



EXTERNAL INQUIRIES PRE-RELEASE

The AHCCCS Administration received inquiries from external parties that may not pertain to the RFP. The AHCCCS Administration has provided the following responses to these inquiries as they may be relevant for interested parties.

Question Submitted	AHCCCS Response
What percentage of ALTCS dual eligible members are enrolled in D-SNPs, Medicare Advantage plans and traditional Medicare fee-for-service?	As of 1/5/2016, 47% of ALTCS E/PD members are enrolled in D-SNPs; 34% are in other MA plans; 18% are in FFS Medicare and 1% are in other Medicare arrangements (ex. Railroad benefits).
What percentage of ALTCS members are aligned with their Program Contractor's D-SNP offering?	As of 1/5/16, 41% of ALTCS E/PD duals are aligned with their contractor's D-SNP.
What steps, if any, is AHCCCS taking to address the Medicare-Medicaid alignment for ALTCS members?	We have several initiatives to increase dual alignment. First, we require D-SNPs (via the MIPPA contracting process) to have a D-SNP in the counties it holds a Medicaid contract. We also request that plans market to their own members (and not attempt to solicit other plan's members) when outreaching to the non-aligned members. Secondly, AHCCCS sends out notification letters to members periodically to notify them of the benefits of alignment and encourage them to consider it. We also partner with other stakeholder agencies (ex. Area Agency on Aging) to educate their benefits counselors of AHCCCS policies and initiatives to promote alignment. Future initiatives include having plans participate in seamless conversion, pending CMS approval, which is described in CMS's Medicare Managed Care Manual, Chapter 2, section 20.4.
My company, [Company name redacted] has extensive experience in the area of Electronic Visit Verification (EVV). I would like to meet with you to share our experiences doing statewide EVV implementations and some case studies that we have developed.	Thank you for your inquiry. AHCCCS intends to issue a Request for Information (RFI) related to Electronic Visit Verification, and you may submit information at that time. AHCCCS encourages interested parties to subscribe to a ListServ for notification of information regarding the ALTCS E/PD Request for Proposal (RFP) information is available on the AHCCCS website: https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html
I have a question on this Q &A regarding the RFP. How did AHCCCS conclude 41% of LTC members are aligned with the corresponding DSNP?	Thank you for your question. The percentage is the average across the EPD program.
Our contracting department asked me if AHCCCS has a "template" LOI that they prefer the plans to use when we enter into Letters of Intent with Providers. I don't recall seeing these before, but I just wanted to	Thank you for your question. Because your inquiry appears to pertain to the Request for Proposal (RFP), it will be considered through the RFP process. AHCCCS encourages interested parties to subscribe to a ListServ for notification of information regarding the ALTCS E/PD Request for Proposal



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<p>check with you. Does AHCCCS have a prescribed form that they want us to use?</p>	<p>(RFP) information is available on the AHCCCS website: https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html</p>
<p>I was just following the RFP for ALTCS this year, and I do not see anything new. In the past, there had been more information regarding the process posted on the AHCCCS website. We are a current provider for LTC United Family Health, just trying to follow the awards this year.</p>	<p>Thank you for your question. AHCCCS encourages interested parties to subscribe to a ListServ for notification of information regarding the ALTCS E/PD Request for Proposal (RFP) information is available on the AHCCCS website: https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html. This will give you the most up to date information.</p>
<p>Can you tell me which counties will be covered in this RFP?</p>	<p>This procurement is to provide ALTCS services to all members who are elderly and/or physically disabled in the state.</p>
<p>[...] I represent a health insurance company that is licensed in other states and is considering moving into Arizona. In Arizona in terms of a company license, they would either obtain a disability (health) insurance license or a license as a health care services organization (an "HCSO," which is Arizona's version of an HMO) from the Arizona Department of Insurance according to what they would need to write the products they wish to write. They would offer a commercial product in the private insurance market, and they also wish to offer a Medicaid product.</p> <p>Medicaid Question Their question with respect to Medicaid is what, if any, company license would be required. In other words, what types of companies or health plans does Arizona contract with for Medicaid.</p> <p>When we spoke with the Arizona Department of Insurance, they thought that the company might not need a license from the Arizona Department of Insurance to be a Medicaid Managed Care contractor. I am interesting in confirming whether this is the case, as most other states would require the Medicaid contractor to hold a license (typically an HMO or other managed care licenses, but in some cases a health insurance license). If no license is required, is there any other certification, registration, or other pre-requisite that they would have to meet or other information that I should convey to</p>	<p>AHCCCS does not require a company license. Per Arizona Statute: 36-2903. Arizona health care cost containment system; administrator; powers and duties of director and administrator; exemption from attorney general representation; definition A. The Arizona health care cost containment system is established consisting of contracts with contractors for the provision of hospitalization and medical care coverage to members. Except as specifically required by federal law and by section 36-2909, the system is only responsible for providing care on or after the date that the person has been determined eligible for the system, and is only responsible for reimbursing the cost of care rendered on or after the date that the person was determined eligible for the system. B. An agreement may be entered into with an independent contractor, subject to title 41, chapter 23, to serve as the statewide administrator of the system. The administrator has full operational responsibility, subject to supervision by the director, for the system, which may include any or all of the following: 1. Development of county-by-county implementation and operation plans for the system that include reasonable access to hospitalization and medical care services for members. 2. Contract administration and oversight of contractors, including certification instead of licensure for title XVIII and title XIX purposes.</p> <p>The statutory definition of "contractor" under ARS 36-2901(3) is "a person or entity that has a prepaid capitated contract with the administration pursuant to section 36-2904 to provide health care to members under this article either directly or through subcontracts with providers."</p> <p>Current requirements regarding separate incorporation, minimum capitalization and performance bonds can also be found in our contracts on the AHCCCS website</p>



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<p>them to ensure that they would qualify at the time that they apply or bid to participate in the program?</p>	<p>at https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/AcuteCare/AcuteCareAmendmentFinal100115.pdf as well as here: https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html. This shows you what AHCCCS requires in lieu of a license for AHCCCS lines of business.</p> <p>It should also be noted that at this time, AHCCCS requires managed care contractors to be Medicare Dual Special Needs Plans to serve dual eligible members in the GSA's awarded, which may require licensure. AHCCCS can certify these plans when only serving dual eligible members, but the plan would need to meet all other Federal requirements to operate a Medicare Dual Special Needs Plan (D-SNP).</p>
<p>I am looking for the most recent financial information available (revenue, expenses) for ALTCS plans. Does Arizona have disclosure requirements that could provide me with financial information for ALTCS plans? If not, then for all Medicaid Managed Care Plans?</p>	<p>The most recent audited financial reports for all MCOs is on the web at this link https://www.azahcccs.gov/Resources/OversightOfHealthPlans/contractedhealthplan.html</p>
<p>We have a few questions we would like to submit for consideration.</p> <ol style="list-style-type: none"> 1. How many health plans will be in each GSA? 2. If there are multiple health plans does that mean that each county in the GSA will have multiple health plans regardless of the size of the population and number of ALTCS providers? 3. If there will be multiple health plans in small counties has AHCCCS considered that the providers may increase their cost of services and only contract with the highest paying health plan and so driving up the cost for ALTCS services? 4. When a new member is enrolled during a hospital stay will AHCCCS keep the same case management requirements that are in effect now including to assigning a case manager upon enrollment, completing contact within 7 days, completing an assessment within 12 days? These timeframes may not be possible to meet if the member is not able to participate in an assessment due to their current medical condition. 5. Would AHCCCS consider changing the 	<p>Thank you for your inquiry as it relates to the RFP. There is no Q&A process available at this time. A Q&A will be available after the release of the RFP as specified by AHCCCS.</p>



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<p>title for the “Maricopa” GSA to “Central” GSA in recognition of the residents of Pinal and Gila?</p> <p>Thank you in advance for your attention to these inquiries.</p>	
<p>I sit on the AHCA board with Kathleen Pagels. She encouraged me to reach out to you regarding a question we had. I hope that you can help clarify the proposed policy change that was added to the GSA notice that came out last week. Can you tell me when the proposed change to the ALTCS policy listed below is to go into effect?</p> <p>ALTCS Eligibility and Enrollment</p> <p>During an individual’s acute hospitalization, AHCCCS will process an application for ALTCS eligibility. Enrollment of an applicant who is determined eligible will be effective during the hospital stay. Currently, ALTCS eligibility and enrollment determinations for applicants who are hospitalized are made upon discharge rather than during the hospitalization</p> <p>Thank you so much !</p>	<p>Thank you for your question. The ALTCS Eligibility and Enrollment change is effective October 1, 2017.</p>
<p>Hello,</p> <p>Questions:</p> <p>Do any of you know when someone in an acute setting such as a hospital can be approved for ALTCS will take effect? [...] I was thinking it to be October 1, 2017, but not sure?</p> <p>And I was wondering what brought on this change?</p>	<p>Thank you for contacting us. Please see the External Inquiries document on the AHCCCS website (above) for information regarding your question.</p>
<p>[Company Name Redacted] is putting together a presentation about cost savings for members in HCBS settings and wondered if you had any general data about how the program has saved money. Please point me to anything you may have available.</p>	<p>Thank you for your question. Because your inquiry appears to pertain to the Request for Proposal (RFP), it will be considered through the RFP process. AHCCCS encourages interested parties to subscribe to a ListServ for notification of information regarding the ALTCS E/PD Request for Proposal (RFP) information is available on the AHCCCS website:</p> <p>https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html</p>
<p>I wanted to follow-up from a brief phone call we had recently. Ability360 would like to request that the new RFP that is currently being developed include Independent Living Skills Instruction for persons with disabilities.</p>	<p>Thank you for your question. Because your inquiry pertains to the Request for Proposal (RFP), it will be considered through the RFP process. AHCCCS encourages interested parties to subscribe to a ListServ for notification of information regarding the ALTCS E/PD Request for Proposal (RFP) information is available on the AHCCCS</p>

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<p>There are many reasons for this request:</p> <ol style="list-style-type: none"> 1. Elsewhere, mental health providers are providing this service (which includes a pre-employment component) 2. Effective communication leads to enhanced management of home care and health care providers 3. Provides maximum independence, flexibility, self-determination and consumer choice 4. Persons with disabilities will function more independently and reduce the use of health care services. <p>Included in the topics of Independent Living Skills Instruction would be:</p> <ol style="list-style-type: none"> 1. Self-advocacy 2. Financial management 3. Cooking 4. Diet and nutrition 5. Goal setting 6. Public transportation training 7. Understanding one’s disability 8. Pre-employment skills <p>I know this is a very brief outline why we are making this request, but we hope it opens the door to making this an important and valuable part of the RFP and services for persons with disabilities.</p> <p>I invite you to contact me if you have any questions about this request. We are here and available should you want more information as you develop the RFP. Please keep us posted if you would.</p>	<p>website: https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html</p>
<p>I’m interested in seeing the county breakdown of the total spend on Medicaid in Arizona. I’ve looked on the AHCCCS website but haven’t been able to find it. If I could also see it by MCO that would be ideal.</p> <p>Also I’m interested in seeing anything which shows plan profitability by county. I know this one will be more difficult to find.</p>	<p>Thank you for your inquiry. AHCCCS’ Annual Audited Financial Reports are available at the following link: https://azahcccs.gov/Resources/Reports/index.html.</p> <p>The current Contractor Audited Financial statements are also available on the AHCCCS website and area accessible at the following link: https://azahcccs.gov/Resources/OversightOfHealthPlans/contractedhealthplan.html.</p> <p>This information is provided by geographical service area.</p>
<p>Hello []: Can you please confirm the future</p>	<p>The ALTCS RFP is expected to be published in November</p>



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<p>bid cycles for me? ALTCS RFP October 2017 effective date October 2017 Acute RFP October 2017 Effective October 2018 Maricopa RBHA RFP October 2018 Effective October 2019 North South RBHA RFP October 2019 Effective October 2020</p>	<p>2016 with start date of October 1, 2017. The rest of the dates that you have listed below are targets that have been published on our website and publically available at the following link: https://www.azahcccs.gov/PlansProviders/Downloads/RFPInfo/RFPPresentations/2016/JanInfo/AHCCCSUpdate.pdf</p> <p>While the dates do match up to the information published on our website, it is important to understand that those are only targets subject to change at any time.</p>
<p>We haven't seen any word on major decisions regarding EVV. With all the concerns surrounding the process and implementation many are worried and concerned that business will change as we know it.</p> <p>Can you please shed light on when those major decisions will be announced? Hopefully before the RFP would be great. In particular, will there be a spec that everyone can conform to? Will there be multiple awards given or will the state stake itself and all responsible Agencies on one company?</p>	<p>[Requestor name redacted] At this time AHCCCS has not made a determination regarding presentations. If AHCCCS requests presentations, AHCCCS will provide notification to those selected respondents.</p> <p>No other decisions have been made as it relates to your other questions.</p>