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Request For Information (RFI) Contact Person:

Meggan Harley
Contracts and Purchasing Section
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

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E-mail: Meggan.Harley@azahcccs.gov
Issue Date: Monday, July 2, 2012

LOCATION: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

DESCRIPTION: **INFORMATION TECHNOLOGY SERVICES FOR QUALITY MANAGEMENT**

INFORMATION DUE **August 1, 2012** **AT 3:00 P.M., Arizona Time**
DATE:

QUESTIONS CONCERNING THIS REQUEST FOR INFORMATION (RFI)
SHALL BE FORWARDED TO THE RFI CONTACT PERSON, ON THE
AHCCCS QUESTIONS FORM, VIA E-MAIL ON OR BEFORE JULY 18,
2012 AT 5:00 P.M., ARIZONA TIME. TELEPHONIC QUESTIONS SHALL
NOT BE ACCEPTED.

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 may not be considered.

Responses must be submitted in a sealed envelope or package with the Request number and the respondent's name and address clearly indicated on the envelope or package. All responses must be typewritten. Additional instructions for preparing a response are included in this request.

Respondents must realize that no Contract will result from your response to this request. Responding to this RFI will not prohibit the respondents from responding to any 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 THE ENTIRE RFI.

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1. DEFINITIONS

ACA: Affordable Care Act

AHCCCS: Arizona Health Care Cost Containment System

ALTCS: Arizona Long Term Care System

ARRA: American Recovery and Reinvestment Act

CHIPRA: Children's Health Insurance Program Reauthorization Act

CHIP: Children's Health Insurance Program

CMS: Center for Medicare and Medicaid Services

EHR: Electronic Health Record

HEDIS: Healthcare Effectiveness Data and Information Set

IOM: Institute of Medicine

NCQA: National Committee for Quality Assurance

SMI: Seriously Mentally Ill

SPA: State Plan Amendment

2. BACKGROUND

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 May 1, 2012, AHCCCS provided coverage to 1,286,796 members. AHCCCS contracts with 17 different Managed Care Organizations that are responsible for providing Acute, Long Term Care, and Behavioral Health Services. The majority of the AHCCCS program's expenditures are through managed care programs.

AHCCCS is interested in transitioning its Performance Measure requirements, for all lines of business (long term care, developmental disabilities, behavioral health, special needs, acute care and foster children, CHIP/KidsCare), to align with clinical, outcomes and satisfaction measures that have been developed, adopted and are being implemented by CMS. AHCCCS has been a leader in developing and implementing quality and performance measure minimum standards and establishing improvement goals. AHCCCS developed and implemented Healthcare Effectiveness Data and

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Information Set (HEDIS)-like measures, before HEDIS existed. AHCCCS' consistency in performance expectations has resulted in many quality measure results for the AHCCCS program being comparable to the National Committee for Quality Assurance (NCQA) HEDIS national Medicaid, and often commercial, mean.

AHCCCS and its Acute care Contractors have, since 1993, focused efforts to measure access to and quality of care for AHCCCS members utilizing methodologies adapted from the NCQA HEDIS measures. For the Arizona Long Term Care System (ALTCS) population, AHCCCS has primarily utilized measures developed to accommodate the data limitations including up to 83% of ALTCS members having Medicare as primary insurance.

Although reasonable indicators of health care accessibility, availability and quality, over time thoughts on what is important to measure and how to measure have evolved and become more sophisticated. Focus has shifted from the importance of access to an office visit to the actual content of the visit, treatment of specific conditions, evidence based care, care coordination, care outcomes and patient satisfaction.

The health care system is also changing in relation to how it measures quality. What has been utilized as traditional data sources and methodologies are no longer enough. Data sources and processes to fully achieve the next level in clinical outcomes, service and satisfaction measures are being developed. Processes to drive the system to the next level are progressing including but not limited to:

- certified EHR (Electronic Health Record) incentive payment program
- health information exchanges
- public health connectivity requirements
- health home, medical home and patient centered medical home models of care

Section 2701 of the Affordable Care Act directs the Secretary of the Department of Health Human Services to identify and publish a core set of healthcare quality measures for both children and adults eligible for Medicaid. According to the Act, CMS is to identify measures that represented the Institute of Medicine's (IOM's) quality aims of safe, timely, effective, efficient, accessible, patient and family-centered, coordinated care and health systems infrastructure support. AHCCCS anticipates implementing, at a minimum, measures included in the CMS Core Measure sets as well as HEDIS, Community First Choice, Dual Demonstrations, Access to Care, and Meaningful Use. The process will also capitalize on other processes related to the American Recovery and Reinvestment Act (ARRA), and processes that may need to be established to meet the quality requirements under the Affordable Care Act (ACA).

Other projects such as 5010 and ICD-10 require substantial information technology and/or programming changes to existing quality/performance measures. AHCCCS recognizes the necessity to capture more detailed data, whether from claims/encounters or through EHR utilization.

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In addition, legislation has expanded the expectations related to core measure sets. Some of the measure sets include:

- CHIPRA has required the development of a core measure set for the CHIP program
- ARRA has resulted in the development of three stages of Meaningful Use Measures
- CMS proposed core measures for the dual eligible population
- ARRA Meaningful Use, Dual Eligible, Community First Choice and the Seriously Mentally Ill (SMI) Integration grant (if the State Plan Amendment (SPA) is requested and approved) require both individual and population level outcome based quality improvement measures

CMS Core Measure sets include methodologies that utilize data sources and data collection processes that are not yet fully developed or implemented but are progressing at a rapid rate. Transitioning the AHCCCS Performance Measure sets will support the need for adoption of electronic health records and electronic data exchange capabilities. This transition is anticipated to result in efficiencies and the availability of data/information that will transform care practices, improve individual patient outcomes and population health management including:

- improved health care outcomes
- improved patient satisfaction
- increased efficiencies
- reduced costs

3. PURPOSE

With consideration given to the rapidly advancing changes in quality and performance measurement and the anticipated increased availability of improved data sources, AHCCCS is pursuing additional information through this RFI on what information technology tools may be available that have the capabilities to accept various data source information and calculate quality, performance and outcomes measures utilizing standardized measure sets. AHCCCS is particularly interested in systems that are certified HEDIS vendors, and are prepared to become certified vendors when criteria are developed for the methodologies included in the CMS Core Measure sets, CHIPRA measures, Meaningful Use, Dual Demonstration, Community First Choice, and other measures sets as they are developed and implemented by CMS and AHCCCS.

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4. SCOPE OF WORK

AHCCCS is exploring what solutions may exist in the marketplace to enhance and accurately report the methodology calculation and reporting of quality, performance and outcomes measures, preferably using certified solutions, for all of the measure sets considered or that will be considered for the Medicaid, and dual Medicare/Medicaid populations.

4.1 Overall Requirements

AHCCCS is requesting information regarding certified solutions for current quality measures sets, such as HEDIS. More importantly, AHCCCS is interested in learning more about such vendors that are forward thinking and are in the process of developing systems capable of accepting data from claims and encounters but also from newly developing technologies such as electronic health records, registries, and health information exchanges and utilizing the data to calculate and report results for the various new measure sets that are developed and implemented by CMS for the Medicaid, CHIP and the dual Medicare/Medicaid populations.

4.2 Maintenance and Updating of Programming

AHCCCS is interested in understanding the process used by vendors related to ensuring the accuracy and validity of the measure programming. Of equal importance is the vendor's resource application to maintain the measure methodologies and to update the methodologies as they change from year to year. AHCCCS is particularly interested in ensuring that the vendor assumes complete responsibility, without additional cost to the State, for the responsibility of measure maintenance.

4.3 Flexibility of Vendor

Information related to vendor flexibility related to measurement years, population inclusion or exclusion factors are also important to AHCCCS. Vendor ability to understand the differences in how a managed care and a fee for service Medicaid program are designed and how these differences may impact data is important. An approach to programming home grown measures, when applicable measure sets do not exist is also needed.

4.4 Retention, Return and Use of Data

AHCCCS is interested in learning more about how the detail data files for each measure will be retained and transmitted or shared with the state that would allow for more detailed analysis to occur after completion of reporting the final annual measures. AHCCCS is interested in learning about any vendor system capabilities for identifying gaps and opportunities that could be focused on from a system, Contractor, provider,

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geographic or diagnosis perspective to improve care, services, satisfaction and outcomes for AHCCCS members.

4.5 Frequency of Data Runs

AHCCCS is interested in learning how measures may be run more frequently, such as quarterly, to identify issues that may require process improvement. AHCCCS utilizes rapid cycle quality improvement processes whenever possible, and anticipates incorporating these principles in the requirements for a performance measures system. Results should not only be overall results, but also point in time measures focused on identifying Contractor, measure, geographic, provider or other opportunities that may benefit from a rapid cycle or routine quality improvement process.

4.6 System Compatibility

AHCCCS is interested in learning about systems compatibility due to the large amounts of data that will need to be shared or transmitted between the state and the vendor. AHCCCS is interested in learning what the state resource expectations would be from the vendor's perspective.

4.7 Financial/Total Cost of Ownership

- 4.7.1 Provide complete operational and implementation cost details. Information should be provided on the costs associated with any tool or technology and the operational costs. Specify if the solution must be purchased versus rented.
- 4.7.2 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.
- 4.7.3 Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.).

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5. CONTENTS OF YOUR RESPONSE

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

5.1.1 Detailed Written Response:

- 5.1.1.1 How the proposed tools or technologies have been deployed in similar organizations, or if in development stage, the business plan to achieve implementation of the new measure sets.
- 5.1.1.2 Information on the accuracy and validity, or certification process the vendor has experienced. In addition, detail should be provided on the length of time that would be required from award of contract to implementation of measure set reporting. Information related to implementation of new or evolving measures sets. The information provided should also include discussion on use of not only claims and encounter data, and any other data to support measure sets.
- 5.1.1.3 The vendor must describe processes and resources utilized to maintain, update and ensure accuracy and validity of all measure sets, including new measure sets as they are implemented. This should also include information on approaches and resource utilization necessary to incorporate home grown measures determined necessary by the state due to a lack of appropriate measures sets to evaluate quality, satisfaction, utilization and outcomes for specific populations.
- 5.1.1.4 The vendor should include information regarding its experience and capability to be flexible in certain methodology requirements such as fiscal versus contract year, population inclusions and exclusions and other flexibilities that may be important considerations. Information should be provided on the costs associated with any tool or technology and the potential operational costs and effort. Define how your solution interfaces with existing source systems and web portals. List which data types your solution can handle and which data standard formats you would support. Include information regarding data acquisition and dissemination from your solution.

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5.1.1.5 Given the unique nature of Medicaid, AHCCCS is particularly interested in any tools and technologies that have been utilized in other state Medicaid programs, and how the vendor may have participated in CMS or NCQA technology certification processes. Information on the other states, CMS or other certified systems is needed.

5.1.1.6 Discuss the nature of your proposed solution from an intellectual property perspective. Does the vendor retain all rights to all source code and enhancements? Please discuss how your source code is maintained and secured.

5.1.2 Respondents may also take the opportunity to schedule a 60-minute presentation with select AHCCCS management, data and quality improvement staff to present information and display product capability. If interested in such a presentation, vendors may contact Meggan Harley at (602) 417-4538, by August 1, 2012 3:00 p.m., Arizona Time. AHCCCS reserves the right to decide if presentations will be scheduled for some or any of the respondents.

5.1.3 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.

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6. HOW TO RESPOND

- 6.1 Submit one (1) electronic copy of the RFI response in portable format (Microsoft Word or PDF) via
1. CD; or
 2. USB Flash Drive; or
 3. by Email attachment.
- 6.2 Submit your response no later than **3:00 p.m., Arizona Time, August 1, 2012.**
- 6.3 Submit your response electronically or physically to :
- Meggan Harley
 AHCCCS Contracts and Purchasing, First Floor
 701 E. Jefferson St., MD-5700
 Phoenix, AZ 85034
 Meggan.Harley@azahcccs.gov
- 6.4 **Confidential Information:** To the extent allowed by law, information contained in a response to a request for information may be considered confidential until the procurement process is concluded or for two years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law. If a respondent believes that any portion of its RFI response is confidential and/or not subject to disclosure under the Arizona Public Records law, the respondent must clearly identify those portions of its response and include a statement detailing the reasons why the information should not be disclosed and listing the specific harm or prejudice that may arise from disclosure. In the event the agency receives a public records request for responses to this RFI, AHCCCS personnel shall determine whether the identified information is subject to disclosure under the law.
- 6.5 **Reimbursement:** AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.
- 6.6 **Conclusion:** This RFI is a request for additional information from the vendor community. Unless existing contracts are already in place, AHCCCS would need to pursue formal procurement prior to selection of any new product or tool.



Attachment A – Respondent's Contact Information

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AHCCCS

Arizona Health Care Cost Containment
System

701 East Jefferson, MD 5700

Phoenix, Arizona 85034

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

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