



# Request for Information

#YH17-0060 Telehealth

**Procurement Officer:**

**ISSUE DATE:**

Feb 7, 2017

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

**RFI NAME: TELEHEALTH**

**RESPONSE DUE DATE: February 28, 2017** no later than **3:00 pm** AZ time

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. **This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract.**

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.**

# REQUEST FOR INFORMATION

## 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. INTRODUCTION / PURPOSE OF RFI

Telemedicine and telehealth-enabled services are increasingly part of health care delivery models. In order to better serve its members, AHCCCS is currently reviewing its policy on Telemedicine and Telehealth (AHCCCS Medical Policy Manual 320-I) and is seeking input from organizations with experience in the use of telemedicine and telehealth regarding opportunities to improve that policy. Information provided through this RFI will assist an AHCCCS interdisciplinary policy workgroup in its efforts to consider potential changes to the policy that are informed by experience and available evidence.

The policy being reviewed can be found here:

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>

## 3. INFORMATION REQUESTED

AHCCCS is seeking written feedback/responses on the following questions:

- 3.1 What aspects of the current policy have positively affected service delivery for AHCCCS members? Please offer specific examples, with outcome data if available.
- 3.2 What specific challenges have been experienced regarding the current telemedicine and telehealth policy?

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- 3.3 What cost-effective uses of telemedicine and telehealth (not already listed within the current policy) are recommended for consideration and what evidence is available to support those recommendations? Please share data and evidence related to telemedicine and telehealth experience in both Arizona and at the national level.
- 3.4 What additional available data should be considered regarding the ability of telemedicine and telehealth to improve AHCCCS members' health outcomes, enhance member and family experience of care, improve provider satisfaction and efficiency, and reduce health care costs? Please share data demonstrating positive, negative, and/or inconclusive outcomes.

### 3. CONTENTS OF YOUR RESPONSE

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

- a. **Detailed Written Response** to any/all areas listed above.
- b. **Presentations/ Demonstrations**: 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.
- 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.

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- 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-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.

## 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**

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