

Question No.	Question	Response
1	What is the estimated cost of the EVV?	There is not an estimated cost available at this time.
2	Has the Department allocated funding for the EVV yet? If so, through which source (budget, CIP, state/federal grant etc)? If no funding is secured, which sources will be sought and when? If utilizing a grant, would you be able to specify which one?	This is a federal/ state initiative being funded by federal/state dollars.
3	If a subsequent RFP is released, has a time frame been established in which it may be issued?	The Agency is in initial planning stages and has not set a date for release. Tentative dates are identified in Section 1.2 of the RFI.
4	The Document mentions that the information received might be used to develop future competitive procurements. What procurements does the Department anticipate releasing as part of this project?	The Agency anticipates procurement of an EVV solution for members receiving services through Medicaid Fee for Service.
5	Which other systems will have to integrate or interface with the EVV system, and will the Department provide incumbent vendors for each system?	Potentially, any Fee for Service EVV solution would interface with MMIS and other Agency systems that may be involved in the following functions; provider credentialing, FFS case management, prior authorizations, and claims processing. The FFS EVV Solution may also need to interface with the Consumer Choices Option Financial Management Service as well as other established provider EVV solutions. Currently there is one Financial Management Service which is Veridian. The incumbent MMIS vendor is Noridian.
6	Does the Department need to replace or upgrade any of the integrated systems in the next 5 years? If so, which system and when?	This information is not available at this time.
7	Does the Department current have an EVV system? If so, who provides it?	No.
8	Who is the technical contact and/or project manager for the EVV project?	Not identified at this time.
9	Does the Department anticipate any professional or consulting services may be needed through separate procurements to accomplish this effort? (i.e. project planning/oversight, PM, QA, IV&V, staff augmentation, implementation services etc.)? If so, what services does the Department desire and how do they anticipate to procure?	Potentially there will be other services that need to be procured.
10	Please confirm the MCOs that the IA Health Link program has today. Are more MCOs planned?	Current MCOs are Amerigroup of Iowa and UnitedHealthcare Plan of the River Valley. The department anticipates one or two MCOs will be procured and begin operations July 2019.
11	Please provide a listing of the EVV Vendors that those MCOs have selected.	Amerigroup of Iowa and UnitedHealthcare Plan of the River Valley have contracted HealthStar to provide EVV services.
12	How many hawk-i MCOs are expected to participate in EVV program?	The hawk-i program is part of the IA Health Link program.
13	Will hawk-i MCOs be required to select an EVV Vendor? If yes, by when? Have any of them already selected EVV Vendor? If yes, please list the Vendors.	The hawk-i program is part of the IA Health Link program. IA Health Link MCOs must select and operationalize EVV in compliance with the 21st Century Cures Act by January 2019.
14	Please provide the total number of providers and visits under the FFS EVV program.	Current billing practices do not allow for reporting at a visit level. Most months, there are approximately 1,500 members utilizing CDAC services in Fee for Service (includes CCO members as well). CDAC services are provided to fee for service members by approximately 200 individual CDAC providers and 20 agencies each month.
15	Please provide the number of Fiscal Agents within the Consumer Direct program.	One. Veridian is contracted as the Iowa Consumer Choices Option Financial Management Service.
16	Will the responses to RFI MED-18-030 be made available to the public before the related RFP is released?	The Agency does not intend to publish responses, however all responses are subject to open records. Please see Section 4.4.
17	For each of the waiver and non-waiver programs, what percentage of recipients are self-directing care and what percentage is agency-based?	All CDAC services are provided through waiver programs. Of CDAC service units provided to FFS members in state fiscal year 2017, 82% of units were provided by individual CDAC providers.
18	For each of the waiver and non-waiver programs, what percentage of the population served is in a rural setting, as opposed to in-town or suburban?	Please see attachment.

19	<p>The Agency indicates they will implement Option 1, which is a “payer based EVV system in which the health plan payer (managed care organization or fee for service) implements and administers the EVV program.”</p> <p>Does the Agency foresee one singular EVV vendor being adopted by all three MCOs and FFS, or could there potentially be multiple EVV vendors in place across the State for the different payers?</p>	<p>The Agency favors a cost-effective EVV program that would minimize burden on providers (or fiscal management services) who have invested in information technology within their practices. This could be accomplished through one singular EVV vendor adopted by all MCOs and FFS, or potentially multiple vendors.</p>
20	<p>Can the Agency elaborate on what EVV systems may be used by the payer currently, if any?</p>	<p>Amerigroup of Iowa and UnitedHealthcare Plan of the River Valley have contracted HealthStar to provide EVV services.</p>
21	<p>Can the Agency elaborate on what EVV system may be used by individual providers currently, if any? Is the intent to allow existing provider EVV system to be continued to be used once a payer solution is selected, or instead that the providers would need to adopt the payer solution itself?</p>	<p>Please see the EVV Provider Survey Results at the EVV Resource Center: https://dhs.iowa.gov/sites/default/files/EVV_ProviderSurveyResults.pdf. We believe there could be 11 EVV solutions currently in use by Iowa providers. The intent is to allow provider EVV systems that meet state and federal EVV standards to continue to be in use.</p>
22	<p>Given that Providers have a financial and payment interest in the content of EVV data, what does the Agency require from Providers to assure the integrity of provider-submitted EVV data from provider-operated systems?</p>	<p>Any provider EVV vendor must meet all state and federal EVV requirements and demonstrate data integrity processes.</p>
23	<p>Are there any Visio/Diagrams that show the existing or the planned workflows and will they be shared?</p>	<p>No, there are not existing Visio/ diagrams that show existing or planned workflows.</p>
24	<p>What is the total projected number of users?</p>	<p>We expect the 200 individual CDAC providers will be users. We do not have a mechanism for reporting the number of users/ admins at CDAC agencies at this point in time.</p>
25	<p>Are there any Business Use cases available and will they be shared?</p>	<p>Please see the EVV Provider Survey Results at the EVV Resource Center: https://dhs.iowa.gov/sites/default/files/EVV_ProviderSurveyResults.pdf</p>
26	<p>What existing system documents are available if not in Use Case Format and will those be shared?</p>	<p>This information is not available at this time.</p>
27	<p>Are there any other connection applications requiring integration?</p>	<p>Please see answer to question 5.</p>
28	<p>Is the submission of a response to this RFI a prerequisite for presenting the EVV system?</p>	<p>The Agency would prefer that presenting vendors also respond to the RFI, but it is not a requirement.</p>
29	<p>Can vendors schedule the EVV presentation/demonstration prior to submitting a response to this RFI?</p>	<p>Yes.</p>
30	<p>Does the state have the ability to provide an estimate or ratio of home health providers in the state?</p>	<p>The state does not have the ability to provide an estimate or ratio of home health providers in the state at this time.</p>
31	<p>Will the state allow vendors to submit a PDF of the required proposal submission, rather than a word processing document, <<MED-18-030 Vendor Submission Document>>?</p>	<p>No.</p>
32	<p>Can the state provide more information about situations in which a member does not have a claims function? This is referred to in the Vendor Response Document in 7.C.</p>	<p>It is likely that individual consumer-directed attendant care providers who are sometimes friends or family members of the member will not be using a clearinghouse for claims.</p>
33	<p>Of the 558,980 individuals enrolled in IA Health Link, how many are authorized to receive LTSS services?</p>	<p>Information on the IA HealthLink program membership can be found here: http://dhs.iowa.gov/ime/about/performance-data.</p>
34	<p>Can you please provide the names of the payers in the managed care program?</p>	<p>Please see the answer to question 10.</p>
35	<p>Can you provide the percentage and number of individuals in LTSS services that are self-directed?</p>	<p>Please see the answer to question 17.</p>
36	<p>Do self-directed LTSS individuals have a private company administering the payroll?</p>	<p>Currently there is one Financial Management Service which is Veridian.</p>
37	<p>Are third party EVV systems allowed to bill claims or is the expectation that they will integrate the EVV data to the successful vendor system and that system will be responsible for billing?</p>	<p>The Agency is interested in hearing how EVV systems can be customizable to include claim submission by provider type.</p>