



SOLICITATION AMENDMENT #1

YH 19-0004 External Quality Review Organization (EQRO)	Solicitation Due Date: OCTOBER 11, 2018 3:00 pm Arizona Time	Procurement Officer: Jennifer Roberts procurement@azahcccs.gov
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A signed copy of this amendment must be returned with the proposal and received by the State of Arizona on or prior to the Solicitation due date and time.

- 1. The proposal due date is hereby extended from October 5, 2018 to October 11, 2018 at 3:00PM Arizona Time.**
- 2. The attached Answers to Questions are hereby incorporated as part of this solicitation amendment.**

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE: September 26, 2018



AHCCCS RESPONSE TO VENDOR QUESTIONS

External Quality Review Organization (EQRO) - YH19-0004

Proposals must be received by AHCCCS Procurement at Procurement@azahcccs.gov no later than

Thursday, October 11, 2018, 3:00 PM, Arizona Time

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	HSAG	2	4	<p>Please confirm that the following numbers of MCOs included in each activity for Contract Year 1:</p> <p>Acute Care: 7 ALTCS: 4 RBHA: 3 CRS: 1 Total number of health plans: 15</p> <p>For subsequent contract years:</p> <p>Acute Care, including CRS: 7 ALTCS: 4 RBHA: 3 Total number of health plans: 14</p>	<p>There are currently 15 health plans contracted with AHCCCS.</p> <p>As of 10/1/18, there will technically be 12 entities holding managed care contracts with AHCCCS:</p> <ul style="list-style-type: none"> • AHCCCS Complete Care: 7 • CMDP: 1 • RBHA*: 3 • ALTCS: 4 <p>*As of 10/1/18, the RBHAs are affiliated plans within the ACC Contractors; however, they are still responsible for the RBHA functions outlined in their contracts.</p>
2.	HSAG	5.1.0	5-6	<p>In addition to the meetings with AHCCCS required in this subsection, are there other written updates required of the Contractor?</p>	<p>For each mandatory and optional activity selected by AHCCCS, individual work plans shall be submitted to AHCCCS for review and approval prior to implementation. Written progress updates related to the above activities would be required, at a minimum of monthly and will be outlined in the specific task orders submitted for each.</p>
3.	HSAG	5.1.10.3	6	<p>Is there a specific format in which the Contractor will submit the information</p>	<p>AHCCCS will generally submit information collected from the MCOs/Program Contractors via</p>

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				collected from the MCOs/Program Contractors?	the SFTP server or email communication.
4.	HSAG	5.2 – 5.3	6-10	Throughout the mandatory and optional activities, please clarify the degree of involvement AHCCCS expects from the Contractor when it states: “the Contractor shall work with AHCCCS...” (5.2.1.1, 5.2.1.2, 5.2.1.3...5.2.2.1, 5.2.2.2, 5.2.2.3, 5.2.2.4 etc.)	At this time, AHCCCS expects that, for the mandatory activities, AHCCCS will lead the efforts and the Contractor will be responsible for verification of state efforts. However, the degree of involvement may evolve to a more comprehensive (full) engagement in those activities. The degree of involvement for selected optional activities may vary based on the selected option, ranging from consultative to full degree of involvement.
5.	HSAG	5.2.1.1	6	Would AHCCCS please confirm the number of PIPs per MCO that will be submitted for annual validation?	AHCCCS would generally expect to the number of PIPs to be submitted for annual validation to be one to two PIPs per Line of Business.
6.	HSAG	5.2.2.2	7	Please confirm whether the MCO self-reported rates are required to be independently audited before submission to AHCCCS.	At this time, this is not a requirement.
7.	HSAG	5.2.2.3	7	Will AHCCCS require an on-site visit to validate the state-calculated measures, in accordance with CMS protocols, or is the contractor required to validate only the methodology for performance measure validation?	The state is not planning to self-calculate performance measure rates and/or maintain methodologies for rate calculation. AHCCCS intends to use a certified vendor for rate generation. It is expected that the Contractor follow CMS protocols when completing this activity.
8.	HSAG	5.2.2.3	7	Please confirm that, if the Contractor performs the optional activity of calculation of performance measures outlined in 5.3.3, AHCCCS will not require the Contractor to	Correct.

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				perform the activity outlined in 5.2.2.3.	
9.	HSAG	5.2.3	7	Does AHCCCS expect to conduct a full OR (all standards) the first contract year of the EQRO contract or does AHCCCS plan to break the ORs into either 1/2 or 1/3 of the standards during a three-year review cycle? For how many health plans does AHCCCS expect to conduct ORs each contract year of the EQRO contract?	AHCCCS does not have a full calendar built out in regards to Operational Reviews; however, it should generally be expected that there will be at least four to five full ORs conducted each year. AHCCCS may also conduct partial ORs, based on results of the full ORs or as the need for such is identified.
10.	HSAG	5.2.3	7	Please confirm whether AHCCCS would like the Contractor to include follow up on corrective action plans from previous operational reviews in this activity.	AHCCCS requests the Contractor to include follow up on corrective action plans from previous operational reviews in this activity.
11.	HSAG	5.2.4	7	Please confirm the anticipated number of MCOs and programs for which AHCCCS will be validating network adequacy during the <u>first</u> EQR contract year.	The EQRO shall conduct validation of MCO network adequacy during the preceding 12 months, in accordance with 42 CFR 438.358. AHCCCS anticipates that this activity will be conducted for all MCOs, with the exception of CRS, who will no longer be an AHCCCS plan; 14 plans total.
12.	HSAG	5.2.4	7	As the CMS EQR Protocol for Validation of Network Adequacy not has been released at the time of this procurement, please confirm whether AHCCCS intends to validate the MCOs' compliance with network adequacy standards during the first year of the EQRO activities.	AHCCCS intends for the EQRO to validate and report MCO compliance with network adequacy standards during the first year of the EQRO activities.
13.	HSAG	5.2.4	7	Please confirm the frequency and timing by which AHCCCS may update or augment the MCOs' network standards, currently posted in ACOM, Section 436.	AHCCCS recently updated this policy and checklist, found at https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/436_Network_Standards.pdf .

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					Generally, policies are opened for review on an annual basis.
14.	HSAG	5.2.4	7	Please clarify the number of MCOs that will be included in the Compliance with Network Adequacy Standards activity.	Please refer to Question 11.
15.	HSAG	5.2.5	8	For the CAHPS survey, would AHCCCS please confirm whether the Child Medicaid CAHPS survey with the children with chronic conditions (CCC) measurement set will be administered?	For the CAHPS survey, the Child Medicaid CAHPS survey with the children with chronic conditions (CCC) measurement set will be administered.
16.	HSAG	5.2.5	8	Will AHCCCS require the CAHPS results be submitted to NCQA or AHRQ's CAHPS Database?	No.
17.	HSAG	5.2.5	8	Currently, sampling for the CAHPS survey is performed at the statewide level. Please confirm if, going forward, sampling will occur at the MCO level, and how many plans will be included in the survey administration?	At this time, AHCCCS plans to maintain KidsCare CAHPS reporting at the statewide level.
18.	HSAG	5.2.5	8	Will AHCCCS require that any oversampling be applied to the CAHPS samples?	Yes, there should be a 10% oversample.
19.	HSAG	5.2.5	8	How many supplemental items does AHCCCS intend to add to the CAHPS survey?	AHCCCS intends to add up to five supplemental items to each CAHPS survey conducted.
20.	HSAG	5.2.5	8	Will AHCCCS require that the surveys be administered in languages other than English and Spanish?	No.
21.	HSAG	5.2.5	8	What data collection mode would AHCCCS like to employ (e.g., mail only, mixed mode [mail with telephone follow up]) for the CAHPS survey?	AHCCCS would like to employ a mixed mode [mail with telephone follow up] be utilized for the CAHPS survey data collection mode.
22.	HSAG	5.2.5	8	Please confirm if the Contractor will need to produce one aggregate report for this activity.	Yes, one aggregate rate for the KidsCare population should be produced.

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23.	HSAG	5.3	8	Does AHCCCS anticipate receipt of cost information for Optional Activities listed in section 5.3, or will the Contractor be asked to provide cost details later?	Respondents should outline costs related to various levels of professional staff that could be utilized for optional activities. AHCCCS does not expect that the optional activities be priced at this time as specific scopes of work are not available for review and pricing.
24.	HSAG	5.3.1	8	Section 5.3.1 lists "5.3.1.3" twice. Please confirm the list should be updated to be 5.3.1.1 - 5.3.1.6.	Yes, this should be numbered 5.3.1.1 – 5.3.1.6.
25.	HSAG	5.3.1	8	Will MCOs submit encounter data directly to the Contractor, or will data for the MCOs and AHCCCS be provided by AHCCCS? Please describe the frequency, format/layout, volume, and extent of data submitted to the Contractor.	Should AHCCCS elect to utilize the EQRO to validate encounter data reported by the MCO, it is anticipated that the encounter data would be submitted to AHCCCS and the Contractor would review the validation protocols of AHCCCS.
26.	HSAG	5.3.1	8	Does AHCCCS anticipate the need for medical record review as an additional verification of encounter data? If so, please identify any expectations surrounding sampling parameters (e.g., confidence level, margin of error) and anticipated sub-strata.	Not at this time, no.
27.	HSAG	5.3.3	9	For the performance measure calculations, will the data sources be administrative only or will additional data sources be required (e.g., registry data, EHR data, etc.)?	Should AHCCCS elect to utilize the EQRO to conduct performance measure calculations, the data sources could include but would not be limited to those mentioned in the question.
28.	HSAG	5.3.3	9	Will any of the performance measure calculations require medical record review?	Should AHCCCS elect to utilize the EQRO to conduct performance measure calculations, performance measure calculations that are based on hybrid methodologies will require medical record review.
29.	HSAG	5.3.3	9	Approximately how many measures will need to be calculated for each population?	Should AHCCCS elect to utilize the EQRO to conduct performance measure calculations,

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				Additionally, how many populations will need performance measure calculations, and how many plans per population?	<p>AHCCCS generally includes twenty-two to forty six measures per line of business. See below for approximate measure counts:</p> <p>[CYE 2018 - Acute Care (6 MCOs – 34 measures, CMDP (1 MCO) – 17 measures, CRS (1 MCO) – 21 Measures, ALTCS DD (1 MCO)-31 measures, ALTCS E/PD (3 MCOs) -22 measures, RBHA (3 MCOs) -25 SMI, 6 GMH/SA with CMDP and DD subpopulation measures]</p> <p>[CYE 2019 - AHCCCS Complete Care (7 MCOs – 44 measures with CRS subpopulation breakdown for included child measures, CMDP (1 MCO) – 20 measures, ALTCS DD (1 MCO)-34 measures, ALTCS E/PD (3 MCOs) -24 measures, RBHA (3 MCOs) -20 SMI, 6 GMH/SA measures with CMDP and DD subpopulation measures].</p> <p>Additional years may vary.</p>
30.	HSAG	5.3.3	9	Does AHCCCS expect the performance measure results to be audited?	Should AHCCCS elect to utilize the EQRO to conduct performance measure calculations, AHCCCS does validate results and expects member-level detail files to conduct spot audits to ensure accuracy and completeness of populations and calculated rates. Those efforts can be reviewed by the EQRO and documented in the annual report.
31.	HSAG	5.3.3.4.7	9	For the reports related to performance measure calculations, does AHCCCS anticipate these being formal deliverables (including methodologies, tables, figures, etc.) for each	Should AHCCCS elect to utilize the EQRO to conduct performance measure calculations, AHCCCS anticipates these being formal deliverables (including methodologies, tables,

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				population?	figures, member detail files, etc.) for each population included within Item 30 AHCCCS response.
32.	HSAG	5.3.4.1	9	Would AHCCCS confirm the number of PIPs to be conducted annually if this optional activity is selected?	At this time, AHCCCS anticipates no more than two PIPs per line of business during any given year.
33.	HSAG	5.3.5	10	Paragraph 5.3 of the RFP states that AHCCCS may elect to utilize the EQRO to either conduct or validate methodologies, procedures/processes, and/or results. Can AHCCCS provide further information regarding the Contractor's role in conducting studies on quality?	At this time, AHCCCS has not finalized plans specific to these efforts but does reserve the right to utilize the EQRO in a more comprehensive manner related to quality improvement activities.
34.	HSAG	5.3.5	10	What are the intended audiences for these quality studies?	Quality studies could be specific to a given population (e.g. ACC, SMI-determined) or may be a broader systemic issue that spans multiple or all AHCCCS lines of business. It is anticipated that these efforts may include members, providers, community stakeholders, MCOs, and/or AHCCCS.
35.	HSAG	5.3.5	10	What are the potential data sources for the quality studies? For example, will data necessary to complete the analyses be obtained from the MCOs, from AHCCCS, or via a direct connection to the AHCCCS data systems?	If requested, it is anticipated that AHCCCS would supply the data for analysis.
36.	HSAG	5.3.5	10	What are AHCCCS' expectations regarding the frequency and timing of these studies (i.e., one study per year, to be completed during the contract year)?	This has not been determined at this time.
37.	HSAG	5.3.5	10	Have any clinical or non-clinical focused study topics been identified for the first contract year? Are there clinical or non-clinical areas of	None have been identified at this time.

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				interest to AHCCCS for purposes of studies on quality?	
38.	HSAG	5.3.6	10	What types of data sources does AHCCCS want to include in the quality rating systems (NCQA HEDIS IDSS files, CAHPS, self-reported data, etc.)?	AHCCCS intends to use Performance Measure Rates and CAHPS Survey Results, as well as AHCCCS administrative or other essential data needed to align with CMS/AHCCCS expectations and goals. It is not anticipated that self-reported data would be a considered data-source.
39.	HSAG	5.3.6	10	Is AHCCCS interested in only aligning with CMS' QRS technical specifications or would AHCCCS be open to developing an alternative methodology?	Should AHCCCS elect to utilize the EQRO to assist with the development and implementation a quality rating system for MCOs, AHCCCS would consider an alternative methodology, so long as it aligns with CMS and AHCCCS expectations and goals.
40.	HSAG	5.3.6	10	Will AHCCSS require any technical assistance calls to discuss the quality rating system methodology and results with the MCOs?	If AHCCCS chooses to engage this aspect of the contract, there is potential for the Contractor to offer direct technical assistance to the MCOs.
41.	HSAG	5.3.6.1	10	How many total report cards will AHCCCS require?	AHCCCS is currently considering one report card per line of business, with MCO-specific results captured within each.
42.	HSAG	5.3.6.2.7	10	Is AHCCCS looking for the Contractor to build a website for the interactive report card? Or would the Contractor provide a data file that could be used by AHCCCS to feed into a website built by AHCCCS?	AHCCCS expects that the latter would be the ideal choice as there is an established site that members/providers are currently aware of; however, AHCCCS may be interested in a portal or website that MCOs could utilize to better understands the specifics of their data that is shared in the public report card format on the AHCCCS website.
43.	HSAG	6	10	The RFP requires an annual report that formally outlines the Contractor's processes and findings reflective of all lines of business	This understanding is correct; 4 reports in the first year's report, three reports in years following.

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				(LOBs). Please verify that for contract year 1 AHCCCS requires three (4) separate reports: one each for Acute Care, Arizona Long Term Care System (ALTCS), Behavioral Health, and Children’s Rehabilitative Services (CRS); and for subsequent contract years AHCCCS requires 3 separate reports: one each for Acute Care, ALTCS, and Behavioral Health.	
44.	HSAG	6.1.10	11	Will AHCCCS make documentation available to the Contractor that describes the improvement initiatives the MCOs took and any results of those actions?	AHCCCS will make documentation available that describes MCO best practices, MCO activities taken date to address recommendations for the previous year’s EQRO report, and MCO activities related to PIP reporting.
45.	HSAG	7 & 8	11	Please clarify the implementation date for the contract.	AHCCCS intends to award the contract in 2018. However, services cannot begin until CMS approval.
46.	HSAG	7	11	AHCCCS states that electronic documentation for the Operational Reviews (OR) and Performance Improvement Projects (PIP) will be submitted to the EQRO on October 31. When will AHCCCS submit the performance measurement and network adequacy documentation to the EQRO?	It is anticipated that AHCCCS will submit performance measure and network adequacy documents to the EQRO no later than December 31 st each year.
47.	HSAG	7 and 8	11	Are the Annual Deliverable Project Milestones in Sections 7 and 8 for Contract Year One only?	The Annual Deliverable Project Milestones included within the RFP are estimated timeframes for completion that apply to each year the Contract is in effect. AHCCCS will consider flexibility within reason, if it is determined necessary for conducting the essential functions related to the deliverable, up to and including the draft report.

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48.	HSAG	8	11	Is there any flexibility in the CAHPS Survey timeline? If sample frames will not be available until the end of March, survey administration will probably extend into late July/early August. Therefore, the production of a draft report could not be completed by mid-August. If the sample frame files are received by the beginning of February, a draft report can be made available by mid-August.	AHCCCS will consider flexibility within reason, in the CAHPS survey timeline, if it is determined necessary for conducting the essential functions related to the deliverable, up to and including the draft report. The Annual Deliverable Project Milestones included within the RFP are estimated timeframes for completion.
49.	HSAG	3.1.4	20	Please confirm that the proposed timeline and description for standard implementation should include all mandatory and optional activities outlined in the scope of work?	The proposed timelines and description for standard implementation should include all mandatory and optional activities outlined in the scope of work.
50.	HSAG	3.1.5	20	Please confirm that the 20-page limit applies to the Contractor's response to Section 5.	Correct.
51.	HSAG	3.2.3	21	Is AHCCCS requesting an organization chart that depicts the specific team members for the Arizona EQRO scope of work, or an organization chart for the Offeror's overall company, or both?	The organization chart shall depict, at a minimum, the specific team members for the Arizona EQRO scope of work; however, AHCCCS preference is that both be submitted. The Offeror's overall company organization chart can provide a high level overview consistent of key staff versus all team members.
52.	HSAG	13.5	23	Please confirm whether Attachment C, page 2, meets the requirement for "references to include experience verification."	An Offeror's submittal under Attachment C, page 2 directly relates to Special Instructions, page 23, item 13.5 regarding references. These responses must reference each other in the Offeror's proposal.
53.	HSAG	13.5	23	Please confirm how the Contractor will identify adequacy of financial/business/personal or other resources since in Section 8, page 21 (Financial Stability), AHCCCS is only requiring financial statements	AHCCCS is not requiring financial statements at this time. <u>AHCCCS does not require a Performance Bond for this proposal.</u>

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				upon written request. In addition, does AHCCCS require a performance bond to be submitted with the proposal? If so, where would it be included within the proposal?	
54.	HSAG	Attachment A – Pricing Schedule	48	The first page of the pricing schedule includes columns for 5 years of estimated cost. Should the Offeror provide a detailed SOW 5.2.5 budget schedule for each year?	Yes.
55.	HSAG	Attachment A – Pricing Schedule	48	On pages 2 and 3 of Attachment A, should the Offeror include staff names in the Personnel column?	No, AHCCCS does not need staff names under “Personnel.” This area is to be determined by specific task orders as requested by AHCCCS.
56.	HSAG	Attachment A – Pricing Schedule	48	On page 3 of Attachment A, there is a column titled “Proposed Timeline.” Please clarify what information should be included in that column.	The proposed timeline would be the number of months required to complete each deliverable.
57.	HSAG	Attachment C	50	Please confirm that the Contractor should provide only a "Yes" or "No" response to each question and not write a narrative for each.	Yes, please check "Yes" or "No."
58.	HSAG	Attachment C	51	Please confirm that in the response to <i>other State Medicaid Agencies where the offeror provides EQR services successfully</i> , listing the Contractor’s Project Lead for each State is sufficient as Key Personnel.	The qualifications of the key personnel proposed by the Offeror to perform the requirements of this solicitation will be considered in the evaluation. Therefore, the Offeror should submit detailed information related to the experience, technical expertise and qualifications for each key personnel proposed. Offeror should provide the names, titles and a resume for all proposed key personnel; clerical staff is not considered key personnel.
59.	Valiant Health Quality			Is staff residency in the State of Arizona required?	Staff residency in the State of Arizona is not required.

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	Solutions, Inc.				
60.	Valiant Health Quality Solutions, Inc.			What is the estimated date of the start of the contract?	See Question #45.
61.	Valiant Health Quality Solutions, Inc.	3.2 Experience and Expertise of the Firm and Key Personnel	20-21	If we are not currently serving as an EQRO to another state Medicaid agency, but have previous experience doing so, how will that affect the consideration of our bid?	Offeror shall submit information documenting successful and reliable experience in past performances as related to the services in this RFP. The Offeror's experience and past performance will be evaluated on the extent of its success in managing and integrating work relevant to that defined in the Scope of Work.