

REQUEST FOR INFORMATION No. MED-18-030 -RFI PUBLIC NOTICE

Regarding Electronic Visit Verification

Posted: November 20, 2017

Issuing Officer:

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The Iowa Department of Human Services
will receive responses to this Request For Information until
4:00 PM on December 22, 2017

Section 1.0 Overview

1.1 Purpose for the Request For Information (RFI).

The Iowa Department of Human Services (Agency) seeks the input of interested stakeholders on various aspects of electronic visit verification (EVV) program development and implementation for Iowa Medicaid members receiving home and community based services. Key program goals that will be evaluated include:

- Program scope
- Implementation timeframes
- Systems interoperability
- Continuity of care
- Cost analysis

The purpose of this RFI is to evaluate what opportunities may exist in the marketplace for EVV solutions in compliance with the 21st Century Cures Act software requirements.

The information provided in response to this RFI may be used by the Agency to develop future competitive procurements. The Agency anticipates releasing a competitive bid solicitation at a date not yet determined to select a contractor or contractors to provide these services.

Parties interested in responding to this RFI are asked to complete the attachment titled MED-18-030 RFI Vendor Submission Document and submit it to the Agency by the due date.

1.2 Background

Agency Overview

The Iowa Department of Human Services (DHS) is the single State entity responsible for administering the Medicaid program in Iowa. The Iowa Medicaid Program reimburses providers for delivery of services to eligible Medicaid recipients under the authority of Title XIX of the Social Security Act through enrolled providers and health plans. The Agency operates this program through its business unit, the Iowa Medicaid Enterprise (IME). The Agency is also responsible for the Children's Health Insurance Program (CHIP – the separate CHIP program is called Healthy and Well Kids in Iowa, or *hawk-i*).

On April 1, 2016, the IME transitioned to a managed care system, known as IA Health Link. As a result of this transition the model for service delivery and reimbursement changed from a primarily Fee-for-Service (FFS) model to a risk based Managed Care Organization (MCO) model. The majority of services are included in this statewide managed care structure, including long-term services and supports (LTSS), behavioral health, and pharmacy. Approximately 92% of all Iowa Medicaid members are enrolled in an MCO with 8% remaining in FFS. Iowa's *hawk-i* population is served by the same Medicaid MCOs and included in the total MCO population. As directed by Iowa Admin. Code r. 441-86.13, a Third Party Administrator (TPA) manages the *hawk-i* program. Beginning July 1, 2018, the Agency intends to disperse the current TPA functions into corresponding contracts listed in *Table 3*, as part of its procurement strategy.

Iowa Medicaid Coverage Groups and Corresponding Programs

There are three Iowa Medicaid coverage groups and corresponding programs: IA Health Link, Medicaid Fee-for-Service (FFS), and *hawk-i*. Information regarding these programs is found at this link: <http://dhs.iowa.gov/sites/default/files/Comm020.pdf>. Please note, the data presented in the link focuses on Medicaid FFS programs.

Most of the Agency's FFS population either falls into a premium payment coverage group or into an historically exempt population. Furthermore, during the 2017 legislative session it was determined that the Agency will not recognize a three month retroactive eligibility period and would eliminate this coverage entirely on October 1, 2017. The Agency will implement effective of the date of CMS approval. The Agency is also in the initial planning stages for implementation of an MCO passive enrollment process. Passive enrollment means the State assigns and enrolls Members into a managed care plan without offering an "up front" plan selection period. This

is often referred to as an “auto-assignment process.” Once assigned, the Member will have opportunities to change plans.

Table 1: Current Iowa Medicaid Population Structure

| Eligibility Group | August 2017 Enrollment | Average Monthly Claims Processed * | Delivery System |
|--|------------------------|------------------------------------|-----------------|
| IA Health Link (including <i>hawk-i</i>) | Medicaid 558,980 | 2,230,551** | MCOs |
| | <i>hawk-i</i> 48,118 | 58,056** | |
| FFS Medicaid | 54,620 | 248,882 | Agency |
| FFS Dental | 295,097 | 47,899*** | Agency |
| Dental Wellness | 290,320 | 17,666*** | PAHPs |
| <i>hawk-i</i> Dental (including dental-only) | 49,054 | 5,280 (dental claims only) | PAHP |

*Based on claims processed from September 2016 through August 2017.

**claims processed by line, which can include multiple services.

***Due to changes in Dental Wellness program effective July 1, 2017, these figures do not represent claims going forward.

Beginning July 1, 2017, the Agency combined dental benefits for all adult enrollees into one Dental Wellness program, delivered via prepaid ambulatory health plans (PAHPs). In addition, the Agency provides children dental coverage through various packages. Medicaid kids receive comprehensive dental coverage on a FFS basis and *hawk-i* children receive dental coverage through a PAHP. *hawk-i* also has a dental-only program for children with third-party liability (TPL).

Home and Community-based Services (HCBS) Programs

HCBS programs are for people with disabilities and older Iowans who need services to allow them to stay in their home and community instead of going to an institution. LTSS are delivered through seven 1915(c) waiver programs and five non-waiver programs. More information can be found at this link:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>.

HCBS Waiver Programs. Under HCBS waiver programs, Iowa can waive certain Medicaid program requirements, allowing the State to provide care for people who might not otherwise be eligible under Medicaid. Through the following 1915(c) waivers, Iowa targets services to people who need LTSS:

- AIDS/HIV
- Brain Injury
- Children’s Mental Health
- Elderly
- Health and Disability
- Intellectual Disability
- Physical Disability

HCBS Non-waiver Programs include:

- Habilitation Services – State Plan 1915(i) program
- Home Health program (including EPSDT private duty nursing/personal cares)
- Hospice program
- Money Follows the Person (MFP) program
- Program of All-inclusive Care for the Elderly (PACE) program

Table 2: Current Iowa Medicaid HCBS Program Enrollment

| HCBS Program | August 2017 Managed Care Enrollment | August 2017 FFS Enrollment |
|---------------------------------|-------------------------------------|----------------------------|
| AIDS-HIV Waiver | 35 | 1 |
| Brain Injury Waiver | 1,296 | 199 |
| Children’s Mental Health Waiver | 959 | 25 |
| Elderly Waiver | 8,182 | 413 |
| Habilitation Program | 7,385 | 358 |

| | | |
|--------------------------------|--------|-------|
| Health and Disability Waiver | 1,772 | 503 |
| Hospice Program | 664 | 396 |
| Intellectual Disability Waiver | 11,147 | 1,024 |
| MFP Program | 102 | 6 |
| PACE Program | 2 | 450 |
| Physical Disability Waiver | 987 | 39 |

Personal Care Services in Iowa

Personal care services are provided to members receiving Home- and Community-Based Services (HCBS) through the Individual Consumer- Directed Attendant Care (CDAC) service, or CDAC provided through the Consumer Choices Option. The Consumer Choices Option is an option that is available under HCBS waiver programs that gives members control over a targeted amount of Medicaid dollars so that the member can develop a plan to meet their needs by directly hiring employees and/or purchasing other goods and services.

CDAC is authorized under procedure code S5125 or T1019 for members on HCBS waivers. Most months, there are approximately 1,500 members utilizing CDAC services in Fee for Service (includes CCO utilization as well) and 6,000 members enrolled in managed care utilizing CDAC. CDAC services are provided to fee for service members by approximately 200 individual CDAC providers and 20 agencies each month.

Home Health Services

Home health services are provided under the state plan, HCBS waivers, and through the consumer choices option. The Agency is still in the process of identifying service codes deemed as home health.

History of Electronic Visit Verification in Iowa

In Iowa, EVV is being designed to comply with the 21st Century Cures Act and used to monitor the delivery and utilization of personal care and home health services in non-traditional settings by providing verification of the visit with location information and a time stamp. EVV is used to ensure quality and program integrity (PI). In addition to the PI characteristics associated with EVV, the department also considers this to be a valuable mechanism to ensure that members are receiving the care they need that is outlined in their service plan. This system can help provide real time alerts when a provider is late or misses a medically necessary service included in a member's service plan.

The following timeline outlines key events in the development of Iowa's electronic visit verification system(s). Additional information on Iowa's implementation status can be found at the state's dedicated EVV webpage: <https://dhs.iowa.gov/ime/providers/EVV>.

| | |
|--------------------|--|
| May 19, 2015 | House Resolution 2446 is introduced by Representative Brett Guthrie of Kentucky. The bill proposed amends title XIX of the Social Security Act to require use of EVV for personal care services furnished under the Medicaid program. |
| October 9, 2015 | Medicaid managed care contracts including EVV implementation requirements are signed. Contracts require EVV systems to be developed by MCOs within 180 days from the contract effective date for home and community based services, home health services, hospice, and early and periodic screening diagnosis and treatment (EPSDT) services. |
| September 14, 2016 | The Agency issues Informational Letter 1718-MC advising providers of MCO contractual requirements, and proposed implementation in calendar year 2017. |
| November 1, 2016 | The Agency issues Informational Letter 1739-MC advising providers of stakeholder engagement activities, department goals, and clarifying that participation in the EVV pilot programs is voluntary. The department also extends the project implementation to the Fall of 2017. |
| December 13, 2016 | The 21st Century Cures Act was signed into law by President Obama. The law requires EVV for personal care and home health services. Reductions to the federal medical assistance percentage (FMAP) Medicaid funding will begin in 2019 for states without EVV for personal care services, and in 2023 for states without EVV for home health services. |
| June 19, 2017 | The Agency issues Informational Letter 1805-MC advising Iowa Medicaid Hospice, Home Health Services and Waiver providers of the 21st Century Cures Act passage. The letter also announces the beginning of stakeholder engagement activities, and the launch of the IME EVV provider |

| | |
|------------------------------|---|
| | survey. |
| September 2017 | The first EVV stakeholder workgroup is convened. The workgroup serves to inform decisions on key aspects of the Iowa Medicaid EVV program, and to connect stakeholders with needed information and resources. |
| November 2017 (estimated) | The Agency will release a Request for Information focused on concerns and proposed solutions emerging from the EVV Stakeholder workgroup. |
| January 2018 (estimated) | The secretary of Health and Human Services will release a letter of best practices which include information on training, systems operation, prevention of fraud, and education materials for members. |
| January 2018 (estimated) | The Agency will release clarification of “personal care services” to be included in 2019 EVV implementation. |
| January 2018 (estimated) | The Agency will release a Request for Proposals for an EVV system for Medicaid fee for service members. |
| May 2018 (estimated) | The Agency will award the contract for the fee for service EVV system. |
| June 2018 (estimated) | The Agency will convene a kickoff meeting for the Medicaid fee for service and MCO EVV vendors. |
| July 2018 (estimated) | The Medicaid fee for service EVV vendor will provide plans for EVV system interoperability. |
| August 2018 (estimated) | The Agency will issue an informational letter outlining EVV system requirements and training sessions. |
| October 2018 (estimated) | All EVV vendors will provide joint provider training sessions. |
| November 2018 (estimated) | All EVV vendors will begin an EVV testing period with providers. |
| January 2019 (estimated) | All personal care services paid for by the state of Iowa will require electronic visit verification. |

Agency Implementation Strategy

The Agency has reviewed contracting options for EVV systems including the following:

1. Payer-based EVV system in which the health plan payer (managed care organization or fee for service) implements and administers the EVV program
2. Single state system for members, providers, and payers
3. State procurement of a \$0 requirements contract where the health plan payer (managed care organization or fee for service) pays on a per transaction basis
4. Requiring providers to implement and incur the cost of an EVV system that is in compliance with the 21st Century Cures Act

The Agency will implement the EVV program using Option 1. Health plan payers directly manage care coordination, service authorization, provider payments, and program integrity activities. Requiring EVV program administration at the payer level ensures that plans will receive the data necessary for successful program management.

Option 1 allows for variation in program administration, but the following tenets apply. First and foremost, health plan EVV vendors must comply with all applicable state and federal laws. Payer-based EVV systems must demonstrate interoperability with the fee for service system, and have a plan for integrating the plan’s EVV solution with current CDAC agency EVV systems. Payer-based EVV systems must have a plan for implementing EVV in areas without existing infrastructure.

1.3 Expected Outcome

The Agency anticipates utilizing the feedback obtained through this RFI process to analyze options for implementing EVV. Responses will be considered during Agency decision-making regarding program design and utilization requirements.

1.4 RFI Timetable

Below is the anticipated timeline for this RFI. These times are provided in Central Time.

| | |
|--|----------------|
| Agency releases RFI | 11/20/17 |
| Questions Regarding the RFI due by 4:00 PM, | 12/5/17 |
| Agency Posts Answers to Questions | 12/15/17 |
| Final written responses to RFI and/or requests to present systems due to the Agency by 4:00 PM | 12/22/17 |
| RFI Presentations | Week of 1/8/18 |

Section 2.0 RFI Responses**2.1 Response Content**

Please submit concise responses with enough detail to facilitate clear understanding. Respondents may address each question at their discretion. Respondents are not obligated to address each section or question. Interested parties may submit more than one response as long as all are received by the submission deadline. Subsequent responses should include only new information and not repeat previous submissions.

2.2 Questions About the RFI Process

This RFI contains a question and answer process to address questions from interested parties related to either clarifying the information the Agency is seeking in the RFI or regarding the process of responding to this RFI. Note that the Agency is using this process to seek feedback to assist with making future decisions and cannot address questions related to future plans at this time. Any clarifying or procedural questions related to responding to this RFI must be received by the date provided in the RFI timetable. Questions should be submitted in an electronic word processing document that is compatible with Microsoft Word software and sent as an attachment to an email directed to the issuing officer. Parties submitting questions are encouraged to request a confirmation of the issuing officer's receipt in their email. If interested parties do not have access to email, contact the issuing officer to arrange submission of questions by the deadline noted in the RFI timetable.

Responses to the questions will be posted with the previously-posted RFI at the State of Iowa's website for bid opportunities: <http://bidopportunities.iowa.gov/> by the end of business on the date noted in the RFI timetable.

2.3 Response Submission

Parties responding to this RFI do not need to return this entire document; rather, please complete the document titled MED-18-030 RFI Vendor Submission Document and submit that electronic word processing document as an email attachment to the issuing officer at:

Kera Oestreich
Iowa Department of Human Services
100 Army Post Road
Des Moines, IA 50315
koestre@dhs.state.ia.us

The electronic word document must be in a format that is compatible with Microsoft Word software. Respondents are encouraged to request a confirmation of receipt of the emailed response. Responses will be accepted via email until the due date and time in the RFI timetable. If respondents do not have access to email, please contact the issuing officer to make other arrangements for submission.

Section 3.0 RFI PRESENTATIONS**3.1 Scheduling Presentations.**

Vendors may deliver presentations for a time period from 9:00 a.m. to 4:00 p.m. beginning the week of January 8, 2018. Presentations will be held via webinar.

The Agency is interested in an overview of EVV system capabilities including an overview of how verification occurs with your system, what capabilities your system has in regards to scheduling and claim adjudication, and what interoperability your system has with other EVV vendors and EHR solutions.

Vendors are requested to email the Issuing Officer to set up an appointment for your system presentation. Presentations will be scheduled in the order appointments are received. To present via webinar, you must have Internet and phone capabilities. The Agency will schedule the webinar via GoToMeeting and provide you with a link to the webinar to present. If you would like to provide handouts as part of your presentation, please email them to the Issuing Officer two days prior to the presentations so copies can be made.

If you are interested in presenting, you must contact the Issuing Officer no later than December 22, 2017.

Section 4.0 GENERAL TERMS AND CONDITIONS

4.1 General Terms

- 4.1.1** Information is being requested solely to identify possible methods, approaches, and solutions associated with expected outcome.
- 4.1.2** The State of Iowa and the Agency will not enter into a contract with any respondent based on the responses provided to this RFI.
- 4.1.3** A respondent's submission of a response to this RFI will not be a factor in any subsequent competitive selection process. The Agency will provide public notice of any subsequent bidding opportunity following notice requirements associated with the respective competitive procurement(s).
- 4.1.5** Information submitted in response to this RFI will become the property of the Agency.
- 4.1.6** The Agency will neither pay for any information herein requested nor will it be liable for any other costs incurred by the respondent.
- 4.1.7** The Agency reserves the right to modify or delete any and all sections of this RFI at any time.

4.2 Clarification of Responses

The Agency reserves the right to contact a respondent for the purpose of clarifying a response to ensure mutual understanding.

4.3 Copyrights

By submitting a response, the respondent agrees that (1) the Agency may copy and distribute the response for purposes of reviewing the response or to respond to requests for public records, and (2) that such copying does not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the responses.

4.4 All Responses Are Treated as Public Information

With the submission of a response, each respondent agrees that information submitted in response to this RFI will be treated as public information and that no part of the response will be treated as confidential. The Agency's release of information is governed by Iowa Code chapter 22. The Agency will copy or share public records as required to comply with public records laws.

4.5 Release of Claims

With the submission of a response each respondent agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on any misunderstanding concerning the information provided herein or concerning the Agency's failure, negligent or otherwise, to provide the respondent with pertinent information as intended by this RFI.

4.6 Choice of Law and Forum

This RFI is governed by the laws of the State of Iowa without giving effect to the conflicts of law provisions thereof. Respondents are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this RFI shall be brought and maintained in the appropriate Iowa forum.