



Request for Information

#YH17-0108 Integrated Contractors – Affiliated Organization Requirement

Procurement Officer:

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ISSUE DATE:

June 14, 2017

OFFICE ADDRESS: AHCCCS

Procurement Office
701 E. Jefferson, MD 5700
Phoenix, AZ 85034

RFI NAME: INTEGRATED CONTRACTORS – AFFILIATED ORGANIZATION REQUIREMENT

RESPONSE DUE DATE: June 30, 2017 no later than **3:00 pm** AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY June 19, 2017, 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; and at the location indicated above. **Late responses will not be considered.**

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.



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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 January 1, 2017, AHCCCS provides coverage to approximately 1.9 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 86.7% of the AHCCCS program's expenditures in State Fiscal Year (SFY) 2016 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>

The program has a total fund budget for SFY 2017 of approximately \$12.2 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>.

2. PURPOSE OF RFI

AHCCCS is interested in feedback on the following proposals as we move toward further service delivery integration for members through Integrated Contractors effective October 1, 2018. For additional information regarding Integrated Contractor and other related proposals, see the RFI issued on January 24, 2017 at

<https://www.azahcccs.gov/Resources/Downloads/Solicitations/Open/RFIs/YH17-0059/YH17-00592018IntegratedContractorsRFIFINAL.pdf>

Affiliated Organizations

AHCCCS understands that various and complex ownership arrangements currently exist among the current Regional Behavioral Health Authorities (RBHAs) and Acute Care Contractors, and that new corporate structures may be formed and/or current structures may change. Given the complexities of these affiliated organizations and the separate AHCCCS contracts currently in place, AHCCCS proposes the following:

For purposes of this RFI, "Affiliated Organization" means a party that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with an entity.



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If the Offeror awarded an Integrated Contract (the Integrated Contractor) has an Affiliated Organization that holds an AHCCCS RBHA contract serving one or more counties in the same Geographic Service Area (the RBHA affiliate), the Integrated Contractor must make arrangements for a single legal entity to hold both the RBHA and Integrated Contract effective on or before October 1, 2018. This requirement will not apply to Gila or Pinal County

The Integrated Contractor must establish a single brand and market the services provided under both the Integrated Contract and the RBHA contract as a single product.

Former enrollees of an incumbent Acute Contractor affiliate in the same GSA as the RBHA affiliate will be passively assigned to the entity holding both the Integrated Contract and the RBHA contracts.

AHCCCS will amend contracts to address redundancies and/or inconsistencies and may combine appropriate contracts.

AHCCCS will be offering RBHA Contractors (not affiliated with an Offeror awarded an Integrated Contract in the same GSA) the option to expand services in their GSA to include physical health for certain adult members not determined to be seriously mentally ill and non-CMDP children who choose to remain with, or later choose the RBHA as their Integrated Contractor.

If an Offeror is awarded an Integrated Contract in two GSAs, but has an affiliated RBHA in the third non-awarded GSA, the RBHA will not be allowed to elect to become an Integrated Contractor by expanding its scope of services as that would ultimately result in a statewide presence. The successful Offeror may elect to decline an award in one of the awarded GSAs to maintain this election to expand its scope of services as a RBHA.

As currently contractually required, AHCCCS will require the newly awarded Integrated Contractor, or its corporate affiliate, to be a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) in all GSAs in which they hold a contract. The D-SNP shall be appropriately affiliated to meet CMS requirements and approval for Seamless Conversion Enrollment.

3. CONTENTS OF YOUR RESPONSE

If you are interested in responding to this RFI, AHCCCS is requesting the following:

- a. **Detailed Written Response**: Please provide feedback on AHCCCS proposed requirements for the Integrated Contractors RFP effective 10/1/2018.
- b. **Presentations/ Demonstrations**: AHCCCS reserves the right to decide if presentations will be scheduled for some or any of the respondents. 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.



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- c. **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

- a. Submit one (1) electronic copy of the RFI response via email attachment.
- b. Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- c. Submit your response electronically (or by mail/physically) to the procurement officer listed on the front page of this RFI.

5. CONFIDENTIAL/PROPRIETARY INFORMATION:

- a. 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.
- b. **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.
- c. **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.
 - i. 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.
 - ii. 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-



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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: _____

Company Name

Address

City

State

Zip

For clarification of this response, contact:

Name: _____

Phone: _____

Fax: _____

Signature of Person Authorized to Sign

Printed Name

Title

END OF DOCUMENT

Intentionally left blank.