

Request for Information

#YH23-0117 External Quality Review Organization (EQRO)Activities

ISSUE DATE: March 1, 2023

Procurement Officer:

Name: Cynthia Smolens

Title: Senior Procurement Specialist Email: PROCUREMENT@azahcccs.gov

RFI NAME: External Quality Review Organization (EQRO)

RESPONSE DUE DATE: March 27, 2023 no later than 3:00 pm AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY March 14, 2023, 3:00 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 submitted electronically to 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.

1. 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 February 1, 2023, AHCCCS provides coverage to approximately 2.5 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).

The program has a total fund budget for SFY 2023 of approximately \$19 billion. Over 12 percent of the AHCCCS program's expenditures in SFY 2022 were through Fee For Service (FFS) programs. 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

AHCCCS has over 126,000 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. PURPOSE OF RFI AND BACKGROUND

AHCCCS is pursuing information for contracting with an External Quality Review Organization (EQRO) to perform various activities as outlined under *Requirements*. The EQRO will work closely with AHCCCS to ensure EQRO activities and related reporting satisfies applicable federal and State requirements.

Additional Background on Compliance Reviews

AHCCCS refers to Compliance Reviews describe under 42 CFR 438.358(b)(1)(iii), as Operational Reviews (ORs). ORs are performed to ensure MCO oversight, as required by CMS, and to determine if the MCOs satisfactorily meet federal and state managed care requirements as well as AHCCCS Contract and Policy requirements. Focus Areas reviewed during the OR include, but are not limited to: corporate compliance, claims information systems, behavioral and physical health service delivery, provider network adequacy, member information, medical management, quality management, quality improvement, and long term care services and supports. One complete OR of an MCO, for a single Line of Business (LOB), takes approximately 10 months and incorporates a desk level file review, on site interviews, and a corrective action process. Refer to The AHCCCS Contract and Policy Dictionary for definition of LOB. A Corrective Action Plan may be required at the conclusion of the OR scoring; all related CAPs are to be closed within six (6) months of acceptance. The information gathered from the ORs is provided to the AHCCCS-contracted EQRO for its use as described in 42 CFR 438.364 and Executive Summaries of the OR findings are posted to the AHCCCS website:

https://azahcccs.gov/Resources/OversightOfHealthPlans/OpReviews.html

3. REQUIREMENTS

3.1 Information provided in responses must meet the requirements of External Quality Review Organizations and EQR-related activities (42 CFR 438.358). Refer also to www.medicaid.gov for External Quality Review Protocols. The CMS External Quality Review (EQR) Protocols include information on both mandatory and optional EQR-related activities. AHCCCS is requesting information related to the following mandatory and optional EQR-related activities:

3.2 Mandatory EQR Activities

3.2.1 Compliance Reviews

3.2.1.1 Performing Compliance Reviews of AHCCCS-contracted MCOs as required by AHCCCS and as required in 42 CFR 438.358(b)(1)(iii). Compliance reviews are not restricted to review of federal requirements only; the MCOs are required to meet federal, state, AHCCCS Waiver, and policy-specific requirements.

3.2.2 Network Adequacy Validation

3.2.2.1 Performing validation of MCO network adequacy as required under 42 CFR 438.358(b)(1)(iv).

3.2.3 Nonduplication of Mandatory Activities

3.2.3.1 Identifying areas that could be eligible for deeming through the nonduplication option pursuant to 42 CFR 438.360 by comparing National Committee for Quality Assurance (NCQA) Accreditation Standards with Medicaid regulations to determine the extent to which the NCQA standards meet each part of the regulation for Health Plan Accreditation (HPA), Medicaid (MED module), and Case Management/Long-Term Services and Supports (LTSS) Distinction.

3.3 Optional EQR-Related Activities

3.3.1 Provider-Level Performance Measure Validation

3.3.1.1 Performing provider-level system accuracy evaluations, including those related to financial incentives and value-based programs.

3.3.2 Quality Rating of Managed Care Organizations

- 3.3.2.1 Developing MCO-specific report cards/data dashboards,
- 3.3.2.2 Developing and updating a Quality Rating System (QRS), and
- 3.3.2.3 Developing Quality Strategy Evaluations.

3.3.3 Legislative Reporting

3.3.3.1 Performing legislative reporting which may be in the form of a focus study.

4. 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:

4.1 The vendor shall identify in its response if the vendor is currently an EQRO and in which state(s) it operates in as an EQRO.

Mandatory EQR Activities

Page Limit of Response for Items under Mandatory EQR Activities: Restrict Response to seven (7) narrative pages plus any additional attachments to support the response.

4.2 Compliance Reviews

- 4.2.1 Describe how the vendor delivers EQRO services overall, including Compliance Reviews under 42 CFR 438.358(b)(1)(iii).
- 4.2.2 Based on the vendor's experience, provide a recommended schedule for performing Compliance Reviews with AHCCCS and its contracted MCOs (e.g., total compliance reviews every three years; partial reviews annually; combining all MCO lines of business into one MCO compliance review vs. compliance reviews by line of business). Explain.
- 4.2.3 Based on the vendor's experience, provide an estimate for the time it would take to develop the compliance review process with AHCCCS and its contracted MCOs.
- 4.2.4 Provide potential and known opportunities/benefits and challenges/barriers of implementing the Compliance Review process under the EQRO scope of services for AHCCCS' Medicaid program.
- 4.2.5 Identify technical assistance, training, and capacity-building that would be required for the EQRO to perform Compliance Reviews.
- 4.2.6 Identify any opportunities to enhance current Compliance Review processes with state agencies and MCOs.
- 4.2.7 Based on the vendor's experience, predict the greatest anticipated needs over the next three years. Explain.
- 4.2.8 Explain any innovative ideas for performing Compliance Reviews with AHCCCS and its contracted MCOs.

4.3 Network Adequacy Validation

- 4.3.1 Describe the vendor's experience in validating MCO ability to meet state provider-specific network adequacy standards as required under 42 CFR 438.68(b).
- 4.3.2 Describe the vendor's experience in validating MCO ability to meet timely service access and accessibility consideration as required under 42 CFR 438.206 (1) and (2)).

4.4 Nonduplication of Mandatory Activities

- 4.4.1 Provide considerations regarding having the EQRO perform evaluation of NCQA Accreditation Standards against Medicaid Regulations to reduce or eliminate duplicative oversight responsibilities of its MCOs by identifying AHCCCS deliverables, compliance review standards, etc. that could be eligible for deeming through nonduplication.
- 4.4.2 Describe the vendor's experience working with the NCQA.

Optional EQR-Related Activities

Refer to each section below for page limit requirements.

4.5 Provider-Level Performance Measure Validation

- 4.5.1 Page Limit of Response: Restrict Response to <u>two (2) narrative pages</u> plus any additional attachments to support the response.
- 4.5.2 Describe the vendor's experience and approach in performing provider-level system accuracy evaluations, including those related to financial incentives and value-based programs, such as:
 - 4.5.2.1 Review of provider-level performance measure rates, inclusive of inquiries specific to attribution methods and internal/external validation activities conducted to ensure accuracy of the provider rates,
 - 4.5.2.2 Review of the extent to which provider-level data is processed accurately by the managed care organizations, and
 - 4.5.2.3 Review of the extent to which performance measures reported by the health plans follow the specifications and state reporting requirements.

4.6 Quality Rating of Managed Care Organizations

- 4.6.2 Describe the vendor's experience with developing MCO-specific report cards/data dashboards, including a description and any examples of the vendor's approach for developing such report cards/dashboards? Attachments, such as other state examples will not be included in the three-page limit.
- 4.6.3 Describe the vendor's current knowledge of QRS requirements and expectations per CMS.
 - 4.6.3.1 Describe the vendor's experience in developing and updating a QRS in other states, including a description of the vendor's approach and any examples for developing a Quality Rating System.

4.6.4 Describe the vendor's experience with developing Quality Strategy Evaluations (in alignment with Quality Strategy documentation) in other states, including a description of the vendor's approach and any examples for developing a Quality Strategy Evaluation.

4.7 Legislative Reporting

- 4.7.1 Page Limit of Response: Restrict Response to <u>two (2) narrative pages</u> plus any additional attachments to support the responses.
- 4.7.2 Describe the vendor's experience developing Legislative Reports/focus studies.

Financial

4.7.3 Page Limit of Response for Items under Financial/Cost: No page limit applicable to response on Financial/Cost section.

4.8 Financial/Cost

- 4.8.1 Provide complete operational and implementation cost details separately for each activity above. Include information on the costs associated with any tool or technology, and the operational costs.
- 4.8.2 Clearly state all assumptions underlying your pricing responses (e.g., charge basis, charge variances and sensitivities).

5. CONTENTS OF YOUR RESPONSE

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

- 5.1 <u>Detailed Written Response</u> to any/all areas listed above. Limit responses to the number of pages as required in each section above.
- 5.2 <u>Presentations/ Demonstrations</u>: 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.
- 5.3 <u>A completed Attachment A</u>: 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.

6. HOW TO RESPOND

- 6.1 Submit one (1) electronic copy of the RFI response via email attachment at PROCUREMENT@azahcccs.gov. Indicate the RFI number and company name in the subject line of your email.
- 6.2 Submit a response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.

7. CONFIDENTIAL/PROPRIETARY INFORMATION

- 7.1 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.
- 7.2 Do not submit anything considered "proprietary" or "confidential".
- 7.3 Information received by AHCCCS becomes the property of AHCCCS and will not be returned to the sender.

8. REIMBURSEMENT

AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI or for travel costs associated with presenting the demo.

9. DISCLAIMER/NO AWARD OF CONTRACT

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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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