

# **TPL Services**

## **Request for Information (RFI)**

Issued by:

The State of Missouri  
Department of Social Services  
MO HealthNet Division

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Responses are requested by:

June 25, 2018

Responses are to be submitted to:

Division of Finance and Administrative Services, Procurement Unit

[DFAS.DSSCONTRACTS@DSS.MO.GOV](mailto:DFAS.DSSCONTRACTS@DSS.MO.GOV)



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## 1.0 INTRODUCTION AND PURPOSE

### 1.1 Introduction

The Missouri Department of Social Services (“Department”) is the designated State Medicaid Agency (SMA), and the MO HealthNet Division (MHD) of the Department is responsible for administering the Missouri Medicaid Program, known as MO HealthNet. Medicaid is a federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage. Medicaid guarantees coverage for basic health and long term care (LTC) services based upon income and/or resources. Cost avoidance and recovery efforts associated with these the management of Medicare and Medicaid within the state of Missouri is the main goal of the Directorate of Fiscal Operations and Recoveries.

The MO Health Net Directorate of Fiscal Operations and Recoveries is composed of the following State Activities:

- Personal Funds Recovery
- Estate Recovery
- Trauma Settlement Recovery
- Health Insurance Premium Payment Program (HIPPP)
- Burial Plan Recovery
- Tax Equity and Fiscal Responsibility Act (TEFRA) liens
- Health Insurance Billing
- Data Matches
- TPL data collection
- Account Maintenance
- Payment processing

Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers for Medicare & Medicaid Services (CMS) within the United States Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards, and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters.

Medicaid is the payer of last resort, and as such, seeks to fulfill the state and Federal Medicaid requirements for identifying, cost avoiding, and/or recovering from third parties.

State and federal regulations require that the state take all reasonable measures to ascertain the legal liability of third parties to pay for medical services furnished to a Medicaid member under the state plan. The goal is to ensure that Medicaid does not bear costs that should be paid by appropriate liable third parties, as well as to recover on paid Medicaid claims for which third party liability (TPL) was not shown at the time of payment.



## 1.2 Purpose of Request for Information (RFI)

The purpose of this Request for Information (RFI) is to gather information regarding the creation of a Qualified Vendor List (QVL) in order to fulfill the ongoing Third Party Liability (TPL) functions for MHD to include but not limited to identification of all applicable types of TPL, recovery of funds from TPL and cost avoidance.

- The collection of liable third party insurance recovery;
- The cost avoidance of expenditures associated with Medicare and Medicaid;
- The processing of claims and referral to the Attorney General's office;
- The provision of assistance to our participant and their estates.
- The new strategies/methodologies and or tools that would aid in or augment existing cost recovery and administrative functions.
- Collecting and matching data for use in cost recovery and cost avoidance.

## 2.0 Background – Current State

Currently TPL services are provided both by the state and by a contractor who handles all aspects of TPL and special projects associated with TPL. In addition to health insurance recoveries, the current contractor implemented additional special projects with MHD approval, including Estates Recovery, Commercial Insurance Provider Recovery, and Credit Balance Recovery.

To provide an understanding of program size, a summary of MO HealthNet statistics for State Fiscal Year (SFY) 2013 (June 2012 through June 2013) is provided below:

- On average, 879,344 people were enrolled in MO HealthNet each month.
- Percentage of Enrollees:
  - 60.8% – Children
  - 18.6% – Persons With Disabilities
  - 12.0% – Pregnant Women & Custodial Parents
  - 8.6% – Seniors
- 273, 425 claims were processed daily, 99% of which were submitted electronically.
- MO HealthNet Expenditures – \$7,079.4 M.
- Percentage of Expenditures:
  - 48.5% – Persons With Disabilities
  - 24.8% – Children
  - 17.9% – Seniors
  - 8.8% – Pregnant Women & Custodial Parents

Mo HealthNet's Directorate of Fiscal Operations and Recoveries is comprised of four sections which include the Financial Recoveries Unit, the Medicare Recovery Unit, the Operations Unit and the Third Party Liability Unit. These units collectively are involved with most if not all the



aspects associated with collections, cost avoidance and recoveries for both Medicare and Medicaid for Missouri.

## 2.1 Mo Health Net TPL

The MHD Cost Recovery Unit administers a successful and aggressive cost avoidance and recovery program to offset MHD expenditures. TPL refers to the legal obligation of other third party resources (TPRs) to pay medical claims of MHD participants prior to MHD coverage. A few common TPRs are Medicare, health insurance including, but not limited to medical, dental, and vision insurance, worker's compensation, automobile medical insurance, homeowner's insurance, malpractice, product liability, medical support orders, and probate. The business function of Third Party Liability within the Medicaid and Medicare programs is to ensure these resources are utilized as a primary source of payment in lieu of taxpayer dollars.

Third party resources include health insurers, self-insured plans, group health plans, Government-sponsored health insurance such as Medicare and TRICARE, service benefit plans, managed care organizations, pharmacy benefit managers, and other parties that are by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service. CMS interprets other parties to include third party administrators, fiscal intermediaries, and managed care contractors that administer benefits on the behalf of the risk-bearing sponsor. Further, CMS includes medical support from absent parents, automobile insurance, workers' compensation, and probate-estate recoveries as third party resources.

TPL information is obtained from different sources, including the Department of Social Services (DSS), Family Support Division (FSD), primarily during a participant's initial contact with the MHD eligibility determination process. Supplementing the initial contact are data matches with both private and public entities, edits within the claims processing system, direct inquiries to participants, non-custodial parents, and other liable third parties.

## 2.2 Current MHD

TPL functions are performed by both agency staff in the MO HealthNet Division TPL Unit and by a TPL contractor. While this RFI only discusses State assets currently there is a TPL contractor, both contractor and state staff responsibilities are discussed below. Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties. The following list itemizes some of the activities performed by the contractor and or the State.

- Health insurance billing and follow-up;
- Data matches and associated billing (Tricare, MCHCP, and other insurance carriers such as BCBS, United Healthcare and Aetna);
- Provide TPL information for state files;
- Post accounts receivable data to state A/R system; and
- Maintain insurance billing files.

## 2.3 Role and Duties

The MO HealthNet TPL Unit concentrates on asserting liens on settlements of trauma-related incidents (which include personal injury, product liability, wrongful death, and malpractice, workers' compensation, and traffic accidents). The TPL Unit also files claims for recovery of MO



HealthNet expenditures in estate cases; Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) cases; on the personal funds accounts of deceased nursing home residents; and on any excess funds from irrevocable burial plans. For cost avoidance, the TPL Unit operates the Health Insurance Premium Payment (HIPP) program and maintains the TPL data base where participant insurance information is stored.

The following list itemizes the activities performed by the TPL Unit:

- Liens, updates and follow-up on trauma cases;
- Identify and follow-up on all estate cases;
- Identify, file and follow-up on TEFRA liens;
- Identify and follow-up on personal funds cases;
- Recover any excess funds from irrevocable burial plans;
- Operate the Health Insurance Premium Payment (HIPP) program;
- Post recoveries to accounts receivable systems;
- Maintain state TPL databases;
- Verify leads through the Medicaid Management Information Systems (MMIS) contract; and Contract oversight.

#### Primary TPL Programs:

HIPP Program - The Health Insurance Premium Payment program (HIPP) identifies and pays for employer-sponsored insurance policies for MO HealthNet participants to maximize MO HealthNet monies by shifting medical costs to private insurers and exhausting all third party resources before utilizing MO HealthNet.

Trauma Settlement Recovery – This program identifies potentially liable third parties and asserts liens on litigation settlements to ensure maximum recovery of MO HealthNet expenditures. Each identified potential asset or liable party is researched to determine if pursuit is cost effective or even possible.

Personal Funds Recovery – This program identifies personal funds account balances of deceased MO HealthNet participants who lived in nursing facilities and recovers MO HealthNet expenditures made on behalf of those participants. Nursing facilities are required to pay MO HealthNet within sixty (60) days from the date of death (Section 198.090(7), RSMo)

Burial Plans Recovery - This program recovers MO HealthNet expenditures from any excess funds from irrevocable burial plans. Burial lots and irrevocable burial contracts are exempt from consideration in determining MO HealthNet eligibility (Section 208.010, RSMo). The law also provides that if there are excess funds from irrevocable burial plans, the state should recover the excess up to the amount of public assistance benefits provided to the participant

Estate Recovery - In this program, expenditures are recovered through identification and filing of claims on estates of deceased MO HealthNet participants. Data matches are coordinated with the Department of Health and Senior Services' Vital Statistics, Family Support Division's county office staff and cooperation of other public and private groups. When cases are established, TPL staff verifies expenditure documentation and assembles data for evidence. The TPL staff appears in court to testify on behalf of the state and to explain MO HealthNet policies and procedures.



TEFRA Liens - The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 authorizes the MO HealthNet program to file a lien as a claim against the real property of certain MO HealthNet participants. The TEFRA lien is for the debt due to the state for medical assistance paid or to be paid on behalf of MO HealthNet.

Medicare Buy-In Program- the Medicare Buy-In Program identifies and pays for Medicare Part A and/or B premiums for participants. This ensures that Medicare stays active and shifts the payment of claims from MO HealthNet to Medicare as primary payer.

Staff verifies Medicare leads through reports produced from files sent by CMS, the Social Security Administration or the TPL/MEDICARE contractor through a data match. By doing this the MMIS Medicare database is updated with the Medicare information, which then ensures cost avoidance for future MO HealthNet claims

Accounts Receivable – There are currently three full-time staff in this section of the TPL unit. Staff process checks from providers and individuals, processing and reviewing overrides of Medicaid claims, reversing write offs, processing and reviewing recoveries, refunds and returns. They report TPL leads, set up manual accounts receivables and creating/proofing letters for the unit.

Some of the other operations of the A/R unit are posting TPL checks, distributing checks and logging all incoming checks for the unit. They also process HIPPA reimbursements, process daily deposits, prepare return letters back to the provider, attorney, etc. or whoever the check came from if MHD received it in error.

Other examples of operations are the capability to process one time payments and voluntary payments that are received by the unit. This information is then applied towards the cost recovery efforts for the division. There are manual accounts receivable also set up for the Medicaid Technicians when they work their individual cases.

## **2.4 Integration Needs**

MHD utilizes multiple outside vendors to enhance the services it provides. MHD understands that there are at times challenges to differing systems and vendors all working together. MHD is interested in making sure that there is a minimum standard by which each vendor is expected to be able to work with the state in the accomplishment of the service, to include but not limited to data exchanges, data management, no standards for the exchange of data between MMIS modules - While the MME does utilize standard transactions (e.g. X12, HL7) for the exchange of data with external partners, virtually all data exchanged between the MMIS modules is in proprietary formats. Many MMIS modular solutions available in the market today utilize proprietary formats and services for data exchange.

There have historically been multiple vendors providing different services for both the state and subcontracting. There will be a need to be able to work with other systems and other contractors in order to accomplish goals.

There are both state and federal guidelines which dictate the manner by which these activities may be performed. Those guidelines have and likely will change along with general policy which may directly impact Medicaid and Medicare provision and regulations.

As a contractor for the state vendors function as an agent of the state in specified capacities. Coordination and direction from MHD is essential in many tasks.





## 2.5 Procurement, Implementation, and Operations Process

It is important for the MHD to determine when services need to be procured and applied to the overall procurement, implementation, and operations process.

The processes for procuring, implementing, projects or operations are lengthy and very complex primarily due to the required coordination between CMS and States, federal and state procurement laws, the complexity of the technology, the complexity of the ever-changing Medicaid Program, and the numerous stakeholders. The primary high-level steps in this process are as follows. Note that the order of these steps may vary.

- 1) Complete a State Self-Assessment.
- 2) Secure State approval for procurement and establish the governance model
- 3) Meet with business staff to determine organization structure, work-flows, and business requirements.
- 4) Obtain information from other States regarding recent RFIs, RFPs, and implementations.
- 5) Gather information from vendors regarding available solutions and services.
- 6) Develop a strategy for procurement of modules aligned with the business needs, the organizational structure, and the available solutions and services.
- 7) Develop a strategy for vendor offerings and the State requirements.
- 8) Submit the project for approval.
- 9) Draft an RFP for each project or process that aligns with the State's procurement process and that reflects the governance model, and business requirements.
- 10) Procure Project Management Office (PMO) services (if needed) and Independent Verification and Validation (IV&V) services (required).
- 11) Trace the RFP requirements to the project certification checklists.
- 12) Submit the RFP and checklists with a project budget to OA for approval to release the RFP.
- 13) Release the RFP for bid.
- 14) Evaluate the bid responses and determine recommended contract award.
- 15) Submit recommended contract award and request for funding to CMS for approval.
- 16) Award contract.
- 17) Initiate project for implementation and replacement of existing process if applicable.
- 18) Gather business requirements and align solutions.
- 19) Build the test, development, and product prior to implementation.
- 20) Implement project or process, completing conversion, and train end users.
- 21) Transition the project or process to maintenance and operations.
- 22) Conduct certification processes to verify certification requirements have been met.
- 23) Obtain certification.
- 24) Initiate ongoing enhancements, upgrades, and modifications to accommodate changing business needs and systems.





### 3.0 Vision – Future State

MHD envisions modern modular TPL recovery process, integrating data matching and cost avoidance solutions to reduce the cost of care and maintain the greatest amount of fiscal responsibility. Providing services which meet the needs of the Missouri Medicaid Program as it exists today and for the foreseeable future as well as meets State and Federal requirements. MHD recognizes that its current staffing and contract management model cannot adapt as easily to the ever changing market for opportunities to enhance the State's capacity to reduce and recover Medicare and Medicaid cost. MHD is gathering information regarding Qualified Vendors who would provide project type specific services to determine whether those services can increase the states existing capabilities to perform these functions.

As described in Section 1.2, The MHD is interested in determining the following regarding TPL Recoveries, Cost avoidance and data matching projects or process performed by a qualified vendor:

- The TPL Recoveries, Cost avoidance and data matching projects or process services that could be provided ;
- The role and duties of a qualified vendor as envisioned by vendors providing TPL Recoveries, Cost avoidance and data matching projects or process services;
- The TPL Recoveries, Cost avoidance and data matching projects or process services offered by vendors to support current MHD operations;
- The technical components of a TPL Recoveries, Cost avoidance and data matching projects or process offered by vendors providing services;
- The strategies/methodologies and tools utilized by vendors to support implementation and operation of TPL Recoveries, Cost avoidance and data matching projects or activities.
- A strategy for the procurement of system integration services, tools, and technical components including pricing, timing related to other TPL Recoveries, Cost avoidance and data matching projects or process, and conflict of interest.

The MHD seeks an approach that is compliant with CMS requirements, reduces risks and increases cost avoidance and recoveries, and is executable within Missouri laws, and may be effectively merged into current operations.

### 4.0 Submission Requirements

#### 4.1 Response Submission Date, Time, and Format

Interested respondents should submit one (1) electronic copy of their response by email as an attachment to the Designated Point of Contact no later than 5:00 PM CDT on June 25, 2018. Please include “RFI Response” in the subject line of the email.

Responses should be provided in a portable format (Microsoft Word or PDF), formatted using Times New Roman size 11 font, one inch margins, and consecutively numbered pages in the format of “Page x of y”, page bottom, centered.

All pages of the response should include the RFI title and respondent organization name consistently in either the footer or header of each page. The total response should not exceed the response page limits noted in Table 1 below.



## 4.2 Response Outline and Page Limit Guidelines

This RFI seeks information from respondents on their vision and recommendations regarding services, technical components, and procurement. Responses should be complete when submitted and should clearly describe the respondents' ability to address the overall vision noted in Section 3 and the guidelines and questions specified in Section 4 of this RFI.

Responses should contain the sections identified in Table 1 and include, at a minimum, the information requested in Sections 4.3.1 – 4.3.2. The overall response should not exceed 33 pages and should consider the following page limit guidance.

Table 1: RFI Response Outline and Page Limit Guidance

Section #	Section	Page Limit
1.0	Respondent Identification Cover Page	1
2.0	Organization Summary	2
3.0	Response to RFI Questions	20
4.0	Duties, Services, and Technology Spread Sheet	10

## 4.3 Response to RFI Questions

### 4.3.1 Respondents should copy the questions below into the response and provide the response immediately following each question.

- a. The State of Missouri requests each respondent to provide responses to the following questions regarding Mo HealthNet Division Third Party Liability, Cost avoidance and data matching Qualified Vendors list and or the roles and duties as defined in above Section 2.3.
  - 1) How would you as third-party liability recovery ensure that you are providing the most accurate and up to date information on the participants whom you are responsible to recover from?
  - 2) What would you be willing/able to be responsible for in regards to the successful integration of the chosen solutions and infrastructure? What do you envision your role would be in integrating the solutions and what would be the role of the other vendors? How would you manage the activity of the multiple solution vendors and manage risk?
  - 3) How do you see State or Federal law impacting your service and the specific manner in which your services would be implemented due to those laws and regulations?
- b. The State of Missouri requests each respondent to provide responses to the following questions regarding vendor's needs as defined in above Section 2.4.
  - 1) What makes your project or process substantially different as compared to other services on the market? Is the difference proprietary systems, packaging with other products or services?
  - 2) What is the potential financial advantage that your service will provide? Have you done this before for other organizations or states? What were the outcomes form those



states? Extrapolate that data based on Missouri populations and project potential cost savings or recoveries.

- 3) What will be, if any support needs that you as a vendor would expect the state to provide for this service?
- 4) How would you propose to price out your services, are you willing to negotiate that method?
- 5) Would you be willing to be a sub-contractor or work in conjunction with other contractors towards the completion of a larger project for which your company may be only a part of the project?
- 6) The Medicaid Program is subject to rapid and significant change as was evidenced by the proposed Federal changes to existing health law. The constraints of performing these tasks are often are often complex as the federal and state governments look for opportunities to reduce costs while improving health outcomes. These program changes include alternative payment and service delivery models. What strategy and technology/tools would you employ to provide services if subject to significant change? What would be your role and responsibilities in managing the ongoing modifications to TPL Recoveries, Cost avoidance and data matching projects or processes?
- 7) Missouri procurement authority is established in chapter 34, RSMo. This procurement authority requires the application of consistent and sound public procurement practices in the acquisition of products and services. Missouri requires fixed price for deliverable pricing for most contracts and for change orders or Project Assessment Quotations (PAQs) issued under contracts. Missouri generally does not offer time and material contracts or staff augmentation contracts for the purchase services. Missouri generally does not negotiate contracts after determining contract award. The award notification, the RFP, and the vendor response constitute the contract. Missouri is able to modify RFP requirements, terms, and conditions during the open bid period in response to vendor inquiries and through the Best and Final Offer (BAFO) process during bid evaluation. Missouri cannot accept any assumptions submitted within a bid response that would negate or contradict an RFP requirement or limit the defined scope.
- 8) The State of Missouri requests each respondent to provide responses regarding 42 CFR 433 Subpart C and the State Medicaid Directors Letter #16-009, and how it may or may not impact the vendors' submission.
- 9) Claims Processing and Information Retrieval Systems – APD Requirements requires State Medicaid Agencies to maintain documentation for software developed using federal funds such that the software can be operated by contractors and other users and to minimize the costs and difficulty of operating this software on alternate hardware or operating systems. What would you envision as your capacity to provide the required documentation?

#### **4.3.2 Duties, Services, and Technological Spreadsheet**

- a. Respondents should develop and attach a spreadsheet listing what they envision as the duties, services, and technical components related to TPL Recoveries, Cost avoidance and data matching projects or process services; please indicate whether you consider each listed duty to be a responsibility of the project or process vendor or the responsibility of the state.



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## **5.0 Procedures and Instructions**

### **5.1 RFI Submission**

As noted above, the purpose of this RFI is to gather information regarding TPL Recoveries, Cost avoidance and data matching projects or process for the Missouri Mo HealthNet Division which administers the State's Medicaid program. This RFI does not constitute a solicitation of proposals, a commitment to conduct procurement, an offer to contract, or a prospective contract. The descriptions in this RFI are tentative and may change prior to the procurement of services.

The State of Missouri is not liable for any costs incurred by respondents to produce and submit a response to this RFI for MHD. The MHD will acknowledge the receipt of responses and reserves the right to request any respondent to provide an on- site presentation regarding TPL Recoveries, Cost avoidance and data matching projects and/or demonstrate some of their capabilities.

### **5.2 Designated Point of Contact**

The Department of Social Services Point of Contact for this RFI is:

Division of Finance and Administrative Services

Procurement Unit

615 Howerton Court

PO Box 6500

Jefferson City, MO 65102-6500 Phone: (573) 751-7036

Email: DFAS.DSSCONTRACTS@DSS.MO.GOV

### **5.3 Public Information**

All submitted responses to this RFI will be subject to Missouri's Sunshine Law and will be shared upon request or will be made publicly available on the State of Missouri website.

More information regarding the Missouri Sunshine Law can be found at <http://ago.mo.gov/sunshinelaw/>.

### **5.4 Disclaimers and Disclosure of Proposal Content and Proprietary Information**

All information received from respondents becomes the property of the State of Missouri and the Department of Social Services (DSS), MoHealthNet Division (MHD), and Office of Administration- Information Technology Services Division (OA-ITSD).



## Appendix A – Vendor Response Cover Page

Respondent's Name\_\_\_\_\_

Respondent's Physical Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code (include 4 digit add on) \_\_\_\_\_

Respondent's Contact Person\_\_\_\_\_

Phone Number & Area Code \_\_\_\_\_ Fax Number & Area Code\_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website Address\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Respondent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed Name of Authorized Signatory

\_\_\_\_\_  
Title or Authorized Signature



## Appendix B – Acronyms

The following acronyms are used within this document.

Acronym	Definition
CMS	Centers for Medicare & Medicaid Services
CMSP	Clinical Management Services and System for Pharmacy Claims and Prior Authorizations
COTS	Commercial Off-the-Shelf
DFAS	Division of Finance and Administration Services
DMH	Missouri Department of Mental Health
DSS	Decision Support System
FA	Fiscal Agent
FADS	Fraud and Abuse Detection System
ITSD	Information Technology Services Division
MECT	Medicaid Enterprise Certification Toolkit
MHD	MO HealthNet Division
MITA	Medicaid Information Technology Architecture
MMAC	Missouri Medicaid Audit and Compliance
MME	Missouri Medicaid Enterprise
MMIS	Medicaid Management Information System
PDF	Portable Document Format
PI	Program Integrity
RFI	Request for Information
RFP	Request for Proposal
SFY	State Fiscal Year
SI	System Integrator
SMA	State Medicaid Agency
SS-A	State Self-Assessment