.13 are required as a part of the Proposed Method of Approach response. Please confirm that Sections 5.14-5.19 are not to be included.	See Solicitation Amendment 1.
11.	Conduent	3, Proposal Information	59	“Offeror shall submit their proposal as one (1) original and five (6) copies (total of 7 sets)”.  In addition to one (1) original, should the submission include five (5) or (6) six copies?”	It should read one (1) original and six (6) copies. See Solicitation Amendment #1.
12.	Conduent	3.1.4	60	“The Offeror shall limit its written response in this section to fifty-five (55) pages. The method of approach shall be limited to fifty (50) pages and the timeline shall be limited to five (5) pages.”  Do the 55 pages include the Method of Approach and the Experience and Expertise of the Firm and Key Personnel? Are resumes included in the 55 pages?	The 55 page limitation pertains to the Method of Approach. Experience and Expertise are not included in the page limitation.
13.	Conduent	3.1.3 5.14	60 45	“The Offeror shall include a proposed timeline and description for standard implementation and other proposed major milestones. The timeline shall include the option for AHCCCS and Med-QUEST to have different release schedules as part of the final plan. (Section 5.14)”	Yes, 5.14 will communicate the release schedules to all parties.

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				Is Section 5.14, Communication Plan, the correct SOW reference?	
14.	Conduent	4.1	61	<p>“The material should be arranged and submitted in the sequence dictated on the “Offeror's Checklist” for this solicitation.”</p> <p>If the proposal should be arranged and submitted in the sequence dictated on the “Offeror's Checklist” for this solicitation, can the attachments be renamed to be sequential?</p>	Yes
15.	Conduent	Attachment B: Pricing Schedule		Should pricing be submitted in a separate binder?	No
16.	Conduent	2. Evaluation Criteria	59	<p>The RFP states that the evaluation factors are listed in their relative order of importance, but there are no points or weight associated with each factor.</p> <p>Please provide the scoring points for the evaluation of proposals.</p>	AHCCCS/Med-QUEST will not provide scoring points for the evaluation.
17.	Conduent	5.6.3	20	Please confirm that the terms Vendor and SubVendor are used interchangeably.	See Definitions.
18.	Conduent	5.1.5	10	Please provide the entire list of all recognized electronic document formats referenced in the SOW that are expected for this solicitation?	A sample of the docs needed is as follows: Word, Excel, PowerPoint, html, image formats: tif, gif, jpg, png, xml and pdf. A complete listing can be provided once an award is made.
19.	Conduent	5.1.11	10	Since a SaaS solution uses subscriptions rather than traditional licensing, please clarify what is meant by the requirement “turn over any applicable System-related licenses.”	The states are only requesting “applicable” system licensing if they exist for the offering.
20.	Conduent	5.6.1/5.6.1.1	14/16	In both RFP requirements, is the member or member’s responsible party required to independently verify each service received during each visit?	Yes.
21.	Conduent	5.6.1.1	17	Please clarify AHCCCS scenario of multiple DCWs providing service at the same time. It appears that the	As long as the AHCCCS/Med-QUEST requirement is met, Vendors may use

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				requirement is that to accommodate one DCW handing off care to another DCW, DCW 1 will need to log off the system prior to DCW 2 being able to provide services? Is this correct?	different strategies to meet the requirement.
22.	Conduent	5.6.3	20	Do providers/members have the option of using their own device rather than using the state selected devices?	AHCCCS/Med-QUEST does not intend for providers/members to use their own devices. Any device furnished for the purposes of EVV will be limited to EVV functionality only. In addition to outlining a method of approach for this requirement, Vendors may choose to also include options that contemplate a scenario whereby personal devices of either the member or direct care worker may be used for visit verification.
23.	Conduent	5.6.3	20	Do you have an estimate for the number of providers/members who will request Company-owned devices?	Data has been provided in the Bidder's Library to assist with any and all data estimates.
24.	Conduent	5.6.5.6	27	Please clarify the requirement "monitor and track initiation of new services". There should not be any differences in the manner in which new services are managed vs. legacy services.	This requirement stands regardless of whether or not the data is coming from a legacy system or users of the EVV Vendor system.
25.	Conduent	5.12	35	Please clarify the last bullet on the bottom of the page "prevent any user or system administrator from having shared accounts". Is the requirement that no user can have multiple roles under one account, particularly system administrators?	Yes. From a system administrator standpoint, the best practice is to have multiple separate accounts for the sys admin. One as a regular user that they perform daily duties such as email and web browsing and what not, and then another account for elevated privileges such as signing into servers to perform administrative tasks, and that account should be protected with more restrictions (like no remote access to the network). This is meant to minimize risk should there be a compromise, with the



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					regular user account being the one that is more susceptible due to web browsing and email use.
26.	Conduent	5.1.12	36	The second bullet on the page requires that no client data is stored on a device. Would it be permissible that the data be stored on the device temporarily if the device is offline at the end of the visit? The data will sync when the device regains Wi-Fi or cellular access and will be deleted at that time.	Due to the need to function in extreme rural areas where communication accessibility may be limited it would be permissible to store data on the device temporarily until it can regain connectivity and resynch with the main system. The device must be encrypted if any information will be stored on it, even temporarily.
27.	Conduent	2. Evaluation Criteria & 8. Negotiations	59, 62	These sections imply that AHCCCS expects to conduct negotiation of terms and exceptions to the RFP are allowed although any exceptions could impact an Offeror's susceptibility for award.  Please confirm that AHCCCS will allow exceptions to the Terms and Conditions and if so, where should the exceptions be located in the offeror's proposal?	See Solitation Amendment 1.
28.	Conduent	5.6.5.1	25	What EVV vendors are currently being used that a solution would be required to support in a data aggregation scenario?	The list of vendors currently in use by providers is unknown at this time.
29.	Conduent	3.1 5.6, 5.6.1	59-60 14 -23	Section 3.1 Proposed Method of Approach shows System and Data Exchange Requirements and Data Collection on the same level. However, the SOW shows 5.6.1 Data Collection as a sublevel to 5.6 System and Data Exchange Requirements. In addition, Scheduling Module, EVV Equipment and EVV System Capabilities are shown as sublevels to Data Collection in 3.1 but on the same level in the SOW (5.6.2, 5.6.3 and 5.6.4).  Please clarify if the response should be written according to the layout of 3.1 or SOW 5.6.	The format of the method of approach may be determined by the Offeror. See question 10.

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30.	Conduent	5.9	33	How do user support agents access the State systems? Is Citrix or other virtualization involved? Will client be amenable to allowing direct connection via VPN tunnel or other point-to-point connection to systems in lieu of Citrix in order to facilitate use of robotic process automation (RPA) tools to automate certain functions/tasks?	The desire is that the system will be self-contained and exchange information both from and to (if needed) with PMMIS through the use of batch processes and the associated interfaces. If real time or direct interfacing is required those interfaces will need to be defined during requirements definition.
31.	Conduent	5.6.4	24	Will the client be amenable to vendor software integrations with back-end systems? Do APIs exist to facilitate this integration? If so, for which systems?	See question 30.
32.	Sandata Technologies	General Question	N/A	Which MCOs already have an EVV system in place? Please provide the estimated number of lives associated with those MCOs.	Refer to pricing schedule for assumption on percentage of claims from providers that already have an EVV system.
33.	Sandata Technologies	Med-QUEST Overview	5	Does the Hawaii program have self-directed lives? If so – how many members and providers are included?	Refer to the updated HI EVV Data in the Bidder’s Library for self/consumer-directed data estimates.
34.	Sandata Technologies	5.1.4 FEDRAMP	7	This section states, <i>“Prior to award, the Vendor shall provide its FEDRAMP (Federal Risk and Authorization Management Program) SSP (System Security Plan) OR complete the State of Arizona Baseline Infrastructure Security Controls 2017.”</i>  This requirement states, <i>“prior to award”,</i> does the Offeror need to complete these items as part of the RFP submission? If yes, what section should this information be included in?	No, the offerors do not have to submit FEDRAMP information until an award has been made.
35.	Sandata Technologies	5.1.19	11	This section states, <i>“The Vendor must accommodate the payment structure AHCCCS determines including billing and receiving payment from the MCO or the provider agency.”</i>  Please provide additional detail on this process. Please clarify if the Vendor is expected to handle payments and distribute payments.	The Vendor would be responsible for billing entities and receiving payment from those entities. The Vendor would not be responsible for making payments to entities. It is yet to be determined if the billed/paying entities will be MCOs or providers.

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36.	Sandata Technologies	5.3.2	12	<p>This section states, “.....Auxiliary aids and services for persons with disabilities, such as large print, assistive electronic and information technology, TTY/TDY and American Sign Language, shall also be made available to the member upon request and free of charge. ....”</p> <p>Is the Vendor responsible for providing adaptive devices?</p>	Yes.
37.	Sandata Technologies	5.3.3	12	<p>This section states, “... and 5) For all significant communications and publications for members , post the notice specified in 45 CFR 92.8(a) along with taglines in the top 15 languages spoken by individuals with Limited English Proficiency in the State as identified by AHCCCS/Med-QUEST.”</p> <p>Please provide a listing of the 15 languages referenced.</p>	See question 2.
38.	Sandata Technologies	5.6.1.1	17	<p>The fourth bullet in the bulleted list states, “Offer a solution when a member and/or their responsible party who is usually able to verify visits are temporarily incapacitated and unable to verify service delivery.”</p> <p>Please clarify who would be responsible for completing the verification in this scenario.</p> <p>Please clarify how the EVV Vendor would be notified that an alternate approver is authorized.</p>	Please refer to the draft policy 540 in the Bidder’s Library and page 15 of the RFP that addresses how a member or responsible party can delegate visit verification. See page 19 of the RFP for manual verification requirements.
39.	Sandata Technologies	5.6.1.3 Gap Reporting	18	<p>The sixth bullet in the bulleted list states, “Number hours to resolve gaps provided by unpaid DCWs”</p> <p>Please clarify how the Vendor will know if hours have been provided to resolve a gap by an unpaid DCW?</p> <p>Please clarify how the Vendor would know if the DCW is paid or unpaid?</p>	Refer to the draft policy 540 in the Bidder’s Library.
40.			12	<p>This section states, “The Vendor shall provide AHCCCS/Med-QUEST members the Vendor’s toll free</p>	See question 5.

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	Sandata Technologies	5.3.2		<p><i>and TTY/TDY telephone numbers for customer service and user support which shall be available during normal business hours."</i></p> <p>What are the normal business hours for both AHCCCS and Med-QUEST?</p> <p>Please clarify if AZ and HI have a statewide relay service (TTY/TDY) phone number that can be used for communicating with hard of hearing members/providers.</p>	
41.	Sandata Technologies	5.6.5.1 Alternative Data Collection Systems	25	<p>This section states, <i>"...The Vendor shall develop requirements, with final approval by AHCCCS/Med-QUEST, for alternate data collection systems that shall feed into the data aggregation module.".....</i></p> <p>Do Alternative EVV systems have to meet all of the same requirements as the state solution, i.e. gap alerting, languages, required member validation, delayed member verification, etc.?</p>	All alternative EVV systems must meet all the required elements outlined on page 14 in the RFP. The Vendor must meet all requirements in the RFP including gap reporting, functioning as both the data collections and data aggregation systems.
42.	Sandata Technologies	5.14 Communication Plan	45	<p>This section states, <i>"The Vendor shall work with AHCCCS/Med-QUEST on "branding" the EVV System (including a logo) and shall develop and maintain a website where all communication and educational tools and other pertinent EVV information will be posted."</i></p> <p>In the bidders library it appears AZ already has an EVV website <a href="https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/">https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/</a></p> <p>Please clarify whether the Vendor is expected to create and host a new website or whether the state will continue to use the existing website.</p>	The Vendor must create and host a new website.

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43.	Sandata Technologies	3. Proposal Information	59	<p>This section states, "Offeror shall submit their proposal as <b>one (1) original and five (6) copies (total of 7 sets)</b> as well as <b>one (1) CD, thumb drive or electronic device</b> with the same information.</p> <p>Please confirm the number of "copies" required.</p>	See question 11.
44.	Sandata Technologies	3.14	60	<p>This section states, "<i>The Offeror shall limit its written response in this section to <b>fifty-five (55) pages</b>. The method of approach shall be limited to fifty (50) pages and the timeline shall be limited to five (5) pages.</i>"</p> <p>Can the Offeror provide supplemental attachments or exhibits that would not count against the page limit?</p>	No, the maximum page limit is 55 pages for the Method of Approach.
45.	Sandata Technologies	10.6	62	<p>This section states, "<i>IV&amp;V Vendor: An Independent Verification and Validation (IV&amp;V) vendor will be monitoring the project on behalf of CMS and will have access to all materials, technology, communications, and plans submitted by an offeror in response to this solicitation.</i>"</p> <p>Is the IV&amp;V vendor prohibited from bidding for the EVV system?</p>	Yes.
46.	Sandata Technologies	5.8.1 User Training	30	<p>This section states, "<i>....The Vendor shall provide annual training for all users to ensure proper EVV system use and compliance.....</i>"</p> <p>Does the state anticipate all EVV system users to have to be recertified via refresher training annually?</p>	Yes.
47.	Sandata Technologies	5.6.5	24	<p>This section states, "<i>The Vendor's EVV data aggregation component shall send each billing provider a report showing verified visits by the billing provider no less frequently than once each day. The report shall be available in a variety of formats including, but not limited to electronically, PDF, Excel and CSV. The Vendor's EVV data aggregation component shall send each billing provider a report showing the visits that were not verified no less</i></p>	Yes.

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				<p><i>frequently than once each day. The report shall be available in a variety of formats including, but not limited to electronically, PDF, Excel and CSV."</i></p> <p>Please confirm the third-party EVV vendor be required to send all necessary data to support that process?</p>	
48.	Sandata Technologies	5.6.5.8 Interface with Fiscal Employer Agent Systems	27/28	<p>This section states, <i>"The Vendor's EVV System shall have the ability to interface with all contracted Fiscal Employer's Agent Systems."</i></p> <p>Please confirm how many Fiscal Employer Agents are covered under this RFP and list them by name.</p> <p>Will Fiscal Employer Agents also have the ability to select their own EVV system or will they use the state selected system?</p>	<p>All providers will have the flexibility to select their own EVV system or use the state selected system. The AHCCCS provider listing can be found on the AHCCCS website:  <a href="https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/">https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/</a></p>
49.	Sandata Technologies	5.7 Reporting Capabilities and User Portals	28	<p>This section states, <i>"The Vendor's EVV System shall have the ability for authorized users to selectively retrieve, view, export, and print reports (or portions of reports) and shall have the capability to allow authorized users to view query parameters along with query results."</i></p> <p>How many authorized state staff users are anticipated to have access to reporting?</p>	Unknown at this time.
50.	Sandata Technologies	1, AHCCCS Overview	4-6	<p>AHCCCS has over 70,000 active providers in Arizona and Med-QUEST has over 8,000 active providers in Hawaii.</p> <p>Please provide the provider counts broken out by provider agencies versus individual providers who will be required to use EVV.</p>	<p>AHCCCS Response: The Bidder's library has been updated to identify all AHCCCS registered providers for EVV services.</p> <p>Med-QUEST Response: Data is unknown at this time.</p>
51.	Sandata	1, AHCCCS	4	<p>The AHCCCS Overview states there are 58,834 individuals in ALTCS (69% in home, 19% in alt HCBS setting), 403 in SDAC, and 3,219 in AWC.</p> <p>This calculates to roughly 55,396 non-institutional individuals.</p>	EVV is not limited to ALTCS program and will cover all lines of business. Data has been provided in the Bidder's Library to assist with any and all data estimates.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
	Technologies	Overview		<p>The AZ EVVData sheet shows 85,436 unique clients covered by impacted providers.</p> <p>Please specify the total number of unique members by program that EVV will cover?</p>	
52.	Sandata Technologies	1, MedQUEST Overview	6	<p>There are 5,888 individuals served by the QI MCOs, and of these, approximately 60% currently reside in their own home or in the community and 40% reside in an institutional setting. There are 2,841 LTSS individuals served by DDD, and of these, approximately 97% of the membership currently reside in their own home or in the community and 3% reside in an institutional setting.</p> <p>This calculates to roughly 6,289 non-institutional individuals.</p> <p>The HI EVVData sheet shows 5,431 unique clients covered by impacted providers.</p> <p>Please specify the total number of unique members by program that EVV will cover?</p>	<p>AHCCCS Response: See question 51.</p> <p>Med-QUEST Response: Current information in the Bidder's Library contain agency provider claim information. Additional Self-Directed/Consumer-Directed (SD/CD) claim information has been posted to the Bidder's Library. Many individuals access both agency and SD/CD services.</p>
53.	Sandata Technologies	General Question	N/A	Is there an approved budget or appropriation for this project?	Not at this time.
54.	Sandata Technologies	Attachment B: Pricing Schedule	DC/DA Operation	<p>Please provide guidance as to how this section should be completed.</p> <p>For example, should the individual line items (i.e. Devices) be calculated based on projections and then annualized or are you looking for a per item price? If the price is to be calculated based on projections, please provide those projections.</p>	<p>Rows 11 through 30 should be populated by the annualized cost estimate for each cost component. These sum to the Total Cost in Row 35. The Visit Transaction Count assumption has been provided in Row 34. The Total Per Transaction Maintenance Cost (Row 37) is calculated as the Total Cost (Row 35) divided by the Visit Transaction Count (Row 34). The pricing model for this contract is a Per Transaction Maintenance Fee to be paid by the State.</p>

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
55.	Sandata Technologies	Attachment B: Pricing Schedule	DC/DA Operation	Please clarify whether the Vendor will be paid for the variable costs i.e., per device, or will the Vendor only be paid based on the Transaction Maintenance Cost as specified on the DC and DA Operation tabs.	The Vendor will only be paid based on the transaction maintenance cost. Refer to pages 11 and 51 in the RFP.
56.	Sandata Technologies	Attachment B: Pricing Schedule	DC/DA Operation	Row 34 is titled "Visit transaction count".  Please clarify the total count of visits projected. Is this based on claims submitted by providers? As claims can contain multiple visits (or rolled up visits) we want to understand what this count represents.	The Visit Transaction Count represents the projected number of claims submitted by providers.
57.	Sandata Technologies	5.6.1.1	20	The third paragraph from the bottom on page 20 states, "The Vendor's device shall include the ability to turn the GPS feature off and on, distinguish between GPS tracking and ping mode and include a feature that alerts the member that GPS is activated."  Please define "Ping Mode"?	"Pinging" is the function of the phone where it continually "pings" short bursts to identify if a usable tower is in the near vicinity and can be used for transmissions. A phone in a remote area would continue to ping for connectivity until an active tower is found.
58.	Sandata Technologies	Definitions	52	This definition reads " <b>DEVICES:</b> The technological equipment used to collect visit data. Devices can include: a web based application on a smart phone or tablet, a smart phone, tablet, computer, telephone or any other technology used for the purpose of collecting member visit data."  Per the definition, a "device" can be a web based application on a smart phone or tablet. A device can also be a smart phone or tablet itself. If an Offeror proposes a mobile application to collect visit data, are they also required to procure the Smart Phone/Tablet as well?  Likewise, the definition of "device" also may mean a telephone or computer. If the member prefers a landline or computer to collect member visit data, but does not own a telephone or computer, is the Vendor expected to purchase and install these devices as well?	See question 22.



Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
59.	Sandata Technologies	5.11 Financial Audit	34	<p>Based on the proposal layout in Section 3.1.1 Proposed Method of Approach on page 60, it is unclear where Offeror's are to respond to this requirement.</p> <p>Please confirm that AHCCCS expects Offeror's to include something in their narrative in response to this requirement and under which section header/bullet as outlined on page 60.</p>	See question 10.
60.	Sandata Technologies	3.1.3	60	<p>This section states, "The Offeror shall include a proposed timeline and description for standard implementation and other proposed major milestones. The timeline shall include the option for AHCCCS and Med-QUEST to have different release schedules as part of the final plan. (Section 5.14)".</p> <p>Section 5.14 appears to refer to the Communication Plan. Please confirm the section reference at the end of this requirement.</p>	See question 13.
61.	Sandata Technologies	Sections 5.13 – 5.19	36 - 49	<p>Based on the proposal layout in Section 3.1.1 Proposed Method of Approach on page 60, it is unclear where Offeror's are to respond to these Scope of Work requirements:</p> <ul style="list-style-type: none"> <li>5.13 Project Work Plan/Preparation of Deliverables</li> <li>5.14 Communication Plan</li> <li>5.15 System Availability</li> <li>5.16 Data and Record Retention</li> <li>5.17 Continuity of Operations and Recovery Plan</li> <li>5.18 Pending Issues</li> <li>5.19 Administrative Action</li> </ul>	See question 10.
62.	Sandata Technologies	3.1.3	60	<p>This section states, "The Offeror shall include a proposed timeline and description for standard implementation and other proposed major milestones. The timeline shall include the option for AHCCCS and Med-QUEST to have different release schedules as part of the final plan. (Section 5.14)"</p>	See question 10. Yes, the Project Plan will be part of the 5 page limitation.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				Are vendors expected to provide a draft Project Plan (Gantt chart) with their submission? If yes, is this excluded from the page count as the timeline description is limited to only 5 pages?	
63. He 5 pag	Sandata Technologies	5.1.11	10	Please clarify the definition of "Turn over" with respect to any applicable System-related licenses to the AHCCCS/Med-QUEST within thirty (30) calendar days of the request?	AHCCCS functions in response to state and federal mandates. Currently the state is focusing on cloud based tech but this could change and the agency may be required to maintain the solution onsite as a single example.
64.	Sandata Technologies	5.1.4	7	This section states, "Prior to award, the Vendor shall provide its FEDRAMP (Federal Risk and Authorization Management Program) SSP (System Security Plan) OR complete the State of Arizona Baseline Infrastructure Security Controls 2017"  Regarding FEDRAMP, Sandata will have achieved HITRUST certification which incorporates FEDRAMP controls (along with NIST 800-53, MARS-E, ISO-27001 and others. Please clarify if HITRUST Certification satisfies this requirement?	In lieu of FEDRAMP certification, a determination of the offeror's compliance with the State of Arizona Baseline Infrastructure Security Controls will be made prior to final award.
65.	Sandata Technologies	5.4.7	13	This section states, "Comply with the CMS Harmonized Security and Privacy Framework"  Please clarify if HITRUST satisfies this requirement since this incorporates CMS requirements, e.g. MARS-E.	See question 64.
66.	Sandata Technologies	5.6.1.4	19	This section states, "The Vendor's EVV System shall allow for the upload of paper timesheets and other documents"  Please list the "other" types of documents and anticipated volume of each that will need to be collected and stored in the EVV system.	Other types of documents may include various attestations referenced in the RFP and the draft policy 540 located in the Bidder's Library. AHCCCS/Med-QUEST does not know the anticipated volume at this time.
67.			25	This section states, "On an on-going basis, the Vendor shall assess providers' legacy systems for compliance	The RFP requirement applies to both scenarios.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
	Sandata Technologies	5.6.5.1		<p><i>with specified AHCCCS/Med-QUEST requirements and assure that as requirements change, providers update their systems as appropriate</i></p> <p>Please clarify if this responsibility is to assess if the alternate EVV products comply with the State's EVV data collection requirements and/or comply with the State's EVV data aggregation integration requirements.</p>	
68.	Sandata Technologies	5.6.5.4	26	<p>This section states, "The use of this module is optional and is at the provider's sole expense."</p> <p>Please clarify or confirm that the optional billing module only applies to providers using the State's EVV collection system.</p>	At a minimum, but the Vendor can decide to enter into additional business relationships with providers as so desired.
69.	Sandata Technologies	5.5.17	14	<p>This section states, "...The entire System's virtual environments shall be capable of being re-hosted at an AHCCCS/Med-QUEST data center upon request. If not hosted, be described in such detail that AHCCCS/Med-QUEST can create the virtualized environments necessary to house and operate the System in a selected data center."</p> <p>Is it a requirement that our proprietary SaaS delivered COTS solution be re-hosted at an AHCCCS/Med-QUEST data center?</p>	See question 63.
70.	Sandata Technologies	5.10	34	<p>This section states, "...The Vendor's EVV System shall support integration with AHCCCS/Med-QUEST current calendar and e-mail environment and support the importing/exporting of data with popular desktop applications (e.g., Microsoft Excel, Microsoft, Word, Google G Suite)....."</p> <p>What workflow is envisioned for the integration requirement with calendar and email environments?</p>	See question 21.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
71.	Sandata Technologies	Definitions	53	This section states, "3.3. <i>Subcontracts</i> : Offeror shall clearly list any proposed subVendors and the subVendor's proposed responsibilities in the Offer."  Are third party tools integrated into the EVV System considered subcontracted services?	No.
72.	Sandata Technologies	Ownership of Intellectual Property Uniform Terms and Conditions 3.8	65	Will any IP of the COTS solution transfer to the State?	No.
73.	Sandata Technologies	Ownership of Intellectual Property Uniform Terms and Conditions 3.8	65	To what extent will enhancements made to the COTS solution be subject to the requirements of this section?	Any enhancements made to the COTS system shall be considered work for hire and the state shall be considered owner of said property.
74.	Sandata Technologies	Ownership of Intellectual Property Uniform Terms and Conditions 3.8	65	If ownership of IP transfers to the State, will the vendor be able to retain a royalty free license to use and make derivative works to any IP covered by Section 3.8 in its COTS solution?	Yes.
75.	Sandata Technologies	Fraud and Abuse: Uniform Terms and Conditions 11.1 and 11.3	74	What obligation, if any, does this provision place on vendors to analyze claims data for suspected fraud and abuse?	See Solitation Amendment 1.
76.	Sandata Technologies	Ownership of Information and Data: Special Terms and Conditions 17.1	75	Does this provision supersede the IP provisions of the Uniform Terms and Conditions?	Yes.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
77.	Sandata Technologies	Special Terms and Conditions 21 Warranty	77	Is the warranty that the Materials be fully compatible with the State's computer hardware and software environment apply to a COTS solution hosted by the vendor?	See question 76.
78.	Sandata Technologies	Special Terms and Conditions 22 Intellectual Property	77	Does this provision supersede the IP provisions of the Uniform Terms and Conditions?	See question 76.
79.	Sandata Technologies	Special Terms and Conditions 22 Intellectual Property	77	If ownership of IP transfers to the State, will the vendor be able to retain a royalty free license to use and make derivative works to any IP covered by this section in its COTS solution?	See question 76.
80.	Sandata Technologies	Evaluation Criteria	59	This section states, <i>"Exceptions to the Terms and Conditions, as stated in the Uniform Instructions, will impact an Offeror's susceptibility for award."</i>  Where in the proposal format should Offeror's identify exceptions to the terms and conditions?	See question 27.
81.	Sandata Technologies	AHCCCS Overview – Paragraph 2	4	Does this program include non-agency providers outside of CDS (e.g. independent Vendors who provide services and bill for themselves – not associated with a provider agency)?	This scenario does not exist within the AHCCCS or Med-QUEST programs.
82.	Sandata Technologies	5.1.5	10	This section states, <i>"Accept all recognized electronic document formats."</i>  For electronic signature, please confirm that the rules for a low risk signature apply.	The offerors's method of approach should assume all scenarios of low, medium and high risk.
83.	Sandata Technologies	5.6.1.3 Gap Reporting	18	The 9 <sup>th</sup> bullet states, <i>"Percentage of members whose preference level was not met"</i>  Please provide clarification on how member preference level referenced here is defined?	Refer to page 17 of the RFP and the draft policy 540 located in the Bidder's Library.
84.	Sandata Technologies	5.6.5.3	26	The 4 <sup>th</sup> bullet states, <i>"Track service utilization, across all providers, against prior authorization."</i>  Can a single prior authorization span multiple providers?	Yes.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
85.	Public Consulting Group, Inc.	Section 5.1.2	7	<p>This section states, “The System may need to be somewhat customized but shall not be fully customized software.”</p> <p>Question – Can the State provide insight into which aspects of the solution may need the most customization? For example: business rules/logic, reports, dashboards, etc.</p>	Until a solution is proposed, AHCCCS will be unable to identify areas that may need to be customized based on AHCCCS/Med-QUEST business and operational rules. Such items as dashboards and reporting functionality will be needs and may need customization to fit our needs
86.	Public Consulting Group, Inc.	Section 5.1.5	10	<p>This section states, “Accept all recognized electronic document formats.”</p> <p>Question – Is this referring to the data coming into the EVV system from the State’s MMIS or is this a general statement that will also cover 3rd Party EVV data? Does this directly relate to section 5.5.11?</p>	Yes.
87.	Public Consulting Group, Inc.	Section 5.6.1	15	<p>This section states, “The Vendor’s data collection system shall use a variety of technologies and methods to collect visit data including, but not limited to, smart phones, tablets, telephony, fixed location devices and other technologies to collect visit data.”</p> <p>Question – May the vendor utilize anyone of these technologies or must the vendor utilize all of these technologies?</p>	See question 4.
88.	Public Consulting Group, Inc.	Section 5.6.1	15	<p>This section states, “The attestation statement developed by AHCCCS/MedQUEST will outline the responsibilities of the person verifying the service delivery through the EVV System. “</p> <p>Question – Does the system need to facilitate the creation and storage of the attestation statement document?</p>	The system will need to facilitate the storage of the attestation document. Please refer to the draft policy 540 in the Bidder’s Library.
89.	Public Consulting Group, Inc.	Section 5.6.3	20	<p>This section states, “The Vendor shall purchase and maintain and shall be considered the owner of all equipment needed for the EVV System during the installation, customization (as applicable), implementation, and ongoing operations.”</p>	See question 22.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				Question – Is the State willing to consider a Bring-Your-Own-Device (e.g. individual caretakers are responsible for downloading the app onto their personal mobile phones/devices)?	
90.	Public Consulting Group, Inc.	Section 5.6.3	20	This section states, “The Vendor shall provide a data collection device (device) used to securely collect an independent verification of each service subject to EVV.” Does this requirement require the vendor to purchase all data collection devices (e.g. smart phones, tablets, fixed devices, etc.)?	Yes.
91.	Public Consulting Group, Inc.	Section 5.6.5.4	26	<p>This section states, “The Vendor’s EVV System shall include a billing module. The billing module shall:</p> <ul style="list-style-type: none"> <li>• Take individual visit data from the data aggregator;</li> <li>• Generate a claim in the appropriate Medicaid format (e.g. 837) based on the individual visit data;</li> <li>• Submit the claim on behalf of the provider;</li> <li>• Show results of the claims submission via the provider portal; and</li> <li>• Interface with a provider’s or third-party vendors billing system.”</li> </ul> <p>Question – Are the transfer of standardized 837 transaction sets sufficient when interfacing with a provider’s or third-party billing system or is the Vendor expected to support custom integrations?</p>	Yes.
92.	Public Consulting Group, Inc.	Section 5.6.5.5	27	<p>This section states, “For example, AHCCCS or MedQUEST may choose to require the EVV System to provide information to the claims payment system for the purposes of pre-payment review prior to claims processing through both individual and batch processing including detailed information about validated and non-validated visits.”</p> <p>Question – There is mention of submitting claims for pre-payment review. What is the expected format for</p>	The Vendor must be able to perform pre-payment reviews if AHCCCS or Med-QUEST requires it. At the time any further decisions are made, AHCCCS or Med-QUEST will discuss requirements with the Vendor.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				pre-payment reviews? Is this different from an 837I, 837P, or 837R?	
93.	Public Consulting Group, Inc.	Section 5.6.5.7	27	<p>This section states, "The Vendor's EVV System shall have the ability to interface with providers' existing payroll systems for the purpose of sharing validated visit data in order to populate DCWs' timesheets for payroll purposes."</p> <p>Question – Can the State provide detail as to which payroll systems have to be integrated with including file format standards?</p>	As stated in the RFP on page 27, this is an optional feature for providers. The Vendor would need to discuss the requirements with providers who would like this service from the Vendor.
94.	Public Consulting Group, Inc.	Section 5.7.1	30	<p>This section states, "The Vendor shall provide an interface to the existing AHCCCS/Med-QUEST Data Warehouse."</p> <p>Question – Can the State please expand upon what data is in the existing Data Warehouse? Is this including existing data beyond the scope of the EVV solution?</p>	The data exchange between the Vendor and the data warehouse will be one way with the vendor supplying data to AHCCCS data warehouse.
95.	Public Consulting Group, Inc.	Section 5.9	32	<p>This section states, "The Vendor shall provide online and telephonic user support 24 hours a day, 7 days a week, over the life of the contract."</p> <p>Question – Can after-hour support be through an automated voice response system?</p>	See question 6.
96.	Public Consulting Group,	N/A	N/A	Question – Would the state please clarify how the proposals will be scored? Including the percentage for each section scored.	AHCCCS/Med-QUEST will not provide scoring points for the evaluation.
97.	Sing Technologies	5.1.3	7	For clarification purposes, to be considered for this contract the EVV Vendor must currently have a statewide contract with a Medicaid agency, and no exceptions will be considered for software companies without a statewide contract regardless of current contracts that company has with multiple providers across multiple states?	Please refer to the COTS questionnaire located in the RFP.



Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
98.	FEI Systems	Attachment B Pricing Schedule	DC Operatio n and DA Operatio n tabs	Under the Operational Labor subsection, is the State seeking a single row to reflect all labor as the supplied template is configured or should bidders add rows as needed to itemize all staff types?	Add rows.
99.	FEI Systems	Attachment B Pricing Schedule	Impleme ntation Deliverab les Tab	Is it acceptable to the State that bidders populate only Deliverable rows numbered 1 through 8, with the understanding that those rows encompass their respective subparts (a, b, c, d, etc.)?	No.
100.	FEI Systems	Attachment B Pricing Schedule	Impleme ntation Deliverab les Tab	In the column titled Proposed Timeline, does the State want this information supplied as begin/end dates or number of months to complete?	Number of months to complete.
101.	FEI Systems	Overall		Did the state use a vendor to help them write the RFP? If yes, can the state please confirm the name of the vendor?	AHCCCS has used a consultant throughout the development of the RFP.
102.	FEI Systems	Overall		Will the state accept proposals from vendors who have a current contract with AHCCCS and/or MedQUEST for IV&V/PMO or general consulting support services?	Yes, unless the IV&V contract is for this EVV solicitation.
103.	FEI Systems	5.1.3	7	The System is operational and functioning as intended in at least one other State Medicaid Agency. For clarification is there an expected/required time frame for operational and functioning i.e. one year. Would a system in the implementation phase meet this requirement?	Yes.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
104.	FEI Systems	5.1.3	7	The System is operational and functioning as intended in at least one other State Medicaid Agency. We interpret "as intended" to mean the requirements articulated in this RFP. Therefore, the minimum requirement for the operational and functional system would be one contracted with the state Medicaid agency for all member populations with data collection and data aggregation capabilities not an operational functioning system for self-direction with a limited scope. Is this a correct interpretation?	Yes.
105.	FEI Systems	5.1.4 ¶2	7	RFP Section 5.1.4 states "Prior to award, the Vendor shall provide its FEDRAMP (Federal Risk and Authorization Management Program) SSP (System Security Plan) OR complete the State of Arizona Baseline Infrastructure Security Controls 2017". When will the State require the SSP or completion of the Baseline Infrastructure Security Controls?	See question 34.
106.	FEI Systems	5.1.7	10	RFP Section 5.1.7 states the EVV Vendor shall provide a System Architecture Document. When does the State require the delivery of this document?	This will be addressed in the deliverables.
107.	FEI Systems	5.3.3.1	12	Part 2 of Requirement 5.3.3.1 of the RFP states "That written translation is available in each prevalent non-English languages identified by AHCCCS/Med-QUEST", Please identify all the prevalent non-English languages for which the Vendor is required to provide written translations.	See question 2.
108.	FEI Systems	5.6.1.1 ¶1	16	Please explain what is meant by "system edits" and "disposition of the edits". Does this refer to modification of visit data after it is initially recorded by the DCW?	Would not "modify" data submitted. It would edit to insure that data submitted was correct, in the proper location and conformed to the specified rules.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
109.	FEI Systems	5.6.3	20	Will AHCCCS / Med-QUEST consider an alternate solution wherein DCWs utilize a vendor-supplied EVV application resident on their personal mobile devices (or devices supplied by their provider agencies) to perform visit verification, in lieu of the Vendor providing a physical device? The presence of in-home devices such as cell phones and tablets have shown to be problematic and generally not well received by members and/or their representatives in other EVV implementations across the U.S.	Please see the answer to question 4. AHCCCS/Med- QUEST does not intend for providers/members to use their own devices. Any device furnished for the purposes of EVV will be limited to EVV functionality.
110.	FEI Systems	5.6.3.2	22	Since the EVV vendor owns the EVV devices, will they be reimbursed by the state for devices that are lost or stolen?	Please refer to page 51 of the RFP for the definition of transaction fee.
111.	FEI Systems	5.6.5.1	25	Will AHCCCS / Med-QUEST require that all third party EVV systems in each respective state send their EVV data to the data aggregator? If so, is the intention that all visit data be sent to the aggregator for the purpose of claims processing and reporting, or will visit and claims data be sent to the aggregator post-claims processing by the third party EVV?	All third party EVV systems will send data to the state EVV aggregator. It is not required that it be submitted for claims/encounter payment as they could use a third party biller.
112.	FEI Systems	5.7 ¶9	29	Please define DSFM.	The AHCCCS Division of Fee For Service Management
113.	FEI Systems	5.7 ¶17	29	"The Vendor shall provide a list of service providers who meet training and data transmission readiness criteria as defined and within a timeline determined by AHCCCS/Med-QUEST." Is this requirement referring to their training completion status on the EVV application, and their ability to send data to the EVV aggregator?	Yes.
114.	FEI Systems	5.9 ¶12	32	This section states "Vendor shall receive calls from members who are reporting gaps in coverage." Please define gaps in coverage.	Please refer to page 18 in the RFP and the draft policy 540 in the Bidder's Library
115.	FEI Systems	Special Instructions to Offerors - Item #3	59	Please confirm the number of proposals copies required.	See question 11.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
116.	CGI	Paragraph 1	Page 1	Respectfully request that a second round of question submissions be permitted 1-2 weeks after the release of the first Agency responses to questions due 10/12/2018 as we anticipate that once these initial responses are released there will likely be follow up questions.	At this time, we do not anticipate an additional round of questions.
117.	CGI	4th bullet item	Page 60	The bulleted item 'Testing, deployment and roll out support' is listed as a proposal section to be included on Page 60 but there is not a corresponding SOW section for this between User Support and Maintenance and Operations (RFP sections 5.9 and 5.10). Will this SOW detail be provided for this item or will it be deleted via an amendment?	Testing, deployment and roll out are all part of implementation.
118.	CGI	5.6.1	15	<p>Are you seeking both a mobile/tablet application as well as a telephone/voice application to collect EVV data from the Direct Care Worker (DCW)? If a telephone IVR application is required, are the following features required?</p> <ol style="list-style-type: none"> <li>1) What percentage of DCW time entry will use the IVR?</li> <li>2) Touchtone entry?</li> <li>3) Simple speech, directed dialogue or natural language voice recognition?</li> <li>4) How will the DCW be validated?</li> <li>5) Transfer to a call center or other third party?</li> <li>6) Web services connection to a case management system to report EVV data?</li> <li>7) What is the estimated peak hour concurrent call count to the IVR for DCW time entry?</li> </ol>	See question 4.
119.	CGI	5.6.3.1	21	Regarding the installation of in-home EVV devices, are you anticipating that Care Providers own mobile phone/tablet devices or are you expecting the Vendor to supply Care Providers with EVV devices?	See question 22.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
120.	CGI	Pricing Schedule – Visit Transaction Count	DC Operation Tab	What is the estimated peak hour concurrent calls to the IVR for care provider time entry?	Data is unknown at this time.
121.	CGI	3. Purpose of the RFP	7	In Section 3, the RFP states that one of the goals is “Generating cost savings from the prevention of fraud, waste and abuse.” Is there a target level or metrics established that the State wishes to achieve?	No.
122.	CGI	3. Purpose of the RFP	7	Are there documented cases of fraud, waste and/or abuse that the State has uncovered that can be shared?	No.
123.	CGI	5.1.18	11	Given that the proposed solution is to be consistent with the current and future guidance regarding the Office of National Coordinators’ Trusted Exchange Framework and Common Agreement (TEFCA), will it be required that identity be verified to at least IAL 2 as required by TEFCA?	See Solicitation Amendment 1.
124.	CGI	5.6.1	14	Under 5.6.1, the RFP requires securely collecting the identity of the billing provider as well as the identity of the member receiving services. As such, would identity verification consistent with TEFCA be required/preferred for the member as well as the provider?	See question 123.
125.	CGI	5.6.1.1	16	In the event that connectivity is limited or unavailable at a member service location, would the State permit a “store-and-forward” approach to data collected at a location to be transmitted once connectivity is re-established?	See question 16.
126.	CGI	5.6.1.4	19	Can you define cases for when manual visit verification may be required? Do you know what percentage or # of cases may require manual verification?	No.
127.	CGI	5.6.3	20	Will there be any instances where mobile devices other than those supplied by the vendor (i.e., BYOD) may be connected to the system?	See question 22. Visit verification by the member or responsible party may include use personal devices to validate visits through the member portal. Please see page 18 of the RFP.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
128.	CGI	5.7	28	How do users currently access the portal? Is it your intent to allow patients/members to access the portal, as well as providers?	There is no current portal established. Per page 18 of the RFP, a Vendor requirement is to create a member specific portal.
129.	First Data Government Solutions, LP	Special Instructions, 3.1: Proposal Information	59	There seems to be a discrepancy in the submission instructions: "Offeror shall submit their proposal as one (1) original and five (6) copies (total of 7 sets)". The RFP asks for FIVE copies but the number next to it is (6). Please clarify.	See question 11.
130.	First Data Government Solutions, LP	5.1.19 Medicaid / Other Payers	11	For the purposes of section 5.1.19, are the MCOs considered a "Medicaid Payer" or an "Other Payer"? (Does "Medicaid Payer" include the MCOs or just FFS?)	Medicaid payer includes MCOs and FFS.
131.	First Data Government Solutions, LP	5.6.1 Data Collection (also 5.6.3, pp 20-22)	15-19	Would the state consider a Bring Your Own Device (BYOD) – such as a worker/provider-owned smart phone or tablet – to be an acceptable option as long as the BYOD solution meets all of the 21st Century Cures Act and additional Scope of Work requirements, and there is no cost to the member?	See question 22.
132.	First Data Government Solutions, LP	5.3.3.1 Languages (also 5.6.3, page 21)	12	For written translation, please list the specific "prevalent non-English" languages.  What are the "Top 15 languages" spoken by individuals with Limited English Proficiency in the State?	See question 2.
133.	First Data Government Solutions, LP	5.8.2 User Manual	32	Which "alternative formats" are required of the user manual in support of the Americans with Disabilities Act (ADA)?	Alternative formats include, but are not limited to: large print materials (no less than 18 point font), accessible electronic materials, Braille materials and display, audio recordings, taped texts, and other materials using effective methods of making visually delivered materials available to persons who are blind or who have low vision.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
134.	First Data Government Solutions, LP	5.6.1.1	16	The RFP states “Consistent with the AHCCCS/Med-QUEST policy regarding the use of paper timesheets, the Vendor’s EVV system shall account for (under limited circumstances) the use of paper timesheets used in conjunction with a fixed device. The EVV system shall have the capability to upload and populate data from the spreadsheet.” Would an acceptable solution be for the “service provider” to enter the timesheet data via an EVV web interface?	Please refer to the draft policy 540 in the Bidder’s Library and page 16 in the RFP.
135.	First Data Government Solutions, LP	Attachment B Pricing Schedule	Worksheet Tabs	<p>How should Attachment B Pricing Schedule be provided in the response to the State? Format? Attachment D – Offeror’s Checklist includes Pricing as Section 8 of 12, directly incorporated into the body of the response.</p> <p>Does the state want it to be included in the body for both the hard copy and electronic copy, or should the Pricing details (worksheet) be packaged separately. Please clarify.</p>	The format is Excel and can be provided separately from the body of the response.
136.	First Data Government Solutions, LP	5.1.4 Security Controls / User Access	7	<p>Within requirement 5.1.4, there are references to security plans/controls and user/data access forms. Some indicate “prior to award” and some indicate “prior to execution of the contract.” Is it acceptable to provide the completed Baseline Infrastructure Security Controls 2017 along with the appropriate Electronic Data Exchange Forms and External User Affirmation Statements (signed) as a single package prior to execution of the contract?</p> <p>If not, where in the Offeror’s Checklist should the Security Controls worksheet be inserted? With such a large worksheet, what format would the State prefer (such as PDF)?</p>	See question 34.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
137.	First Data Government Solutions, LP	Definition of Terms, #40	53 of 92	<p>Subcontract is defined as “Any Contract, express or implied, between the Vendor and another party or between a subVendor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of the Contract.” Under the requirements, this could mean if we need to provide equipment to care givers or program participants the courier delivering such equipment is a material component of our ability to provide services; we could need to list UPS or FedEx as our subVendors.</p> <p>Please clarify the definition, in particular the extent to which we would need to identify/disclose subVendor relationships and disclose their part in providing the EVV system to the State.</p>	Disclose any sub-Vendor relationships including installation and delivery of devices to members’ homes.
138.	First Data Government Solutions, LP	AHCCCS Overview	4	The RFP states that as of Sept 2017, there are a total of 58,384 individuals served by the ALTCS program. Would all of these individuals have visits verified by the EVV system? Or is it only intended for the 88% that reside in their own home or alternative HCBS setting?	See question 51.
139.	First Data Government Solutions, LP	Med-QUEST Overview	6	The RFP states that as of Sept 2017 there are a total of 8,796 individuals. Would all of these individuals have visits verified by the EVV system? Or is it only intended for the 60% that reside in their own home or alternative HCBS setting?	See questions 51 and 52.
140.	First Data Government Solutions, LP	5.1.3	7	The RFP states: “The system is operational and functioning as intended in at least one other State Medicaid Agency.” To be clear, any vendors who do not have at least one active statewide EVV system would not be considered by AHCCCS, correct?	See question 97.
141.	First Data Government Solutions, LP	5.6.1.4	19	What is the percentage of overall visits the State would need to be manually verified as described in this section?	Unknown at this time.



Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
142.	First Data Government Solutions, LP	5.1.4	7	Is the Vendor required to provide individual Data Exchange Requests and Affirmation Statements from each employee user? Instead, can the Vendor negotiate an enterprise agreement, perhaps as part of a HIPAA BAA agreement?	The vendor is required to meet FEDRAMP standards. FEDRAMP certification is optional. If federal or state law require certification for EVV, the vendor must comply within a reasonable timeframe. The vendor is required to execute data user agreements with each participating service provider agency as a master account holder. In addition, the vendor must ensure that users granted access under each master account have executed data user agreements.
143.	First Data Government Solutions, LP	5.1.4	7	Do Provider Agencies, MCOs, and other EVV system users provide Data Exchange Requests and Affirmation Statements to the State? If so, does the Vendor have a role in this process?	The EVV vendor will have no direct access to AHCCCS/Med-QUEST data systems and therefore these processes are not required.
144.	First Data Government Solutions, LP	5.6.3.1	21	Will the State consider solutions where no home installer is required (for example, a solution where the device comes in a box preconfigured and only needs to be plugged into a charger)?	Yes.
145.	First Data Government Solutions, LP	5.6.5.1	25	What, if any, are the Vendor's responsibilities beyond verifying the technical exchange of data when testing and approving alternate data collection systems proposed by Providers and MCOs?	Please reference page 24 of the RFP.
146.	First Data Government Solutions, LP	5.6.5.5	27	Regarding billed claims data, since some small and medium-sized providers may not have systems capable of providing billing data at the source via an automated interface, will the EVV Vendor be able to obtain billed claim data from the destination MCOs or MMIS instead?	Discussion with awarded vendor can take place.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
147.	First Data Government Solutions, LP	5.9	32	<p>Since the MCOs usually provide a Member support line with the number printed on the member enrollment card, what is the EVV user support line expected to do that is different with regard to “gaps” in service?</p> <p>What tasks is the EVV support line supposed to perform over and above supporting EVV system users in using the system?</p>	Please refer to the draft policy 540 located in the Bidder’s Library.
148.	First Data Government Solutions, LP	5.18	48-49	Will the state accept managing future potential requirements by setting up an annual modification pool under the contract?	No, there will not be an annual modification pool set, however; amendments will be considered as program decisions are made to expand EVV priorities.
149.	First Data Government Solutions, LP	5.4.6, 5.5.9, 5.5.12	13,14	Vendor has standardized on the newer JSON/REST standards that replace SOAP/XML for compatibility with newer mobile technologies. Will the state accept a standard JSON/REST interface solution in place of SOAP/XML?	Yes
150.	First Data Government Solutions, LP	5.5.17	14	Will the state consider a proposal to provide a premise-based solution hosted in an AHCCCS/Med-QUEST data center?	Yes, as long as the solution can be supported in a cloud-based environment such as AWS. Offeror should provide recommended configuration and load parameters for the proposed solution.
151.	First Data Government Solutions, LP	Instruction, Item 5	61	Please provide an estimated timeline of when oral presentations and demonstrations to the evaluation committee would be potentially requested following the submissions of proposals.	Demonstrations will be scheduled sometime in January, 2019.
152.	First Data Government Solutions, LP	1	5	<p>The AHCCCS Overview indicates, “Participating members are supported by the services of qualified fiscal management agent who performs all employer and payroll functions.”</p> <p>Will the state indicate the incumbent FMS agent?</p>	See question 48.
153.	First Data Government Solutions, LP	5.6.3.2	22	What is the state’s repair or replacement expectation for HI Med QUEST or remote areas of AZ where 24 hour express delivery service is not available?	This will be addressed with the Vendor upon award.

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154.	First Data Government Solutions, LP	3.1.4	60	Due to the extensive requirements included in the Scope of Work, in order to provide a complete and detailed response of our EVV solution, would the State consider expanding the number of pages allowed for the method of approach section?	No.
155.	First Data Government Solutions, LP	5.1.17	11	<p>AHCCCS and Med-QUEST retain full data rights as required by the State Medicaid Manual 2083.5. The Vendor shall ensure the System has the capability to provide AHCCCS and Med-QUEST with a full download of all data, in a readily accessible format, should AHCCCS and Med-QUEST choose to discontinue use of the service, as required by 42 CFR 434.10. Data shall be made readily accessible for inclusion into the State's other systems or modules, such as a data warehouse, through extract, application program interface (API), or other means for interoperability.</p> <p>Please explain how AZ will handle the conflict between 42 CFR 434.10 that requires code to be given to a state and SMD# 16-004 RE: Mechanized Claims Processing and Information Retrieval Systems-Enhanced Funding <a href="https://www.medicaid.gov/federal-policy-guidance/downloads/smd16004.pdf">https://www.medicaid.gov/federal-policy-guidance/downloads/smd16004.pdf</a> which defines SaaS components Ownership and Royalty-Free Licensing vs. leasing of the software. For a SaaS system, the EVV should not be required to deliver source code at termination. Only customizations and data in usable format.</p>	Yes.
156.	HHaExchange	AHCCCS and Med-QUEST Overviews	4 – 6	Is this procurement to enable EVV for all AHCCCS/Med-QUEST LTCS members (Fee for service and Managed Care), or is it just for the residual fee for service members? If for fee for service, how many residual fees for service members are currently covered by LTCS under these programs?	EVV applies to all AHCCCS/Med-QUEST lines of business. Data has been provided in the bidder's library to assist with any and all data estimates.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
157.	HHAeXchange	AHCCCS and Med-QUEST Overviews	4 – 6	Will in-home care providers gain free access to the EVV solution for all provider clients regardless of payer type?	Refer to page 11 of the RFP.
158.	MEDsys-HCS	5.6.3.1 Equipment Installation	21	Is the vendor allowed to contract with a provider agency to install the device? Can we use their background records for personnel checks?	Vendors must abide by all provisions in the RFP with respect to the use of sub-Vendors.
159.	MEDsys-HCS	5.6.3	20	Does the EVV Device need to reside in the home or other setting or can the device reside with the caregiver?	It is not mandatory that the EVV device reside in the home of a member.
160.	MEDsys-HCS	5.6.1.2	17	Does the alert need to be within 3 seconds? Our experience has shown that 10 minutes is the average threshold.	3 seconds is preferred but it is discussable with the vendor upon award.
161.	MEDsys-HCS	3	6	What is the total number of devices needed for both Hawaii and Arizona?	Data has been provided in the bidder's library to assist with any and all data estimates. Please refer to the pricing schedule and page 51 for the transaction fee definition.
162.	MEDsys-HCS	5.13	36	Should we submit two separate project plans, one for Arizona and one for Hawaii	No.
163.	MEDsys-HCS	5.13	36	Is there a target date for Go Live for each state? If so, when?	Please refer to the anticipated timeline on AHCCCS' EVV website.
164.	MEDsys-HCS	3	6	Are the Medicare Members for Arizona and Hawaii included in the numbers in sections 1 & 2? If not, how many service recipients can/will be added?	AHCCCS Members that are dually enrolled in Medicare and Medicaid accounted for 2,701,225 of the 7,538,928 claims in FFY 17.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
165.	MEDsys-HCS	5.1.5	10	In what capacity? Does this mean the EVV system should be able to parse these, or simply store them? If the intention is to parse them, please enumerate all "recognized" electronic document formats.	<p>System should be able to store and transmit as needed. An example list is but we can store more than 250 formats including:</p> <ul style="list-style-type: none"> <li>• Microsoft Word (DOC, DOCX)</li> <li>• Microsoft Excel (XLS, XLSX)</li> <li>• Microsoft PowerPoint</li> <li>• Microsoft Rich Text Format (RTF)</li> <li>• Adobe Portable Document Format (PDF)</li> <li>• Adobe Photoshop File Format</li> <li>• AutoCAD Drawing Format</li> <li>• Word Perfect</li> <li>• Lotus 1-2-3</li> <li>• HTML</li> <li>• EML</li> <li>• TIF, TIFF</li> <li>• JPEG</li> <li>• BMP</li> <li>• PNG</li> <li>• GIF</li> <li>• XPS</li> <li>• TXT</li> </ul>
166.	MEDsys-HCS	5.1.16	11	Please define what is expected or what is meant by "initiation of a transaction". Does this mean when a "completed" transaction is sent from the Mobile device or the IVR telephony system to the EVV application's ESB?	Yes.
167.	MEDsys-HCS	5.59	11	Please define what is expected or what is meant by "initiation of a transaction". Does this mean when a "completed" transaction is sent from the Mobile device or the IVR telephony system to the EVV application's ESB?	See question 166.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
168.	MEDsys-HCS	5.6.1.1	16	Is the expectation that a visit should be able to be verified through exchanges of SMS messages between the EVV system and the responsible party, or that the part is alerted a visit needs to be verified so that they can do so through a mobile app or logging into the user portal?	The offer should include or define in the method of approach. See question 4.
169.	MEDsys-HCS	5.6.1	15	How does the 3 second threshold pertain to multiple providers providing services at the same time? If there are multiple providers, how do they all clock in within the 3 second timeframe?	See question 168.
170.	MEDsys-HCS	5.6.5	24	Is there an expectation on delivery method (eg: secured email, ftp, etc)?	Reference required minimum required formats outlined on page 24 of the RFP.
171.	MEDsys-HCS	Pricing Template	DC Operation/DA Operation	We see the visit count, how many Medicaid & Medicare members are there in each?	See question 164.
172.	ACUMEN INC.	5.1.14	10	“Be consistent with the current Medicaid Information Technology Architecture (MITA). “ When was the most recent State Self-Assessment (SS-A) performed?	The SS-A was last completed in early Calendar Year 2017.
173.	ACUMEN INC.	5.1.14	10	“Be consistent with the current Medicaid Information Technology Architecture (MITA). “ What is the As-Is MITA Maturity Scores for the Care Management Business Areas and Business Processes? What To-Be MITA Maturity Scores is AHCCCS/Med-QUEST striving to meet with the EVV?	Care Management Business Area has been rated As Is Level 1. We would seek a Level 2 or higher with the EVV.
174.	ACUMEN INC.	5.1.14	10	Will the AHCCCS provide the most recent SS-A? Bidder review of the SS-A will help to ensure bidders are consistent with the current MITA.	Relevant portions of the MITA SS-A and can be provided to the successful bidder following award.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
175.	ACUMEN INC.	5.13.1 Bullet 1	38	<p>“Support AHCCCS/Med-QUEST and its Vendor(s) in Independent Verification and Validation (IV&amp;V) activities associated with the contract including, but not limited to, completion of the CMS MECT checklists, IV&amp;V Requirements and Design Review, IV&amp;V Progress Reports, CMS Progress Reviews, Operational Milestone Review(s), and CMS Certification(s) Final Review.”</p> <p>Has AHCCCS/Med-QUEST determined the MECT checklists and SRCs for the EVV Project? If so, please provide the list of SRCs. If not, who will be responsible for determining the SRCs and when does the AHCCCS/Med-QUEST project this process will happen?</p>	<p>AHCCCS/Med-QUEST have determined the relevant checklists from the MECT v2.3 include:</p> <ul style="list-style-type: none"> <li>• Access and Delivery Checklist</li> <li>• Information Architecture Checklist</li> <li>• Integration and Utility Checklist</li> <li>• Intermediary and Interface Checklist</li> <li>• Standard and Conditions Checklist</li> <li>• Program Integrity Checklist (MMIS Module)</li> </ul> <p>*The Program Integrity Checklist has the 5 EVV-program related items.</p>
176.	ACUMEN INC.	5.13.1 Bullet 1	38	<p>“Support AHCCCS/Med-QUEST and its Vendor(s) in Independent Verification and Validation (IV&amp;V) activities associated with the contract including, but not limited to, completion of the CMS MECT checklists, IV&amp;V Requirements and Design Review, IV&amp;V Progress Reports, CMS Progress Reviews, Operational Milestone Review(s), and CMS Certification(s) Final Review.”</p> <p>Can the bidders assume the AHCCCS/Med-QUEST have completed R1 and the Vendor’s responsibilities start at R2 Activity 16? If not, please provide an overview of the current status of the R1 Review and what responsibilities the Vendor will have for R1.</p>	<p>Yes. The contract award cannot happen until the states have completed the R1 milestone. The Vendor’s responsibilities will begin with Activity 16 as described in MECT v2.3.</p>

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177.	ACUMEN INC.	5.13.1 Bullet 1	38	<p>“Support AHCCCS/Med-QUEST and its Vendor(s) in Independent Verification and Validation (IV&amp;V) activities associated with the contract including, but not limited to, completion of the CMS MECT checklists, IV&amp;V Requirements and Design Review, IV&amp;V Progress Reports, CMS Progress Reviews, Operational Milestone Review(s), and CMS Certification(s) Final Review.”</p> <p>Can bidders assume the EVV certification effort will comply with the MECT 2.2 or future version? If not, please clarify.</p>	Vendor must comply with the most current issue of MECT (currently v2.3 as of August 2018, and any and all relevant CMS updates to the MECT or through other communications.
178.	ACUMEN INC.	5.13.1 Bullet 1 Attachment B	38	<p>“Support AHCCCS/Med-QUEST and its Vendor(s) in Independent Verification and Validation (IV&amp;V) activities associated with the contract including, but not limited to, completion of the CMS MECT checklists, IV&amp;V Requirements and Design Review, IV&amp;V Progress Reports, CMS Progress Reviews, Operational Milestone Review(s), and CMS Certification(s) Final Review.”</p> <p>The certification effort crosses the implementation phase (R2) and operations (R3) and CMS certification meetings (6 months after go live). How should bidders enter the cost for certification support on the Attachment B Pricing Schedule?</p>	Add where applicable and list as part of your assumptions.
179.	ACUMEN INC.	5.13.1 Bullet 4	38	<p>“Ensure that all project activities, plans and deliverables comply with the requirements of the MECL. “</p> <p>We assume the bidder is only responsible for the Vendor certification activities, plans and deliverables and the AHCCCS/Med-QUEST will be responsible for their activities, plans and deliverables. Please confirm.</p>	Yes.



Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
180.	ACUMEN INC.	5.13.1 Bullet 1 Attachment B	38	<p>“Support AHCCS/Med-QUEST and its Vendor(s) in Independent Verification and Validation (IV&amp;V) activities associated with the contract including, but not limited to, completion of the CMS MECT checklists, IV&amp;V Requirements and Design Review, IV&amp;V Progress Reports, CMS Progress Reviews, Operational Milestone Review(s), and CMS Certification Final Review.”</p> <p>Will CMS certify the AHCCCS and Med-QUEST EVV (2 certification efforts) or jointly (1 certification effort)? If each state is required to perform the certification please provide more detail about the certification processes.</p>	CMS has indicated that the states can jointly certify the system which is our plan.
181.	ACUMEN INC.	5.1.1	7	5.1.1 States the solutions must be a COTS-based software solution. Other Areas of the RFP state SaaS is acceptable. Please clarify Is a SaaS product acceptable?	Yes.
182.	ACUMEN INC.	5.6.3	20	This section states that the Vendor will provide devices to all members and manage the device and equipment. This eliminates any BYOD options. This is not only inconvenient for members who could alternatively simply download an App or use a web browser on their smart phone as opposed to carrying a whole separate device, it will also drive up the cost to the state considerably. Can Vendors propose a more state of the art cost effective solution that incorporates BYOD and equipment deployment options? Since this would also allow a more cost effective option for the state, can we propose an alternative price structure that is more efficient?	See question 22.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
183.	ACUMEN INC.	5.6.1.1	16	The RFP states “the Vendor’s EVV System shall have the capability of collecting and storing data on a device to be uploaded to the system at a later time when connectivity is unavailable or intermittently unavailable.” Storing data on a device is very unsecure and not a best practice. Can Vendors propose a solution that meets the same goal of providing EVV options for areas with no connectivity without storing information on a local device?	Yes.
184.	ACUMEN INC.	5.12	36	<p>This section states:  All data collection devices shall be encrypted and shall:</p> <ul style="list-style-type: none"> <li>• Utilize a secure log in process with unique user identification;</li> <li>• Serve as a device to facilitate data transfer and not store any client data; and</li> <li>• Automatically log out the user after a set period of inactivity, as determined by AHCCCS/Med- QUEST.</li> </ul> <p>This seems to be in contradiction to 5.6.1.1 as mentioned above. We would agree that not storing data on any device is the best security practice. Please confirm that this is an acceptable approach.</p>	Any stored data must be encrypted.
185.	ACUMEN INC.	5.13.1	38	Who is the IV&V for this contract?	To be determined.
186.	ACUMEN INC.	5.13.1	38	If the IV&V for this contract also offers an EVV solution, would the State select a new IV&V to avoid a Conflict of Interest; i.e. IV&V access to EVV competitors’ proprietary EVV Solution?	Yes.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
187.	Optum	Questions	1	We anticipate AHCCCS will receive numerous questions due to the complexity of the RFP. Offerors will require time to review answers and potentially modify the scope of their proposals and properly price. When will AHCCCS provide answers to vendor questions and will AHCCCS consider extending the proposal due date (if necessary) to ensure Offerors have at least four weeks after all answers are published to submit their proposals?	October 26, 2018
188.	Optum	Questions	1	Will Offerors have an opportunity to ask additional questions or request clarifications to any RFP amendments or after AHCCCS provides its answers to the questions submitted on October 12, 2018?	No.
189.	Optum	3. Purpose of the RFP	6	Will H.R.6042 (which was signed into law on July 30, 2018 and among other things delayed FMAP penalties for person care services delivered without EVV) impact the timelines and scope of work in the RFP?	No. Please see the anticipated timeline on AHCCCS' EVV Website.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
190.	Optum	5.1-5.5	7-14	<p>The RFP requires that the proposed system be COTS-based, use cloud-based technologies where advantageous, and be hosted and executed from a virtualized environment. These requirements are in line with a services-based approach where the State purchases technology services instead of customer software licenses and hardware infrastructure. Many vendors offer their solutions through this services-based approach, and CMS has indicated its acceptance of this model. This approach has proven to be more cost – effective and keeps the State’s investment current through product enhancements and releases.</p> <p>The following RFP requirements seem to contradict the desire for a services-based approach:  -5.1.11: Turn over system-related licenses upon request. Vendors who provide a services-based solution provide usage-based licenses rather than licenses to the individual system components that comprise the service.  -5.5.17 Re-hosting in an AHCCCS/Med-QUEST data center upon request. Vendors who provide a services-based solution will not likely be able to provide a re-hosted option.</p> <p>Given the desire to utilize a services-based approach, will AHCCCS please confirm that bidders who propose that type of system are not required to adhere to these types of requirements?</p>	See item #9 above.
191.	Optum	5.1.4	7	The Vendor is required to provide FEDRAMP or State Baseline Infrastructure Security Controls “prior to award.” Will AHCCCS please clarify when the award date will occur and whether this requirement should instead be shortly after the contract service start date?	Please see the anticipated timeline on AHCCCS’ EVV Website.
192.	Optum	5.9 User Support	32	Does the requirement for 24/7 support exclude holidays, or is it 365 days per year?	365 days per year.

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193.	Optum	5.12 Data Security and Privacy	34	Will AHCCCS please confirm the requirement to meet "AHCCCS/Med-QUEST of Arizona security standards and policies set by ADOA/ASET" may be read to apply only to such standards and policies that are applicable to the EVV?	Yes.
194.	Optum	5.12 Data Security and Privacy	35	The Vendor is required to provide any security assessments within 24 hours of finalizing reports. This is a stringent timeframe and could fall on holidays or weekends. Will AHCCCS please change this to a "promptly" standard?	No.
195.	Optum	5.12 Data Security and Privacy	36	The RFP requires the Vendor to "perform patching and corrections related to security vulnerabilities of a critical nature within three (3) business days and those of a major nature within ten (10) business days. AHCCCS/Med-QUEST shall determine the level of criticality in consultation with the Vendor." Since Offerors may use COTS software, there might be delays in receiving patches from commercial companies. Will AHCCCS change the requirement to insert the following additional underscored language or otherwise commit to negotiating mutually acceptable language that addresses the issue? "Perform patching and corrections related to security vulnerabilities of a critical nature within three (3) business days of availability of patches and those of a major nature within ten (10) business days of availability of patches. AHCCCS/Med-QUEST shall determine the level of criticality in consultation with the Vendor."	Discussion with awarded vendor can take place.
196.	Optum	5.2 Subcontracts	67	If the Offeror includes proposed subVendors in its proposal, will the State's acceptance of the proposal and issuance of a contract also constitute acceptance of the subVendors, or is there a separate approval process?	The acceptance of the proposal and issuance of the contract will constitute acceptance of the sub-Vendors.

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197.	Optum	7.5 Compliance with Applicable Laws	69	Will AHCCCS please confirm this provision is limited to those laws in effect at the time the contract becomes effective, and that any subsequent change in law that triggers a corresponding material change in scope or price will be negotiated through a change order and/or contract amendment?	Yes.
198.	Optum	Right to Offset	70	The RFP contains a broad unilateral right for the State to offset against any sums due to the Vendor. Will AHCCCS please amend the RFP or otherwise clarify that the Vendor will first have an opportunity to review, respond, and offer a good faith dispute of any adverse findings and proposed offset before such offset is imposed?	Any adverse action would be incrementally addressed through arbitration, corrective action plans, formal and non-formal discussions.
199.	Optum	9.5.1 Termination	71	Will AHCCCS please confirm that the minimum ten (10) days cure period for contract cancellation provided in section 5.5 of the Special Terms and Conditions will apply to the section 9.5.1 Termination for Default provision contained in the Uniform Terms and Conditions?	Yes.

Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
200.	Optum	18.2 Records	76	<p>The RFP contains a broad requirement to “make available at its office at all reasonable times during the term of this contract and the period set forth in in this section, any of its records for inspection, audit or reproduction by any authorized representative of AHCCCS, State, or Federal government.”</p> <p>Will AHCCCS please confirm that any inspection, audit or reproduction rights will be limited to those records necessary to verify the correctness of the Vendor’s invoices and would not extend to access to the internal financial books and records of the Vendor? In addition, will AHCCCS confirm the Vendor may require third parties to execute a non-disclosure agreement in order to protect the Vendor’s confidential and trade secret information and provide Offerors with reasonable assurance to respond to the RFP that it will be able to protect its sensitive information from third parties?</p>	Yes.
201.	Optum	2.3.3 BAA	84	<p>The HIPAA addendum requires the Business Associate to report unauthorized use or disclosure “not more than twenty-four (24) hours after Business Associate learns of such unauthorized use or disclosure.” Will AHCCCS please amend the RFP or otherwise clarify its willingness to negotiate a notification period of five business days? The law permits even longer periods before notification is required and does so in order that the notice can have more meaningful content.</p>	<p>No, as AHCCCS/Med- QUEST are the responsible party to a breach, our Vendors must notify us in a timely manner so we can help or direct the investigation, mitigation, and eventually the notification to the affected individuals. We are also mandated by the ADOA statewide policy 8240 Incident Response Planning, to report any known breach within 1 hour. We have already extended the reporting period.</p> <p>To clarify, we want the Vendor to notify us of a potential breach as soon as possible. The notification is to us, and not to HHS or the clients.</p>

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202.	Optum	5.1.3 Overall Requirements	7	To foster competition for newer, innovative, and cost-effective solutions that are COTS-based and MITA-aligned, would the State consider changing the requirement for the system to be in production for one year to requiring either: 1) the system to be in production for one year, or 2) the system is a COTS-based solution that is MITA-aligned, on an industry- proven data aggregation platform, and the vendor can demonstrate experience delivering solutions to State Medicaid agencies.	No.
203.	CGI	Interfaces		Could you provide the number of existing EVV systems that we might need to interface with (if a provider/MCO has an EVV system)?	See question 28.
204.	Verizon	SOW		It states this RFI "...is seeking a system with two separate but related components - data collection & data aggregation". Is AHCCCS/Med-QUEST's priority to select a single technology provider that can do both?	Yes.
205.	Verizon	5.6.3		It states "The Vendor shall purchase & maintain..." Can you clarify how you are defining "Vendor"? Is "Vendor" needing to be a <b>single provider of both</b> the EVV data collection & data aggregation <b>AND</b> the EVV Equipment, Equipment Installation, and connectivity (if needed), etc.? Or can they be separate but related "bundled" technology providers?	The Vendor is a single provider of both the EVV data collection and data aggregator. Vendors must abide by all provisions in the RFP with respect to the use of sub-Vendors.
206.	Verizon			Who will be the contracted customer-of-record for the "Vendor"? Who will ultimately be the entity receiving the bill & paying for the service provided by the "Vendor"? AHCCCS/Med-QUEST (e.g. State of Arizona, therefore a government customer)? Or will this be provided by a non-Government MCO's doing business within the state (e.g. Humana, United Health, etc.), deploying a range of selected technology solutions	Please refer to the <a href="#">system model design document</a> located on the AHCCCS EVV Website.



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				"approved" to be deployed within the State of AZ/Hawaii?	
207.	Verizon			If this "EVV system" were enabled by a wireless carrier such as Verizon Wireless, has AHCCCS/Med-QUEST specified if traditional voice communication is to be provided with this solution? Or is this to be 100% data only?	See question 4.
208.	Verizon			If this "EVV system" were enabled by a wireless carrier such as Verizon Wireless, has AHCCCS/Med-QUEST specified is data-enabled telehealth/video communication a requirement for this solution? Or is that out of scope?	Telehealth is outside the scope of this project. As noted in the RFP on page 15, "The Vendors data collection system shall use a variety of technologies and methods to collect data..."