Request for Information

#YH16-0070  Delivery System Reform Incentive Payment Program

Procurement Officer:  
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OFFICE ADDRESS:  
AHCCCS  
Procurement Office  
701 E. Jefferson, MD 5700  
Phoenix, AZ  85034

RFI NAME:  Delivery System Reform Incentive Payment Program

RESPONSE DUE DATE:  July 7, 2016  no later than 3:00 pm AZ time

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

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.

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

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

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

RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THROUGH THE ENTIRE RFI.
1. AHCCCS OVERVIEW

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State’s 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. As of March 1, 2016, AHCCCS provides coverage to approximately 1.8 million members in Arizona.

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

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

The program has a total fund budget for SFY 2017 of approximately $13 billion. AHCCCS has over 60,000 active providers in Arizona such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional information may be found on the AHCCCS website reporting page: [https://www.azahcccs.gov/Resources/Reports/federal.html](https://www.azahcccs.gov/Resources/Reports/federal.html).

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

AHCCCS is pursuing a Delivery System Reform Incentive Payment (DSRIP) program as part of its October 1, 2016 renewal of its 1115 waiver with CMS. An overview of AHCCCS’ proposed DSRIP program and its four strategic focus areas can be found [here](https://www.azahcccs.gov/Resources/Reports/federal.html). In order to inform AHCCCS’ planning activity, interested parties are invited to provide responses to the following questions regarding DSRIP program design.

AHCCCS envisions contracting with “DSRIP entities” for the purpose of implementing DSRIP projects related to child and adult behavioral health/physical health integration. An eligible DSRIP entity could consist of a network of independent providers within a geographic region, and/or be an existing large integrated system. Providers affiliated with a DSRIP entity and participating on project implementation would be considered to be DSRIP “Participants.” By virtue of being a Participant, providers would be eligible to receive DSRIP incentive payments as determined by program protocols. Eligible DSRIP entities would need to include pediatric and adult primary care practices and community behavioral health practices (mental health and substance abuse), and have cooperative agreements with AHCCCS health plans. In addition, for the adult population projects, hospitals with inpatient behavioral health services would need to be DSRIP Participants.
AHCCCS seeks the following information from vendors:

1. Would your organization seek to organize and lead a DSRIP entity? If so, please describe (estimates are acceptable):
   - The geographic region you envision your entity serving (please specify counties);
   - Examples of primary care organizations, community behavioral health organizations and hospitals that you would seek to include as DSRIP entity Participants.

2. As noted above, DSRIP entities for projects related to child and adult behavioral health/physical health integration must include pediatric and adult primary care practices and community behavioral health (mental health and substance abuse) practices as Participants. In addition, for the adult population, hospitals with inpatient behavioral health services must be Participants.

   Are there other provider types you would recommend to be included and eligible to serve as Participants for the DSRIP projects related to child and adult behavioral health/physical health integration?

3. AHCCCS envisions that providers would be invited by AHCCCS to serve as a Participant in only one of the three AIHP Care Management Collaboratives (CMCs) in the north, central and south regions, with the exception of a limited number of referral providers serving the state that might be invited to participate in more than one region.

   Do you support such an approach? If not, why, and what alternative approach would you recommend?

4. AHCCCS is considering defining the CMC regions such that Pinal County and the Gila River Indian Community would be aligned with the central (Maricopa) region.

   Do you support such an approach? If not, why, and what alternative approach would you recommend?

5. While AHCCCS is not advocating for providers developing exclusive relationships with other provider organizations through DSRIP entities, for the purpose of incentive payment eligibility, AHCCCS envisions that providers would be permitted to affiliate with only one DSRIP entity for the projects related to child and adult behavioral health/physical health integration.

   Do you support such an approach? If not, why, and what alternative approach would you recommend?
6. Recognizing that some providers serve only an adult or child population while others serve both, AHCCCS is contemplating allowing provider Participants for projects related to child and adult behavioral health/physical health integration to be able to choose whether to work on child projects only, adult projects only or both. (Providers participating in both child and adult integration projects would be eligible to receive incentive payment for both strategic focus areas.)

Do you support such an approach? If not, why, and what alternative approach would you recommend?

3. CONTENTS OF YOUR RESPONSE
If you are interested in responding to any or all of the areas identified above, AHCCCS is requesting the following

3.1 Detailed Written Response to any/all areas listed above.

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

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

4. HOW TO RESPOND

4.1 Submit one (1) electronic copy of the RFI response via email attachment.

4.2 Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.

4.3 Submit your response electronically to the procurement officer listed on the front page of this RFI.

5. CONFIDENTIAL/PROPRIETARY INFORMATION:

5.1 To the extent allowed by law, information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years, whichever occurs first. This RFI and responses to the RFI
are subject to the Arizona Public Records law and as such, are open to public inspection after this time.

5.2 **Detailed Legal Analysis:** If a Respondent believes that a specific portion of its response contains information that should be withheld from public inspection due to confidentiality, the Respondent shall submit to the Procurement officer a detailed legal analysis, prepared by legal counsel, which sets forth the bases for the requested non-disclosure and the specific harm or prejudice which may arise if disclosed. The analysis shall be presented to the Procurement Officer at the same time as the bid, proposal, offer, specification or protest.

5.3 **Redacted Version of Response:** If any pieces of your response are being requested to be kept confidential, and withheld from public viewing, please submit an additional redacted copy of the proposal ON A SEPARATE CD. This will ensure that our office is crystal clear on which version of your response is acceptable for public viewing as opposed to the version that contains confidential information for AHCCCS viewing only.

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

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

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

7. **NO AWARD OF CONTRACT:**
This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract. AHCCCS is in the information gathering stage and no decisions have been made concerning the agency’s intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.
Attachment A: Respondent’s Contact Information

Arizona Transaction (Sales) Privilege Tax License No.: ________________________________

Federal Employer Identification No.: ________________________________

E-Mail Address: ________________________________

For clarification of this response, contact:

Name: ________________________________

Phone: ________________________________

Fax: ________________________________

Company Name: ________________________________

Signature of Person Authorized to Sign: ________________________________

Address: ________________________________

Printed Name: ________________________________

City: __________________ State: ______ Zip: ______

Title: __________________
Intentionally left blank.