 AHCCCS	Notice of Request for Information		AHCCCS Arizona Health Care Cost Containment System 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
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	Non-Emergency Medical Transportation Broker for Fee for Service Population		OF 9

Request For Information (RFI) Procurement Officer/Contact Person:

Mark Held, Sr. Procurement Specialist
 Contracts and Purchasing Section
 701 E. Jefferson, MD 5700
 Phoenix, Arizona 85034

Telephone: (602) 417-4094
 Telefax: (602) 417-5957
 E-mail: Mark.Held@azahcccs.gov
 Issue Date: August 14, 2013

LOCATION: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
 Contracts and Purchasing Section (First Floor)
 701 E. Jefferson, MD5700
 Phoenix, Arizona 85034

**DESCRIPTION: Broker for Non-Emergency Medical Transportation (NEMT) Services
 for Fee for Service Population**

INFORMATION DUE DATE: September 16, 2013 AT 3:00 P.M., Arizona Time

QUESTIONS CONCERNING THIS REQUEST FOR INFORMATION (RFI) SHALL BE FORWARDED TO THE RFI CONTACT PERSON, ON THE AHCCCS QUESTIONS FORM, VIA E-MAIL ON OR BEFORE AUGUST 26, 2013 AT 5:00 P.M., ARIZONA TIME. TELEPHONIC QUESTIONS SHALL NOT BE ACCEPTED. ANSWERS WILL BE POSTED IN THE FORM OF A SOLICITATION AMENDMENT FOR ALL RESPONDENTS OR THE PUBLIC TO VIEW.

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

Responses must be submitted with the solicitation number and the respondent's name and address clearly indicated on the envelope or package. All responses must be typewritten. Additional instructions for preparing a response are included in this request.

Respondents must realize that no Contract will result from your response to this request. Responding to this RFI will not prohibit the respondents from responding to any procurements.

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

RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFI.



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Arizona Health Care Cost Containment
System

701 East Jefferson, MD 5700

Phoenix, Arizona 85034


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1 AHCCCS OVERVIEW

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. As of May 1, 2013, AHCCCS provided coverage to approximately 1.3 million members.


Over 86.5% of the SFY 2012 AHCCCS program's expenditures were through managed care programs. The AHCCCS Administration contracts with Managed Care Organizations that are responsible for providing Acute, Long Term Care, and Behavioral Health Services. A current list of the contracted plans can be found here: <http://www.azahcccs.gov/applicants/healthplans/available.aspx>. The FFS membership is comprised mainly of the Federal Emergency Services (FES) population and American Indians. Detail enrollment information may be found at <http://www.azahcccs.gov/reporting/enrollment/population.aspx>.

The program had a total fund budget for FY 2013 of approximately \$6.1 billion. AHCCCS has approximately 58,000 active providers such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional expenditure data may be posted on the AHCCCS website along with this solicitation.

2 PURPOSE

AHCCCS seeks to solicit responses from vendors for Non-Emergency Medical Transportation (NEMT) brokers that will negotiate rates, arrange transportation and reimburse transportation claims for AHCCCS approved eligible members. The NEMT Broker will be required to ensure that all eligible members receive transportation services that are safe, reliable and on time by providers who are licensed, qualified, competent, and courteous. It is expected broker services will be limited to AHCCCS Fee-For-Service (FFS) members.

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

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3 BACKGROUND OF PROJECT

The AHCCCS Fee for Service (FFS) program expends approximately \$35,000,000 annually for non-emergency transportation services. The claim volume for this service is approximately 500,000 annually, serving 43,000 distinct members. The FFS program currently requires prior authorization for NEMT services when the mileage billed is over 100 miles per claim. Providers can request authorization through the AHCCCS provider web portal, via fax or by phone or, for ALTCS members, through the Tribal case manager. Services provided under this benefit for claims billed for 100 miles and under are audited on a random post payment basis for accuracy.


Services provided under this benefit are allowed only when members are being transported to the closest facility for a covered service.

4 DEFINITIONS

- 4.1 **AHCCCS** – Arizona Health Care Cost Containment System
- 4.2 **MEMBER** - Covered members are enrolled in the American Indian Health Program, Tribal ALTCS, and other FFS populations.
- 4.3 **PROVIDER** – Any person or entity that contracts with AHCCCS or a Contractor for the provision of covered service to members according to the provisions of A.R.S. 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. 36-2901.
- 4.4 **BROKER** - Transportation vendor responsible for establishing a network of providers, operating a central call center, implementing screening to validate eligibility of recipient and trip for coverage, determining the most appropriate mode of transportation, maintaining quality assurance, reporting encounter data, and paying transportation claims.

5 HOW TO RESPOND


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

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5.2 METHODOLOGY (PLEASE LIMIT TO 20 PAGES OR LESS)

Provide a detailed written response that includes the following elements:

- 5.2.1 How do you/would you operationalize the transportation broker services?
- 5.2.2 Do you use a different approach for rural vs. an urban county? If yes please describe.
- 5.2.3 What types of basic reporting packages do you provide?
- 5.2.4 What data elements are included and provided in your standard reports?
- 5.2.5 What types of vehicles do you use for general and special populations?
- 5.2.6 Explain your ability to transport special needs members including the types of vehicles used.
- 5.2.7 How would you coordinate any meals/lodging?
- 5.2.8 Describe your current provider network and service area of the network.
- 5.2.9 Do you provide training for your provider network? If so, please describe, including but not limited to requirements, topics covered and frequency.
- 5.2.10 How do you ensure the safety of the vehicles, and network?
- 5.2.11 Describe the operations of your call center.
- 5.2.12 What are your call center hours of operation?
- 5.2.13 Do you provide translator or interpreter services and what language(s)?
- 5.2.14 How do you ensure timely pick up and drop off times?
- 5.2.15 How do you ensure appropriate billing/tracking of mileage?
- 5.2.16 Describe the workflow of an approval for transportation.
- 5.2.17 How do you ensure appropriate provider coverage for the State?
- 5.2.18 Describe the inclusion of public transportation in your operations.

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5.2.19 Describe how you ensure the appropriateness of services.

5.3 PRICING

5.3.1 Provide, to the extent possible, an estimated pricing model and pricing details to purchase, implement, and operate the described NEMT Broker service for the FFS population in Arizona.

5.3.2 Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.)

5.4 EXPERIENCE AND EXPERTISE (PLEASE LIMIT TO 5 PAGES OR LESS)


5.4.1 Provide a statement of experience, expertise and capability.

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

5.6 ELECTRONIC SUBMISSION: Entire response shall be submitted to the procurement officer listed on the front page in electronic format. Responses may be delivered through documents attached to an email or physically (on a CD) to the procurement officer listed on the front page. Due to AHCCCS’s system restrictions, we are not able to view information on a USB drive so please use a CD or email for submission.

5.7 CONFIDENTIAL INFORMATION: To the extent allowed by law, information contained in a response to a request for information may be considered confidential until the procurement process is concluded or for two years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law. If a respondent believes that any portion of its RFI response is confidential and/or not subject to disclosure under the Arizona Public Records law, the respondent must clearly identify those portions of its response and include a statement detailing the reasons why the information should not be disclosed and listing the specific harm or prejudice that may arise from disclosure. In the event the agency receives a public records request for responses to this RFI, AHCCCS personnel shall determine whether the identified information is subject to disclosure under the law.

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

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5.9 **CONCLUSION:** This RFI is a request for additional information from the vendor community. Unless existing contracts are already in place, AHCCCS would need to pursue formal procurement prior to selection of any new product or tool.



Attachment A – Respondent's Contact Information

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AHCCCS

**Arizona Health Care Cost
Containment System**

701 East Jefferson, MD 5700

Phoenix, Arizona 85034

Arizona Transaction (Sales) Privilege Tax License No.:

Federal Employer Identification No.:

E-Mail Address: _____

Company Name

Address

City State Zip

For clarification of this response, contact:

Name: _____

Phone: _____

Fax: _____

Signature of Person Authorized to Sign

Printed Name

Title

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