



Request for Information

#YH16-0031 Web Application

Procurement Officer:

ISSUE DATE:

March 10, 2016

Michael Kowren
Procurement Technician
(602)417-4250
Michael.Kowren@azahcccs.gov

OFFICE ADDRESS: **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)**
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD 5700
Phoenix, AZ 85034

RFI NAME: **RFI for Web Application**

RESPONSE DUE DATE: **April 15, 2016** no later than **3:00 pm** AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY **March 28, 2016**, 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.

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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 December 1, 2015, AHCCCS provides coverage to approximately 1.8 million members in Arizona.

Over 82.98% of the AHCCCS program's expenditures in 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: <http://www.azahcccs.gov/applicants/healthplans/available.aspx>

The program has a total fund budget for FY 2016 of approximately \$11.2 billion. AHCCCS has over 55,000 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: <http://www.azahcccs.gov/reporting>.

2. DEFINITIONS

- 2.1 EHR – Electronic Health Record
- 2.2 HIE - Health Information Exchange
- 2.3 Member – A person enrolled with AHCCCS to receive Medicaid covered services.
- 2.4 PHR – Personal Health Record

3. PURPOSE of RFI

AHCCCS seeks information from vendors to engage members through the use of technology; for example apps for smartphones, laptops, PCs and tablets. The purpose includes increasing member engagement and improving our Medicaid member outcomes.

AHCCCS is considering options to increase member engagement through the use of a web application that could be utilized in a variety of ways (i.e., smart phone, tablet, PC, laptop). Member engagement could include but is not limited to help with scheduling and reminders of medical appointments, capturing member satisfaction, ability of medical providers to communicate with members, sharing or uploading of medical records.)

AHCCCS is also exploring options for members that may not have access to mobile data (i.e., smartphone, or tablet). The agency is exploring what (if any) options exist for member that are limited to use of texting and email only.

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:

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- 4.1 Describe how your company delivers this type of service in similar Medicaid settings or other similar health care settings including your company's experience and capability as it relates to this type of service.
 - 4.1.1 What percentage of utilization have you achieved?
 - 4.1.2 When speaking about member engagement, what has your experience been with member opt-in or opt-out member scenarios and how does that affect the engagement and utilization of the application by members.
 - 4.1.3 What is the typical penetration of mobile phones or projected adoption rate for Medicaid members?
 - 4.1.4 How effective is the application, for example, what types of tangible outcomes have you seen across broad populations?
 - 4.1.5 What type of functionality can you offer? What application functionality is most often used? Is there certain application functionality offered that is more widely adopted, or more often used by Medicaid members, than others?
- 4.2 What is the adaptability of the application? How well does the application work across different platforms? What are the advantages/disadvantages between platforms?
- 4.3 Do you have a strategy for engagement of members who may not have a smartphone such as text messaging, desktop computer, tablet, etc.? What type of security measures do you use? What type of data audits do you perform to ensure that data is secure? What is the frequency of your security reviews? Have you ever had any security breaches and how did you respond?
- 4.4 Have you completed any member, provider, health plan, or employer satisfaction surveys for this type of application? If so, please provide results.
- 4.5 Interoperability – Can your application work with standard HIE/EHR /PHR? And transport content? Is your application Meaningful Use certified? Do you have capability if the provider does not have an electronic appointment set-up, i.e. "E-Health"? Can your application set up the appointment if the provider does not have electronic appointment set-up, and send (fax/phone call) to the doctor's office?
- 4.6 Can your application capture and update member consent?
- 4.7 Provide potential benefits of implementing this service in Arizona or any other supporting information that may assist in our justification to fund this type of service. (Return on Investment, positive outcomes for members, cost avoidance)
- 4.8 Is there any other benefit or functionality that benefits members or the State that is not captured in the questions above?
- 4.9 Financial/Total Cost of Ownership
 - 4.9.1 Provide complete operational and implementation cost details. Information should be provided on the costs associated with any tool or technology and the operational costs.

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- 4.9.2 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.
- 4.9.3 Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.).

5. CONTENTS OF YOUR RESPONSE

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

- 5.1 **Detailed Written Response** to any/all areas listed above.
- 5.2 **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.
- 5.3 **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.

6. HOW TO RESPOND

- 6.1 Submit one (1) electronic copy of the RFI response via
 - 6.1.1 CD; or
 - 6.1.2 Email attachment.
- 6.2 Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- 6.3 Submit your response to the procurement officer listed on the front page of this RFI.

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 **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,

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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.

- 7.3 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.
- 7.3.1 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.
- 7.3.2 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.

8. REIMBURSEMENT:

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

9. 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.