



# Request for Information

**#YH21-0008 Health Plan Operations Dashboard**

**Procurement Officer:**

**ISSUE DATE:** July 21, 2020

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

**RFI NAME:** Health Plan Operations Dashboard

**RESPONSE DUE DATE:** August 13, 2020 no later than **3:00 pm** AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY **JULY 29, 2020, 5:00 PM ARIZONA TIME** ON THE Q & A FORM PROVIDED WITH THIS RFI. ANSWERS TO QUESTIONS WILL BE POSTED ON THE AHCCCS WEBSITE FOR THE BENEFIT OF ALL POTENTIAL RESPONDENTS.

Responses to this RFI must be in the actual possession of AHCCCS on or prior to the time and date 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.

# REQUEST FOR INFORMATION

## 1. AHCCCS

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 June 1, 2020, AHCCCS provides coverage to approximately 1.99 million members in Arizona. In addition, AHCCCS administers several Non-TXIX programs through federal grant funds received from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Approximately 85% of AHCCCS' members were enrolled in managed care programs as of May 2020. AHCCCS contracts with Managed Care Organizations (MCOs) that are responsible for providing Acute, Long Term Care, and Behavioral Health Services. A list of contracted plans can be found here: <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

The program has a total fund budget for SFY 2021 of approximately \$16.2 Billion. AHCCCS has over 70,000 active providers in Arizona, such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional information may be found on the AHCCCS website reporting page: <https://www.azahcccs.gov/Resources/Reports/federal.html>

## 2. DEFINITIONS (if needed)

- 2.1. Dashboard: A management tool used to visually summarize, analyze, and display key indicators, metrics, and data points to support data driven decision-making.

## 3. INTRODUCTION / PURPOSE of RFI (and/or Background)

AHCCCS seeks to improve its use of data and data driven decision-making by developing standardized dashboards with key indicators for use by staff and for display on the AHCCCS website to gain insights into its enrollment and utilization data. The purpose of this RFI is to identify and explore opportunities that may exist in the marketplace that will help AHCCCS to achieve its strategic objective to produce accessible data that can be used to inform its clinical, financial, and operational decisions.

- 3.1. To accomplish this, specific goals include:

- 3.1.1. Provide AHCCCS management and external stakeholders with access to meaningful data that enhances the agency's capacity to administer, plan, and evaluate the performance and utilization of the State's programs, Managed Care Organizations (MCOs), providers and members.
- 3.1.2. Develop and implement AHCCCS clinical, financial, and utilization dashboards for use by AHCCCS staff and to be presented externally.

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- 3.2. AHCCCS seeks information from vendors for a solution that provides the following:
  - 3.2.1. Achieves the specific goals via consulting services and/or a software solution.
  - 3.2.2. Has been implemented by other State Medicaid programs and/or Medicaid MCOs.
  - 3.2.3. Uses data including eligibility, claims, encounter, and MCO submitted claims and financial data.
  - 3.2.4. Accounts for all aspects of the installation, implementation, maintenance, and support of the solution, including software upgrades, physical and application security, hardware maintenance, performance monitoring, etc.
  - 3.2.5. AHCCCS will consider a vendor hosted solution or a solution that leverages the tools and processes currently in place in the AHCCCS environment.

## 4. REQUIREMENTS

- 4.1. Overall Requirements
  - 4.1.1. Receive data files from the AHCCCS Mainframe Environment and/or Data Warehouse Environment.
  - 4.1.2. Summarize and analyze data to produce both static and dynamic reports, including in a web-based interface through a Google Chrome browser.
  - 4.1.3. Export summary and analysis data in multiple formats as requested by AHCCCS.
  - 4.1.4. Complies with data privacy and security requirements as applicable.
- 4.2. Maintenance and Updating of Programming
  - 4.2.1. Regular maintenance and updates to enhance functionality and ensure compliance.
- 4.3. Flexibility of Vendor
  - 4.3.1. Up-front set-up and configuration of any consulting and/or software solution to meet AHCCCS needs.
- 4.4. System Compatibility
  - 4.4.1. Compatible with AHCCCS Mainframe Environment and/or Data Warehouse Environment.
  - 4.4.2. Compatible with Google Chrome browser.
- 4.5. Financial/Total Cost of Ownership
  - 4.5.1. Clear delineation of both one-time and ongoing costs.

## 5. INFORMATION REQUESTED:

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

- 5.1. How the vendor has delivered a data dashboard solution to another state Medicaid agency.
- 5.2. How the vendor has delivered a data dashboard solution to a Medicaid MCO.
- 5.3. The vendor's experience and capacity to deliver a solution AHCCCS
- 5.4. Consulting services that would be provided in delivering the solution.
- 5.5. Software and related services that would be provided in delivering the solution.

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- 5.6. Required certifications and/or licenses required to implement the solution.
- 5.7. Existing functionality for dashboards currently deployed with another Medicaid agency and/or Medicaid MCO, including clinical, financial, and utilization tools.
- 5.8. How the solution produces graphical visualizations of data to analyze emerging experience via claims, encounter, and reported financial data.
- 5.9. Technical guidance, training, and/or support that would be provided to AHCCCS staff to implement the solution.
- 5.10. Anticipated one-time and ongoing AHCCCS non-financial resource requirements, including AHCCCS staff time commitments to implement the solution.
- 5.11. Financial/Total Cost of Ownership
  - 5.11.1. Provide complete operational and implementation cost details. Information should be provided on the costs associated with any tool or technology and the operational costs. Specify if the solution must be purchased versus rented.
  - 5.11.2. Provide, to the extent possible, an estimated cost model to purchase, implement, and operate your described solution including unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables.
  - 5.11.3. Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.).

## 6. CONTENTS OF YOUR RESPONSE

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

- 6.1. **Detailed Written Response** to any/all areas listed above.
- 6.2. **Presentations/ Demonstrations**: Respondents may have the opportunity, if desired, 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.
- 6.3. **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.

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## 7. HOW TO RESPOND

- 7.1. Submit one (1) electronic copy of the RFI response via
  - 7.1.1. CD; or
  - 7.1.2. Email attachment.
- 7.2. Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- 7.3. Submit your response electronically (or by mail/physically) to the procurement officer listed on the front page of this RFI.

## 8. CONFIDENTIAL/PROPRIETARY INFORMATION:

- 8.1. 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.
- 8.2. ***Please do not submit anything considered "proprietary" or "confidential".***

## 9. REIMBURSEMENT:

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

## 10. 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

Company Name
Address
Federal Employer ID Number

For Clarification of this Response Contact:

Name
Title
Phone
Email

Signature of Authorized Person
Name
Title
Date

**END OF DOCUMENT**

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