

**SOLICITATION AMENDMENT #1**

<b>YH17-0059</b> 2018 Integrated Contractors	Solicitation Due Date: <b>February 27, 2017</b> <b>3:00 pm Arizona Time</b>	Procurement Officer: Tiffanie Blanco Email: <a href="mailto:Tiffanie.Blanco@azahcccs.gov">Tiffanie.Blanco@azahcccs.gov</a>
---	---	---

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

**THIS AMENDMENT IS HEREBY EXECUTED ON SOLICITATION THIS DAY, IN PHOENIX, AZ.**

SIGNATURE:	<b>SIGNATURE ON FILE</b>
TYPED NAME:	Meggan Harley, CPPO, MSW
TITLE:	Chief Procurement Officer
DATE:	February 15, 2017



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
1.	DDD	3. Information Requested #1	8	How will this change affect DDD/ALTCS members enrolled with CRS?	As described in the RFI, AHCCCS is proposing and envisions that members qualifying for CRS who have a developmental disability will be served by DES for all services effective October 1, 2018. Feedback is welcome on this proposal.
2.	DDD	3. Information Requested #4	9	Choice should be for the same for all members.	No response necessary.
3.	DDD	#3. Information Requested; question #4.	9	When the transition occurs for choosing either the newly awarded integrated contractors or their existing RBHAs (for the remainder of the RBHA contract terms) and the question if all members should receive that option in advance of integration or should those using behavioral health services over some period be targeted for choice; what transition plan would minimize confusion at the member, provider and contractor levels? Could the system sustain stability if all members were given that option in advance of integration?	Please include your feedback with responses to the RFI due February 27, 2017.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
4.	DDD	3. Information Requested #7	9	<p>More than one plan with the ability to offer CRS services would offer choice to the members.</p> <p>With regard to more than one plan serving persons with SMI or children in foster care for the Central GSA: Would AHCCCS consider the following? Rather than segregating these populations include them in the suggestion of having a certain number of contracts with entities that are statewide. If this is not a consideration then offer one plan for the Central GSA to avoid potential network complexity for members navigating the system. If member choice is a consideration and more than one plan is offered then require all plans to contract with the same provider network. This avoids members having to switch providers if they switch plans who might not contract with their current provider.</p>	No response necessary. Please provide feedback and suggestions for consideration with responses due on February 27, 2017.
5.	DDD	#3. Information Requested; question #8.	7 & 9	Crisis services' options: To simplify provision of crisis services and the monitoring of these services consider having one statewide crisis	No response necessary.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				line vendor that works with all contractors statewide.	
6.	DDD	3. Information Requested #9	9	<p>Offering an integrated statewide contract to members would be less confusing.</p> <p>Other issues to consider as part of this integration effort?            Segregation of the GMH/SA population to certain clinics and receipt of a different array of behavioral health services in Maricopa County than the SMI population has led to a general misunderstanding among the behavioral health system overall on eligibility for covered behavioral health services as it applies to the DD/ALTCS population. Would this current structure of separate GMH/SA vs. SMI clinics be maintained in Maricopa County?</p> <p>Can AHCCCS provide a clear and simple guideline for how the integrated model and its attendant contractors will apply to the various populations AHCCCS serves (i.e., children, GMH/SA, SMI, CMDP, DD/ALTCS, CRS and Native American populations)?</p>	Please provide feedback and suggestions for consideration with response due February 27, 2017. AHCCCS is not clear what “attendant contractors” are.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
7.	DDD	3. Information Requested #10	10	<p>Statewide coverage would make the most sense.</p> <p>Regarding the best GSA structure for the integrated contract?            Consider offering a certain number of contracts to entities that are statewide vs. sectioning the state's contracts by Geographic Service Areas (GSAs). This would eliminate re-aligning contractors with GSAs every contract cycle, would promote network simplicity for members navigating the system, and would negate the need for inter-RBHA or inter-Health Plan transfers if members move elsewhere in the state. Transfers would only be affected at the subcontracted Provider level vs. at both the RBHA/HP and subcontractor Provider levels.</p>	Please provide feedback and suggestions for consideration with response due February 27, 2017.
8.	DDD	3. Information Requested #11	10	<p>Integration of all areas, without carving out GSAs or groups could strengthen the rural areas by offering the same services statewide.</p> <p>Regarding number of plans per GSA?            Consider offering a certain number of</p>	Please provide feedback and suggestions for consideration with response due February 27, 2017.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				contracts to entities that are statewide vs. a certain number according to GSA for the same reasons as noted in the response to question #10. Differentiating Pima County carves up the geographic service areas even more and will add complexity for members and persons working in the system to understand.	
9.	DDD	3. Information Requested #13	10	<p>Due to the complexity of integration, seven-year contract allows the contractor time to ensure changes have occurred and work effectively.</p> <p>Consider seven year contracts set up the way the Greater Arizona contracts currently are (3 years with two 2 year extensions). This promotes greater stability in the system and allows the contractors time to make system improvements to service delivery vs. time spent focusing on transition and RFP preparation every few years.</p>	Please provide feedback and suggestions for consideration with response due February 27, 2017.
10.	DDD	3. Information Requested #14	10	Web based forums, live streaming or local channel feeds allowing for more of an audience to receive the information and possibly comment.	Please provide feedback and suggestions for consideration with response due February 27, 2017.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				Simplify the information so the community will be able to understand what is being proposed and how it will affect them personally (e.g., population type, where they live). Use town halls, question/answer periods and offer computer based options to view live forums providing the ability to type in questions during the sessions like a live chat option. Use of Facebook Live. A web page devoted to the public to provide comments, thoughts and questions to obtain a wider base of input.	
11.	DDD	CRS: Questions #15 & 16.	11	Regarding should CRS services be offered by all newly integrated contractors or limit the number of plans serving CRS members? Consider rolling CRS service delivery into all newly integrated contractors as this would align with the suggestion to have contractors serve statewide and wouldn't segregate service delivery by population type. Regarding should AHCCCS maintain CRS network requirements for MSICs and for what GSAs?	Please provide feedback and suggestions for consideration with response due February 27, 2017.



**ANSWERS TO VENDOR QUESTIONS**

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				Consider maintaining network requirements for MSICs and have them be statewide.	
12.	DDD	Other Children's Integration Issues: Question #19.	12	<p>Regarding offering fully integrated services with choice of integrated contractor to children with or at risk of autism and what issues should AHCCCS consider as part of this implementation?</p> <p>Why would this population be separate from fully integrated services for all children regardless of diagnosis?</p> <p>This begins to segregate an integrated health care system by either population or diagnosis.</p> <p>Would services offered be different for the ASD population vs. the rest of the children's population?</p> <p>What about network sufficiency for the ASD population in the rural areas of the state or on reservations for the Native American population?</p>	<p>Please provide feedback and suggestions on all topics noted in the question for consideration with response due February 27, 2017.</p> <p>AHCCCS is not proposing that this population is separate. The RFI only highlights that the timing of implementation of integration for these members with or at risk of autism would align with implementation of Integrated Contractors.</p> <p>Services offered for the ASD population would not be different than services for the rest of the children's population.</p>
13.	CRN	Bullet 2	4	If multiple RBHA's exist in the Central GSA, how would regional crisis services be managed?	Please provide feedback including concerns and suggestions for consideration with your response due February 27, 2017.





## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
14.	CRN	Bullet 1	7	If the option of a single point of contact that would be re-directed to regional crisis line – what would drive the logic to ensure caller is directed correctly and how would it be funded and operationalized?	Please provide feedback including concerns and suggestions for consideration with your response due February 27, 2017.
15.	Care1st	3. Information Requested; Question #4	9 of 15	<p>AHCCCS proposes to allow members (Non-dual GMH/SA and children not in foster care) that are utilizing behavioral health services with the RBHA, a choice of either the newly awarded Integrated Contractors or their existing RBHAs (for the remainder of the RBHA contract terms). Should all members receive that option in advance of integration or should those utilizing behavioral health services over some period be targeted for choice?</p> <p><b>Question:</b> We want to make sure that we are interpreting the question correctly. Is AHCCCS looking for feedback related to the timing of when those options are provided (in advance of integration vs. some time during the transition to integration)?</p> <p>Or is AHCCCS asking if only members who</p>	<p>AHCCCS is proposing that these members be offered choice options be offered prior to an effective date no earlier than October 1, 2018.</p> <p>AHCCCS is asking for feedback on both the proposal to allow choice of the RBHA as well as which members would receive this choice.</p>



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				have had RBHA services be allowed to make the choice to stay with RBHA vs allowing all members to choose a RBHA whether they have ever received a RBHA service before?	
16.	Care1st	3. Information Requested; Question #4	9 of 15	<p>AHCCCS proposes to allow members (Non-dual GMH/SA and children not in foster care) that are utilizing behavioral health services with the RBHA, a choice of either the newly awarded Integrated Contractors or their existing RBHAs (for the remainder of the RBHA contract terms). Should all members receive that option in advance of integration or should those utilizing behavioral health services over some period be targeted for choice?</p> <p><b>Question:</b> Is choice in advance of integration solely around an open enrollment period allowing the member to opt out of the new integrated contractor and remain with the RBHA or does it mean something else/different?</p>	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding how this choice should be offered.
17.	Care1st	3. Information Requested; Question #6	9 of 15	Upon completion of the current RBHA contracts, AHCCCS is considering including an option in the CYE 19 Integrated Contract	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding how these Non



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				<p>that would permit the State at its sole discretion, the ability to expand the scope of the Integrated Contractor’s responsibility to include the unique RBHA responsibilities. The precise nature of the expansion options and the timing of AHCCCS’ right to exercise the option will be included in the terms of the CYE 19 Integrated Contract.</p> <p>Upon completion of the current RBHA contract, AHCCCS will either re-bid the unique RBHA responsibilities (care for persons with SMI and foster children, and management of the crisis system) or AHCCCS may exercise its option under the Integrated Contract to expand the responsibilities of one Integrated Contractor in each GSA to assume those responsibilities. AHCCCS invites feedback on these options as well as on how the Administration should select the Integrated Contractor that would receive the expanded responsibilities.</p> <p><b>Question:</b> If AHCCCS exercised its option to</p>	<p>Medicaid services and this funding should be delivered and administered.</p> <p>AHCCCS could not expect service delivery by any Contractor without funding.</p>



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				<p>expand the responsibilities of one integrated contractor in each GSA to assume RBHA responsibilities, would those responsibilities include providing services to the nonMedicaid population that the RBHAs currently serve?</p> <p>Follow up: If yes, please confirm the intent to continue the other funding sources currently used for these services.</p>	
18.	Mercy Care Plan & Mercy Maricopa Integrated Care	Title - Affiliated Organizations	4	<p>AHCCCS has defined the term “affiliated organization” as “an entity bidding on the Integrated Contract which also has 50% or more ownership or control interest of a current RBHA or is a current RBHA in Arizona.” Would an entity which is consolidated with a current RBHA under generally accepted accounting principles (or the definition of “affiliate” adopted by either the Financial Accounting Standards Board or the American Institute of Certified Public Accountants), or which is under common ownership or control of 50% or greater with a current RBHA, also be considered an “affiliated organization” for purposes of the RFI?</p>	<p>AHCCCS is open to feedback regarding how “affiliated organization” could most appropriately be defined based on current affiliated organization arrangements.</p>



## ANSWERS TO VENDOR QUESTIONS

### 2018 Integrated Contractors - RFI # YH17-0059

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
19.	Mercy Care Plan & Mercy Maricopa Integrated Care	Title - Information Requested, Question #6	9	When referring to “foster children”, is AHCCCS defining this to mean only children receiving acute services through CMDP or does this also include all children involved in the foster care system, such as those eligible for services through the Division of Developmental Disabilities?	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding which children involved in the foster care system should be included.
20.	Phoenix Children’s Care Network	¶1	Pg. 3	What changes are being contemplated, if any, in the structure of the current RBHA network requirements to transition to an “integrated contractor” model?	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding changes to RBHA network requirements as a result of the transition to an “integrated contractor” model.
21.	Phoenix Children’s Care Network	¶2	Pg. 7	Will AHCCCS distinguish and setup distinct pediatric “crisis” services versus “statewide crisis” services?	No decisions have been made regarding crisis services. AHCCCS is open to all feedback in responses due by February 27, 2017.
22.	Phoenix Children’s Care Network	INFORMATION REQUESTED - CRS – Q.16	Pg. 16	If network adequacy and sufficiency requirements are met; will clinically integrated networks be recognized as a provider type by AHCCCS that could replace the current MSIC providers under the integration model?	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding network requirements and MSICs in responses due by February 27, 2017.
23.	Phoenix Children’s Care	INFORMATION REQUESTED -	Pg. 16	Would a clinically integrated network, that met adequacy and sufficiency requirements,	No decisions have been made regarding this proposal. AHCCCS is open to



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
	Network	CRS – Q.15		be allowed under the “integrated contractor” model to be the sole provider of specialized service (example: pediatric) for one or more contractors in a GSA?	feedback regarding network requirements and MSICs in responses due by February 27, 2017.
24.	Phoenix Children’s Care Network	INFORMATION REQUESTED – Q1.	Pg. 8	Will clinically integrated, specialized networks (Example: pediatric networks), who demonstrate network adequacy and sufficiency requirements be allowed under the “integrated contractor” model to serve as the sole provider of services for a specific population for one or all contractors in a GSA?	No decisions have been made regarding this proposal. AHCCCS is open to feedback regarding network requirements and MSICs in responses due by February 27, 2017.
25.	Phoenix Children’s Care Network	INFORMATION REQUESTED – Q.7	Pg. 9	Does AHCCCS contemplate allowing certain behavioral health services and conditions to be treated/billed by medical healthcare providers, especially in instances where access to care is not sufficient or accessing a behavioral health provider is not reasonable due to insufficient provider to patient ratios in an area?	No decisions have been made regarding this proposal. AHCCCS is open to all feedback regarding allowing certain behavioral health services and conditions to be treated/billed by medical health care providers in responses due by February 27, 2017.
26.	Crestline Advisors	AHCCCS Overview	1	AHCCCS has laid out a comprehensive description of the configuration and names of the existing Medicaid Health Plans and RBHAs in Arizona. Does this mean that AHCCCS only plans to award contracts to existing entities? Will out	Names were included in the slide presentation to only illustrate potential outcomes given what is proposed and the current structure and current Contractors in Arizona. Health Plans,



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				of state health plans and BHOs not currently operating in AZ be precluded from bidding?	including those out of state and BHOs not currently operating in Arizona are permitted to bid on this RFP
27.	Crestline Advisors	Possible Future Structure	3	AHCCCS states they are contemplating children in foster care remaining with the RBHA for behavioral health only. Will AHCCCS support or be interested in looking at other options for this population?	AHCCCS is open to all feedback regarding what is proposed in the RFI including delivery of services to foster care children.
28.	Crestline Advisors	Introduction - Possible Future Structure	5	AHCCCS mentions including persons designated as SMI and CMDP in the RBHA, is there a possibility that other populations such as children and adolescents with SED will be included?	No decisions have been made regarding this proposal. AHCCCS is open to feedback regarding which children are included and excluded for integration of services.
29.	Crestline Advisors	Other Program Considerations	7	The crisis system, as it is currently configured, tends to reduce fragmentation and duplicative efforts related to crisis intervention, but can be seen as less optimal when seeking systemic optimization when considering value based purchasing goals, as an example. Can AHCCCS describe its design considerations regarding aligning incentives for the Crisis System and the MCO's that incentivizes both entities with respect to outcomes?	No decisions have been made regarding crisis services. AHCCCS is open to all feedback regarding design considerations in responses due by February 27, 2017.
30.	Crestline Advisors	Question 2	9	Can AHCCCS describe how it plans to monitor service delivery and quality of care for members	No decisions have been made regarding changes to monitoring service delivery.



## ANSWERS TO VENDOR QUESTIONS

### 2018 Integrated Contractors - RFI # YH17-0059

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				designated as SMI or CMDP when an affiliated organization and RBHA are awarded a contract as an integrated contractor?	AHCCCS is open to all feedback in responses due by February 27, 2017.
31.	Crestline Advisors	Question 12	10	Can AHCCCS describe the sources of grant funding mentioned in Question 12?	Current Grant funding is from seven grants with SAMHSA.
32.	Crestline Advisors	Question 12	10	In addition to the Federal Block Grants, other fund sources flow into the RBHA system that are more "flexible" with respect to purchasing methodology than typical Medicaid funding. Can AHCCCS describe some of it's thoughts about using these more flexible fund sources (i.e., SAMHSA, County funding, etc.) as the base for a Value Based Purchasing initiative?	Please provide feedback regarding this funding in responses due by February 27, 2017.
33.	Crestline Advisors	CRS Questions	11	AHCCCS provides the current CRS services for foster children and indicates a plan that foster children receive CRS services from CMDP and behavioral health services from the RBHA. No question is asked about this option. Would AHCCCS consider or be interested in feedback on such options?	AHCCCS is open to feedback regarding what is proposed in the RFI including delivery of services to foster care children.
34.	Crestline Advisors	Other Children's Integration Issues	12	Can AHCCCS share more details regarding its goals for Value Based Purchasing and Risk Sharing and how AHCCCS envisions providers such as PCPs and Community Based Providers participate in the incentive systems?	This question is beyond the scope of this RFI; however, AHCCCS is open to feedback regarding Value Based Purchasing and Risk Sharing as it relates to these providers in responses to this RFI.





## ANSWERS TO VENDOR QUESTIONS

### 2018 Integrated Contractors - RFI # YH17-0059

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
35.	Crestline Advisors	Question 12, CRS, ASD	10 - 12	The prevention set-aside for SAMHSA funding is typically satisfied by programs that are primarily school-based. This school-based focus would seem to carry over with respect to CRS and ASD services, but the Department of Education's role in these services or the management of their clients is not mentioned. Can AHCCCS provide its thoughts regarding this prevention set-aside funding and the role of the Department of Education going forward?	AHCCCS envisions that grant funding will continue to be managed and distributed by the RBHAs or other managed care Contractors to providers and coalitions that may include schools or the Department of Education.
36.	AZ Children			Would CMDP be able to be unintegrated health plan after RBHAs contract expire?	No decisions have been made regarding future changes with CMDP or RBHAs. AHCCCS is open to all feedback in responses due by February 27, 2017
37. Late	RI International	3 - Information Requested	9 of 15. Question 8	When AHCCCS uses the term 'Crisis Vendor' is the Administration referencing a single vendor, re: provider, who would be responsible managing a comprehensive crisis system? Or is the Administration envisioning a statewide crisis MCO (or a statewide Crisis RBHA) who would then manage a network of providers solely dedicated to providing crisis care to behavioral health recipients experiencing a crisis episode?	The term "Crisis Vendor" in the RFI is envisioned to be a single entity (vendor) that would be responsible for managing a comprehensive crisis system. AHCCCS is open to all feedback regarding what should be considered with operating the crisis system moving forward.



**ANSWERS TO VENDOR QUESTIONS**

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
38. Late	RI International	3 - Information Requested	9 of 15. Question 8	If the Administration is contemplating a statewide crisis MCO to serve the enrollees of all other Integrated Contractors and existing RBHAs, the state must take into consideration the payment structure and how the crisis providers will bill for services. Additionally, the enrollment system should be designed in a way that allows the crisis providers to directly bill the Crisis MCO, who would then act as a clearinghouse for all inbound crisis claims and remit payments from the Integrated Contractor or RBHA who the patient in question is enrolled with at the time of service. Doing so will allow the crisis providers to adhere to a single contract, reporting and oversight authority, and service fee structure. In contrast, requiring the crisis providers to separately contract with each payer source would lead to network mis-management, disparate reimbursement schedules, and redundant (excessively burdensome and conflicting) oversight practices. Additionally, allowing one Crisis MCO to manage the crisis providers would allow the Administration to	Please provide feedback regarding crisis design considerations in responses due by February 27, 2017.



**ANSWERS TO VENDOR QUESTIONS**

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				carefully monitor Non-Medicaid State General Fund (Crisis) Dollars, as the MCO would be the only entity capable of expending those dollars, and since a high percentage of crisis patients are non-Medicaid with no plan assignment, the crisis providers would need to bill for each of them to one entity.	
39. Late	RI International	3 - Information Requested	9 of 15. Question 8	We encourage the Administration to be explicitly clear regarding which payer source (plan) is responsible for crisis care. The current structure for dual-eligible enrollees has led to significant billing problems whereas the member is technically enrolled with the dual plan for all behavioral health services, except for the initial crisis encounter - which is the responsibility of the RBHA. However, the crisis providers have struggled to bill the RBHA because the member is not enrolled with them. This has also led to coordination of care problems with questions about which party (RBHA or Dual Plan) is responsible for assisting in the crisis discharge plan.	Please provide feedback regarding crisis design considerations in responses due by February 27, 2017.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
40. Late	RI International	3 - Information Requested	9 of 15. Question 10	Regardless of the Integrated Contractor GSA alignment, the Administration should create one statewide crisis MCO who would be responsible for contracting with all crisis providers, including crisis lines, mobile teams and observation and inpatient crisis facilities.	Please provide feedback regarding crisis design considerations in responses due by February 27, 2017.
41. Late	RI International	3 - Information Requested	9 of 15. Question 9	The Administration should also designate the statewide Crisis MCO as the managing entity for a statewide hospital bed-availability board to expedite transfer from Emergency Departments to crisis facilities, and then from the crisis facilities to Level I Hospitals for ongoing psychiatric treatment. All hospital systems should be required to supply real-time bed availability data to this system. Doing so will significantly improve patient throughput and reduce both ED dwell time and crisis lengths of stay.	Please provide feedback regarding crisis design considerations in responses due by February 27, 2017.
42. Late	RI International	3 - Information Requested	9 of 15 - Question 10	Is the administration envisioning a single MCO to monitor lengths of stay in each IMD facility across the state and coordinate discharges with individual providers or does the administration envision this being managed regionally by each RBHA or	This question is beyond the scope of this RFI.



## ANSWERS TO VENDOR QUESTIONS

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				individually by health plan?	
43. Late	RI International	3 - Information Requested	9 of 15 - Question 8	Currently IGAs exist between some counties and RBHAs for payment and coordination of some T36 services while others contract directly with providers. Does AHCCCS envision that could continue to be the structure with one vendor, multiple RBHAs or individual providers based on geographic location	No decisions have been made regarding the future of payment and coordination of T36 services.
44. Late	RI International	3 - Information Requested	9 of 15 - Question 10	If the administration is seeking a single MCO to act as a crisis vendor state wide how does it envision that single agency managing coordination of care activities across multiple health plans and providers where availability of services differ greatly county to county? Additionally, has the administration taken into account the challenges that exist accessing facility based crisis services in rural areas of the State?	No decisions have been made regarding crisis services. AHCCCS is open to all feedback regarding crisis in responses due by February 27, 2017.
45. Late	RI International	3 - Information Requested	9 of 15 - Question 10	Is the administration taking into consideration the other community based crisis services that currently exist such as the Navigator programs? Currently identification of high cost/high need members are	AHCCCS is open to all feedback regarding design considerations in responses due by February 27, 2017.



**ANSWERS TO VENDOR QUESTIONS**

**2018 Integrated Contractors - RFI # YH17-0059**

PROPOSAL DUE DATE: February 27, 2017 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				<p>coordinated through at least two RBHAs to engage patients in Level I Hospitals and Sub-Acute facilities and provide short term wrap around services in the community thus minimizing risk of recidivism. Could this coordination be a function of a single state wide crisis vendor or continue to be operationalized regionally by each RBHA managing their integrated networks?</p>	