STATE OF WYOMING
WYOMING DEPARTMENT OF HEALTH
DIVISION OF HEALTHCARE FINANCING

REQUEST FOR INFORMATION / VENDOR QUESTIONNAIRE

ELECTRONIC VISIT VERIFICATION SYSTEM

OPENING DATE
March 1, 2018

DEPARTMENT OF HEALTH

REPRESENTATIVE: Julie Lacey
TELEPHONE NO.: (307)777-5099
1.0 GENERAL INFORMATION

1.1 THE PURPOSE

This Request for Information (RFI)/Vendor Questionnaire (VQ) is being issued by the State of Wyoming, Department of Health (WDH), Division of Healthcare Financing (DHCF), 6101 Yellowstone Road, Suite 210, Cheyenne, WY 82002. The RFI/VQ is being issued with the intent of collecting information, comments, suggestions, recommendations, cost considerations, and creative ideas for approaches to Electronic Visit Verification (EVV) functionality and related enhancements. The State is interested in information from vendors to identify innovative, cost-effective, and time savings methods of adding EVV functionality to ensure adequate and appropriate services are being provided to the State’s Medicaid Home Health, and waiver populations. The vendor(s) will be requested to provide specific solution details as outlined in Section 1.3.

Wyoming is seeking Request for Information/Vendor Questionnaire responses that will assist the State in determining the most appropriate model and contract approach for procuring services or system components to manage Electronic Visit Verification functions.

This RFI/VQ will allow the State to:

- Collect information on offerings currently available in the marketplace. This information will assist the State in conducting an alternatives and needs analysis.
- Identify potential vendor service solutions that comply with State and Federal regulations and needs.
- Identify approximate pricing ranges and information from the vendor community to assist the State in determining a realistic budget for its EVV approach.
- Receive recommendations from vendors on strategies for implementation and project approach.
- Formulate an optimal approach for EVV that will help inform the Request for Proposal (RFP).

1.2 BACKGROUND

Wyoming Medicaid is a federal-state funded program that provides health and long-term care coverage to low-income children, parents, seniors and people with disabilities. The Wyoming Medicaid program has operated since 1967 under Title XIX of the Social Security Act, as amended.

The Wyoming Department of Health manages three (3) Medicaid Home and Community Based Services (HCBS) Waiver Programs and one State Plan service that would make use of the EVV services, including:

- Community Choices Waiver (Aged and Physically Disabled)
• Comprehensive Waiver (ID/DD Waiver)
• Supports Waiver (ID/DD Waiver)
• Medicaid Home Health Program

The Home Care Services Unit sits within the Division of Healthcare Financing (DHCF) and oversees the Community Choice Waiver (CCW) Program. The Community Choices Waiver offers individuals 19 and older the opportunity to receive nursing home level-of-care in their home or in an assisted living facility.

The Behavioral Health Division (BHD) is responsible for the administration of the Supports Waiver and Comprehensive Waiver (together the Comprehensive and Supports (CS) Waivers). The Supports Waiver provides supportive services to persons of all ages with intellectual and developmental disabilities (ID/DD) so they can actively participate in their own community and live as independently as possible. The Comprehensive Waiver targets the same people and has the same objective; however, it applies to individuals with a higher level of service need than the Supports Waiver covers.

The Wyoming Home and Community Based Services (HCBS) Waivers help pay for personal care services for individuals who have been identified as having institutional level-of-care needs as a means to allow them to continue to live in their homes and communities. To support home and community living, care providers are dispatched to participant’s homes to provide services identified by the participants and Case Managers during creation of the person-centered plan of care. The care providers then submit documentation outlining what services were provided and the dates and times they were provided. Upon verification and approval of the submitted documentation, the care providers receive payment from Medicaid based on the services and timeframe identified.

The 21st Century Cures Act that was signed into law in December 2016 mandates that all Medicaid waiver personal care services have an EVV in place by 2019, and by 2023 for Home Health personal care services. The definition outlined in the Cures Act states that “the term ‘electronic visit verification system’ means a system under which visits conducted are electronically verified with respect to the Type of service performed, individual receiving the service, date of the service, location of service delivery, individual providing the service and the time which service began and ended.”

1.3 VISION

**Wyoming Department of Health Electronic Visit Verification Vision**

The Wyoming Department of Health continues to seek efficiencies in delivering services to Medicaid clients and providers. As Medicaid programs continue to add and automate program business functions, EVV functionality will become a beneficial component of many programs, allowing them to enhance quality of care; increase transparency; identify and mitigate fraud, waste, and abuse; improve provider accountability; and see cost savings resulting from proper claims submissions.
Division of Healthcare Financing is interested in hearing from vendors who can provide the following EVV functionality:

**Required functionality:**
- Electronic visit verification system for personal care and home health service to include verification of:
  - Provider clock-in/clock-out
  - Date service is provided
  - Location verification
  - Type of service provided
  - Provider and participant identification

**Added value functionality:**
- Ability to align available services with members’ Plan of Care and service authorizations
- Role-based access to content and system flexibility to:
  - Allow for adjustment of time and service entries, if incorrect
  - Provide services in locations other than the member’s home, when authorized
- Accommodation for post-visit time and service entry
- Customizable real-time reporting and service delivery alerts
- Integration with payroll and claims systems
- Due to the rural and remote nature of many communities in the State, the ideal solution would provide for an offline option(s) that does not rely on fixed devices
- Web portal and associated mobile application with GPS and offline mode capabilities

**1.4 LIABILITY**

This Request for Information / Vendor Questionnaire has been issued to obtain information only and is not intended to result in a contract or vendor agreement with any respondent. The State is seeking vendor community insight and information prior to finalizing business, functional, operational, and technical requirements for a Request for Proposal. The RFI / VQ does not commit the State to procuring or purchasing any business services at this time or awarding any contract.

The State shall not be held liable for any costs incurred by the respondent in the preparation of its response. The issuance of a Request for Proposal as a result of information gathered from these responses is solely at the discretion of the State. **Should an RFP be issued, it will be open to qualified vendors, whether or not those vendors chose to submit a response to this Request for Information / Vendor Questionnaire. This RFI / VQ is not a pre-qualification process.**
2.0 RESPONSE INSTRUCTIONS

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Please submit the response in Microsoft Word (preferred) or in a PDF format via e-mail to wdh-wy-mmis-project@wyo.gov.

For inquiries regarding this Request for Information / Vendor Questionnaire or to submit a question, please e-mail wdh-wy-mmis-project@wyo.gov.

2.1 RESPONSE CONTENT AND FORMAT

The Wyoming Department of Health, Division of Healthcare Financing, appreciates any information and assistance respondents provide. If you choose not to respond, it will have no impact on the Department’s future contract considerations with your company. If you do choose to respond, please comply with all aspects of the Request for Information / Vendor Questionnaire as thoroughly as possible.

The State is asking that all responding parties submit a response containing the following information. Entities should refer to the numbers below in their responses to enable efficient Department review. Responses should be limited to a total of twenty-five (25) pages including appendices and attachments.

1. Provide a main contact name, address, e-mail address, and telephone number in each response.

2. Briefly describe your organization, client base, financial stability, and history. Please keep generalized marketing material to a minimum.

3. Describe your experience providing similar solutions in either the Medicaid or Commercial Health industry or both. Briefly discuss innovative approaches or add-ons to electronic visit verification functionality and any demonstrated success with the suggested model or approach.

4. Describe how your suggested solution and/or structure can support statewide EVV, knowing that in some parts of Wyoming there is limited or no connectivity with cellular or internet services available.
5. Explain how your suggested solution and structure could be scalable to a small population with rural and frontier elements to ensure it is minimally burdensome for providers and participants.

6. Describe how your approach limits initial and start-up costs for a small state.

7. Describe an effective cost model for ongoing operations and maintenance.

8. Describe your ideal project structure for implementation of your suggested solution based on demonstrated success or lessons learned of how you have adapted to various scenarios in other states regarding services or solutions provided by multiple vendors.

9. Every project has certain inherent risks. Describe the top three (3) significant risk factors associated with implementation and use of an EVV system and lessons learned / best practices that could mitigate these risks.

10. Explain your approach to protecting the security and privacy of the system and its data.

11. Explain how your solution will support verification of services through the Plan of Care and Service Authorization information found in the Care Case Management System and MMIS.

12. Identify specific systems that your solution has successfully integrated with.

13. Describe the capability of your solution to communicate with other State procured systems, such as the claims processing system, care case management system, and eligibility system.

3.0 CLOSING

The Division of Healthcare Financing thanks you for your efforts in preparing a response. Although this Request for Information / Vendor Questionnaire does not require the State to issue a formal Request for Proposal (RFP) or to award a contract, it is anticipated that the information gathered through this RFI / VQ will inform the State’s upcoming decision-making process.