



System Integrator (SI) Request for Information (RFI)

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Responses are to be submitted to:

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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.

The Missouri Medicaid Enterprise (MME) is composed of the following State Agencies:

- The Family Services and Children’s Divisions of the Department are responsible for the Medicaid participant eligibility and enrollment functions.
- The Missouri Medicaid Audit and Compliance (MMAC) Division of the Department of Social Services is responsible for the Medicaid provider enrollment and program integrity functions.
- The Division of Finance and Administration Services (DFAS) of the Department is responsible for providing administrative support for MHD including Medicaid payment processing and financial reporting.
- The Division of Legal Services of the Department is responsible for all the legal services related to the Medicaid program.
- The Information Technology Services Division (ITSD) of the Office of Administration is responsible for the development and operation of systems related to the Medicaid program.
- The Missouri Department of Mental Health (DMH) is responsible for administering Medicaid waiver programs.
- The Missouri Department of Health and Senior Services is responsible for administering Medicaid waiver programs.

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.

The MME Programs are supported by the Medicaid Management Information Systems (MMIS). The MMIS systems automate key business processes including claim and encounter processing, financial management and reporting, payment calculations, third-party liability verification and collections, drug rebates, prior authorization of services, provider enrollment, member eligibility, member enrollment in health plans, premium collections, care management and coordination, and program integrity.

The MMIS system implementations and operations are funded by the federal government with enhanced funding as defined in 42 CFR Part 433 Subpart C. CMS provides guidance to the States regarding enhanced funding for investments in MMIS solutions through regulation, State Medicaid Director Letters, and presentations. CMS is requiring States to adopt a modular strategy for MMIS replacements breaking the traditional MMIS into smaller, more manageable components that can be more easily replaced (“plug and play”) and reused in other States. To reduce the risks inherent in implementations of modular MMIS solutions provided by multiple vendors, CMS recommends the States utilize third-party System Integrators to provide oversight, management, integration, and technology services to support the implementation of modular MMIS solutions.



1.2 Purpose of Request for Information (RFI)

The purpose of this Request for Information (RFI) is to gather information regarding third-party system integration services to support the procurement, implementation, and operation of modular MMIS solutions. The MME is interested in determining the following regarding third-party system integration services that would inform the MME's overall strategy for MMIS replacement and operations:

- The risk mitigation services that could be provided by a third-party System Integrator;
- The role and duties of a third-party System Integrator as envisioned by vendors providing system integration services;
- The system integration services offered by vendors to support MMIS procurement, implementation, and operations;
- The technical components of an enterprise MMIS solution offered by vendors providing system integration services;
- The strategies/methodologies and tools utilized by system integration vendors to support implementation and operation of a modular MMIS and manage activities with the MMIS module vendors; and
- A strategy for the procurement of system integration services, tools, and technical components including pricing, timing related to other MMIS procurements, and conflict of interest.

The MME seeks an approach to system integration that is compliant with CMS requirements, reduces system integration risks and issues that the MME has experienced in the past, supports the overall MME MMIS replacement program, is executable within Missouri purchasing laws, and can be effectively merged into the MMIS procurement, implementation, and operations processes.

2.0 BACKGROUND – CURRENT STATE

Proposed solutions will need to support the information needs of the various programs and populations across the MME. On an annual basis, the current MMIS processes over 95 million claims received from over 800 claims transactions submitters representing an average of over 8,000 providers in each payment cycle. Missouri utilizes a combination of Fee For Service (FFS) and Managed Care (MC) service delivery models. Approximately two-thirds of the member population (primarily children and healthy adults) are enrolled in MC. The remaining one-third of the member population (primarily aged, blind, and disabled) are served through FFS. The pharmacy program is carved out of MC and is entirely FFS. The MMIS solutions must serve the needs of both the FFS and MC service delivery models, but the majority (over 85 percent) of transactions are FFS.

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

The MHD is divided into four primary operational units: Program Operations, Information Systems, Finance, and Medical Services. The Program Operations unit includes Pharmacy Services, Clinical Services, Program Relations, Managed Care, and Waiver Programs. The Information Systems unit includes the MMIS and the Clinical Management Services and System for Pharmacy Claims and Prior Authorizations (CMSP). The Finance unit includes Financial Services and Reporting, Institutional Reimbursement, Waiver Financing, Rate Setting, Budget, Cost Recovery, Audit Services, Pharmacy Fiscal, and CMS Financial Reporting. The Medical Services unit includes Program Quality, Psychology, and Medical Services. All four units report to a Division Director and Deputy Division Director. MHD employs over 200 staff.

Key information regarding the Missouri Medicaid Program can be found at <http://dss.mo.gov/mhd/general/pages/about.htm>.

2.1 Missouri Medicaid Systems

The current Missouri MMIS Fiscal Agent (FA) is Wipro Infocrossing, Inc., who is responsible for the development, operation, and maintenance of the primary MMIS, the Decision Support System (DSS), and reporting solutions such as Ad Hoc Reporting and Management and Administrative Reporting Subsystem (MARS). The current Program Integrity (PI) tools used by the MMAC Division include OptumInsight's Surveillance and Utilization Review Subsystem (SURS) and Truven's Fraud and Abuse Detection System (FADS).

In 2001, the MHD committed to the development of a supplemental MMIS solution referred to as the Clinical Management and System for Pharmacy Claims and Prior Authorization (CMSP) to automate clinical editing and prior authorization of services provided to Medicaid participants. Subsequently, the CMSP solution was expanded to provide a web portal allowing providers to view Medicaid claims and support coordination of care within the Missouri Medicaid Program. The CMSP solution has also been expanded to provide a solution for managing the Missouri Medicaid Electronic Health Record (EHR) Incentive Program. The MHD currently contracts with Xerox Heritage, LLC for the maintenance, operation, and development of the CMSP in addition to a clinical data mart for CMSP Ad Hoc Reporting.

The Department is currently implementing the Missouri Eligibility Determination and Enrollment System (MEDES) to replace the legacy Medicaid eligibility system. MEDES incorporates the Modified Adjusted Gross Income eligibility standards required by the Affordable Care Act. The Department will eventually migrate all Medicaid eligible populations into MEDES.

The MME participates in the Missouri-based Health Information Network (HIN) operated by Missouri Health Connection (MHC). The MME currently shares claims information with Missouri providers through the HIN. The MME intends to access clinical data through the HIN in the future to support key business functions including prior authorization and pre-certification of services, case management, and coordination of care.

2.2 Current MMIS Procurement Status

The MME is working toward the replacement of the existing MMIS modules including the core claims processing system. Thus far, the MME has committed to the following:

- The MME released an RFP for a Program Integrity Solution to replace the existing Fraud and Abuse Detection System (FADS) and Surveillance and Utilization Review System (SURS) and to



add a Program Integrity case management system. The RFP has been closed and the responses are being evaluated.

- The MME released an RFP for a Business Intelligence Solution – Enterprise Data Warehouse (BIS-EDW) to replace the existing MMIS data warehouse and data analytics tools. The RFP has been closed and the responses are being evaluated.
- The MME is drafting an RFP for purchase of a Provider Enrollment Solution to manage the provider enrollment function including the provider screening and monitoring functions.
- The MME has completed the procurement of a Third Party Liability (TPL) service for providing verified TPL leads used in claims processing and for collections on paid claims.
- The MME has conducted extensive information gathering sessions to document business requirements related to key Medicaid business functions including claims processing, prior authorization, financial management and reporting, and drug rebate.

2.3 CMS Definition of System Integrator Role and Duties

CMS has provided new guidance to the States regarding investments in Information Technology using MMIS enhanced funding. The guidance has been provided in the updated regulation 42 CFR 433 Subpart C, State Medicaid Director Letters (SMDL), and CMS presentations. CMS has identified the following overall goals and guidance to support changes to the Medicaid Program:

- MMIS systems now require a very complex system enterprise model;
- CMS can no longer consider a single vendor providing the entire MMIS solution;
- CMS will discourage states from functioning as their own technical MMIS Systems Integrator (SI);
- Solutions must support frequent changes in payment models; and
- Solutions must become faster, better, and cheaper to keep up.

A primary objective for CMS related to support transformation of MMIS systems is reducing the barriers to entry into the MMIS solution market by new vendors. To accomplish this, CMS is interested in:

- Increasing the number of potential vendors with a modular approach to system architecture and procurement by separating MMIS components (e.g. claims, provider enrollment, third party liability, decision support);
- Building non-proprietary products when possible using shared solutions with “plug and play” components; and
- Ensuring the technology is “leading edge” where options for change or improvement are unlimited and comparatively inexpensive for the state and low risk for the vendor with faster performance, cheaper hosting costs, and leverage experience from similar sectors

CMS has provided guidance to States through SMDLs and presentations by CMS staff promoting the utilization of System Integrators (SI) for supporting the design, development, implementation, and operation of MMIS enterprise systems. CMS has defined the role of SIs as having a specific focus on ensuring the integrity and interoperability of the Medicaid IT architecture and cohesiveness of the various MMIS modules incorporated into the Medicaid system. CMS envisions SIs fostering best-in-breed and



ever-evolving solutions for MMIS enterprise systems with the SI responsible for successful integration of the chosen solutions and infrastructure into a seamless system. CMS considers managing risks for an MMIS project involving multiple vendors and modular solutions central to the SI role.

States are encouraged to use an acquisition approach that limits the potential conflict of interest an SI may have in choosing the modular solutions to be incorporated into the MMIS. SIs may be precluded from bidding on procurements of the MMIS module application software, though the SI may provide elements of the technical infrastructure such as the enterprise service bus, master data management tools, identity and access management tools, etc. The goal of CMS is to avoid lock-in to a single vendor or an otherwise closed set of solutions. Instead, CMS is encouraging States to procure MMIS modules from multiple vendors.

CMS intends for SIs to mitigate the risk of failures in the integrations between multiple MMIS modules provided and operated by multiple vendors. SIs will mitigate this risk by ensuring that:

- The MMIS module vendors work together and that conflicts are identified and resolved in a timely and technically sound manner;
- System designs account for technical requirements of multiple interfaces and that all of those interface requirements are adequately tested;
- There are no orphaned functions;
- When the system is delivered, Medicaid transactions are accurate and seamless as they transverse multiple modules;
- The re-use of assets is facilitated between States;
- Open Automated Programming Interfaces (APIs) are utilized; and
- MMIS modules remain loosely coupled.

CMS defines the duties of the SIs as follows:

- At a detailed technical level, helps establish standards and ensures that all modules work together seamlessly and work securely with external systems;
- Ensures that overall security and privacy remain intact when various modules and components are integrated;
- Manages, coordinates, and supports the work of multiple MMIS module vendors and negotiates solutions to disagreements that may arise between different development contractors;
- Ensures modules are being built using appropriate interoperability standards;
- Manages risks that may arise when schedule or technical slippage in one module affects other modules;
- Cooperates with a state Project Management Office (PMO) and the Independent Verification & Validation (IV&V) contractor to give an accurate, honest reporting of project status;
- Provides planning services including:
 - ◆ Vision, strategy, assistance in developing goals and objectives;
 - ◆ Concept of operations;
 - ◆ Enterprise functional and non-functional needs analysis;
 - ◆ Continuity of operations and disaster recovery planning;
 - ◆ Architectural and engineering decomposition; and
 - ◆ Communications planning
- Provides management framework services including:
 - ◆ Enterprise design, pattern and portfolio management;
 - ◆ Enterprise architecture, modeling, and integration;
 - ◆ Enterprise technical roadmap orchestration with sequencing and transitioning plan;



- ◆ Enterprise functional and non-functional requirements;
- ◆ Development life cycle; and
- ◆ Enterprise management of master integrated schedule, scope, change control, risk management, and quality assurance
- Functional implementation services including:
 - ◆ Enterprise design, pattern and portfolio management;
 - ◆ Standards selection;
 - ◆ Integration services;
 - ◆ Business architecture and modeling; and
 - ◆ Information architecture and modeling
- Technical implementation services including:
 - ◆ Environment/infrastructure;
 - ◆ Network services;
 - ◆ Portal, module portal;
 - ◆ Enterprise service bus;
 - ◆ Identity management;
 - ◆ Platform services layer, data services layer, master data;
 - ◆ Enterprise services registry;
 - ◆ Standards selection; and
 - ◆ Security architecture and framework

2.4 MME MMIS System Integration Needs

The MME has procured MMIS solutions from multiple vendors for many years. While one vendor is responsible for the hosting, development, operation, and maintenance of the state-owned core claims processing system, the MME utilizes an eligibility and enrollment system, an advanced pharmacy claims and prior authorization system, a fraud and abuse detection system, and a third party liability lead verification and collection service provided by other vendors. The MME is familiar with the many challenges involved in integration of MMIS modules to create an enterprise solution. Those challenges include the following:

- 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.
- No standard MMIS data models – The MME utilizes a claims processing system that was originally built during the 1980s. The data model has evolved over time to reflect Missouri business needs, but has not been aligned with any external standards. The MME anticipates and has experienced significant differences in the data models with available MMIS modules from the existing MMIS data model.
- No standard MMIS modules – There is no defined list of MMIS modules or standards for the functionality included in each module. This lack of standards inhibits the development of services that would be included in each module and “plug and play” integration with other MMIS systems.
- Vendor Hosting of MMIS modules – The MME has long employed a strategy of vendor hosting of MMIS modules. Unfortunately, this strategy results in the maintenance of multiple platforms preventing the reuse of technology components, increases the complexity of integrations and data



exchanges between the systems hosted in multiple data centers, requires the maintenance of secure data connections between the data centers which increases the number of failure points, and increases security risks with the replication of MMIS data.

- No clear definition of the responsibility of each MMIS module vendor for interfaces between modules – Due to the lack of standards for integration and data models, the interfaces between the MMIS modules are largely proprietary and sometimes require middleware to reformat or transform the data. The interfaces also require ongoing monitoring and support with difficulties determining which part of an interface (source, target, or middleware) is causing issues. Developing and supporting these interfaces requires coordination and cooperation between the vendors.
- Existing MMIS management and staffing model – The MME is currently staffed for managing the existing number of system contracts based on the model of system integration services and technical expertise being provided by the MMIS solution vendors.
- The Medicaid Program is changing and continues to become increasingly complex – Many changes are being discussed in Congress related to funding for the Medicaid Program. In addition, the MME has been experimenting with alternate payment methodologies, care and case management programs, and service delivery models, all of which has significantly increased the complexity of the MMIS claims processing and financial management systems.
- System integration does not end when system implementation is complete – System integration is an ongoing function within an enterprise solution requiring constant monitoring, maintenance, and support. In addition, the constantly changing business needs and technology require ongoing changes to systems and integrations.

2.5 MMIS System Procurement, Implementation, and Operations Process

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

The process for procuring, implementing, and operating MMIS systems is 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 Medicaid Information Technology Architecture (MITA) State Self-Assessment and develop MITA Roadmap.
2. Secure State approval for MMIS procurement and establish the governance model
3. Secure CMS approval for MMIS procurement planning.
4. Meet with business staff to determine organization structure, workflows, and business requirements.
5. Obtain information from other States regarding recent RFIs, RFPs, and implementations.
6. Gather information from vendors regarding available solutions and services.
7. Develop a strategy for procurement of modules aligned with the business needs, the organizational structure, and the available MMIS solutions and services.
8. Develop a technology strategy for hosting and architecture aligned with the vendor offerings and the State technical requirements.



9. Submit the procurement and technology strategy to CMS for approval.
10. Draft an RFP for each MMIS module that aligns with the State's procurement process and that reflects the governance model, the business requirements, and the technology strategy.
11. Procure Project Management Office (PMO) services (if needed) and Independent Verification and Validation (IV&V) services (required).
12. Trace the RFP requirements to the MMIS/MITA certification checklists.
13. Have the IV&V vendor verify the RFP requirements and certification checklists and submit progress report to CMS.
14. Submit the RFP and checklists with a project budget to CMS for approval to release the RFP.
15. Release the RFP for bid.
16. Evaluate the bid responses and determine recommended contract award.
17. Submit recommended contract award and request for funding to CMS for approval.
18. Award contract.
19. Initiate project for MMIS module implementation and replacement of existing MMIS system.
20. Gather business requirements and align to MMIS module solution.
21. Build the test, development, and production system environments.
22. Design MMIS module configuration and deployment, data conversion, and integration with other MMIS systems and with business workflows.
23. Develop MMIS module configurations, data conversion processes, and system integrations.
24. Conduct system, integration, and user acceptance testing and defect resolution.
24. Implement MMIS module with related system integrations, complete data conversion, and train end users.
25. Transition the MMIS module to maintenance and operations.
26. Conduct MMIS certification processes to verify MMIS certification requirements have been met.
27. Obtain MMIS certification.
28. Initiate ongoing MMIS module and system integration enhancements, upgrades, and modifications to accommodate changing business needs and systems.

3.0 VISION – FUTURE STATE

The MME envisions modern modular MMIS solutions providing a comprehensive, scalable and secure enterprise system that meets the needs of the Missouri Medicaid Program as it exists today and for the foreseeable future and meets the CMS requirements for enhanced federal funding. The MME recognizes that its current staffing and contract management model cannot support the modular MMIS system as envisioned by CMS. The MME is gathering information regarding contracted system integration services to determine whether those services can address the anticipated deficiencies in the MME's capabilities to manage the integration of the MMIS modules.



As described in Section 1.2, The MME is interested in determining the following regarding third-party system integration services that would inform the MME’s overall strategy for MMIS replacement and operations:

- The risk mitigation services that could be provided by a third-party System Integrator;
- The role and duties of a third-party System Integrator as envisioned by vendors providing system integration services;
- The system integration services offered by vendors to support MMIS procurement, implementation, and operations;
- The technical components of an enterprise MMIS solution offered by vendors providing system integration services;
- The strategies/methodologies and tools utilized by system integration vendors to support implementation and operation of a modular MMIS and manage activities with the MMIS module vendors; and
- A strategy for the procurement of system integration services, tools, and technical components including pricing, timing related to other MMIS procurements, and conflict of interest.

The MME seeks an approach to system integration that is compliant with CMS requirements, reduces system integration risks and issues that the MME has experienced in the past, supports the overall MME MMIS replacement program, is executable within Missouri purchasing laws, and can be effectively merged into the MMIS procurement, implementation, and operations process.

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 MHD Designated Point of Contact no later than **5:00 PM CDT on May 22, 2017**. **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 system integration 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 4.2.1 – 4.2.4. The overall response should not exceed 20 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	SI Duties Services Technology Spreadsheet	

4.2.1 Respondent Identification Cover Page

Each respondent will need to include a signed cover page using the format provided in Appendix A to include in their submitted response. A cover page is only required for the organization submitting a response.

4.2.2 Organization Summary

Respondents should provide a brief description of their organization, including the following:

- A general description of the primary business of the organization and its client base.
- The organization's areas of specialization.
- Experience providing third-party system integration services. Please highlight any prior experience providing third party system integration services as part of an MMIS modular solution or a large-scale health IT solution.
- Size of the organization, including structure.
- Length of time the organization has been in business, as well as how long the organization has been providing system integration services.

If you are collaborating with other organizations to complete your response, please be clear which organization is providing various services, tools, or technology of the overall approach in your submitted response.

4.2.3 Response to RFI Questions

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

The State of Missouri requests each respondent to provide responses to the following questions regarding system integration and the CMS definition of the System Integrator role and duties as defined in above Section 2.3.

1. For answering this question, assume other vendors are providing and operating all system modules and components. How would you as a third-party Systems Integrator ensure the integrity and interoperability of the Medicaid IT architecture and cohesiveness of the various MMIS modules incorporated into the Medicaid system?
2. For answering this question, assume other vendors are providing and operating all system modules and components. What would you be willing/able to be responsible for in regards to the successful integration of the chosen MMIS modular solutions and infrastructure into a seamless system? What do you envision your role would be in integrating the solutions and what would be the role of the module vendors? How would you manage the activity of the multiple solution vendors and manage risk? Note that the MME may enforce the responsibilities of the System Integrator through contract requirements, service level agreements, and liquidated damages related to the performance of the integrated system.



3. For answering this question, assume other vendors are providing and operating all MMIS modules and components. To mitigate risk, CMS has recommended specific risk mitigation responsibilities of a Systems Integrator. In the attached spreadsheet on the Risk Mitigation worksheet, please indicate whether you consider each listed risk mitigation to be a responsibility of the Systems Integrator. Also, please add any additional risk mitigations that you as the System Integrator could provide.
4. What do you envision as the duties of a Systems Integrator? CMS has recommended specific duties of a Systems Integrator. In the attached spreadsheet on the Duties worksheet, please indicate whether you consider each listed duty to be a responsibility of the Systems Integrator. Also, please add any additional duties that you would envision to be the responsibility of the Systems Integrator.
5. What do you envision as the services of a Systems Integrator and what technology components/tools would you as a Systems Integrator provide? CMS has recommended specific services to be provided by a Systems Integrator. In the attached spreadsheet on the Services worksheet, please indicate whether you consider each listed service to be a responsibility of the Systems Integrator. Also, please add any additional services that you would envision to be the responsibility of the Systems Integrator.
6. In the attached spreadsheet on the Technology-Tools worksheet, please indicate whether you as the Systems Integrator would envision providing each listed technical component/tool as part of the enterprise solution. Also, please add any additional technical components/tools that you would envision providing as the Systems Integrator.

The State of Missouri requests each respondent to provide responses to the following questions regarding system integration and the MME MMIS system integration needs as defined in above Section 2.4.

7. Assuming the System Integrator is responsible for the successful integration of multiple MMIS modules provide by multiple vendors, what strategy/methodology and technology/tools would you as the Systems Integrator use to integrate modules from multiple vendors where there are no standards for the format, content, or method for the exchange of data? What would your role and responsibilities be as the Systems Integrator for establishing standards? How would you implement/enforce your strategy with the MMIS module vendors? What requirements, service level agreements etc. would need to be enforced with the MMIS module vendors to make your strategy successful?
8. Assuming the System Integrator is responsible for the successful integration of multiple MMIS modules provide by multiple vendors, what strategy/methodology and technology/tools would you use as the Systems Integrator to integrate modules from multiple vendors where there are significant differences in the data model? How would you implement/enforce your strategy with the MMIS module vendors? How would you implement/enforce your strategy with the MMIS module vendors? What requirements, service level agreements etc. would need to be enforced with the MMIS module vendors to make your strategy successful?
9. Assuming the System Integrator is responsible for the successful integration of multiple MMIS modules provide by multiple vendors, what strategy and technology/tools would you use as the Systems Integrator to integrate MMIS modules where there are no standards for the functionality/services included in each module to ensure the MMIS modules meet the business needs? What information would you require from the State during the procurement of system integration services to allow you to provide a fixed price for integrating the modules?



10. What strategy would you as the Systems Integrator propose for the hosting of MMIS modules that would minimize the number of platforms, maximize the reuse of technology components, decrease the complexity of integrations and data exchanges between systems hosted in multiple data centers, maintain secure and reliable data connections, and/or reduce security risks? What role and responsibility would you envision having as the System Integrator for developing a strategy for and/or managing the hosting?
11. The MME is considering utilizing FedRAMP-authorized cloud services for hosting the MMIS modules with the MMIS module vendors responsible for operating and maintaining the modules. This approach would definitely include Infrastructure-As-A-Service (IaaS) and Platform-As-A-Service (PaaS) services provided by the cloud service provider. This approach may resolve some of the issues related to having MMIS modules hosted in multiple data centers. The MME could contract directly with a cloud services broker for purchase of the cloud services or consider other alternatives. What role and responsibility would you envision for the System Integrator in procuring and managing the cloud services? What challenges do you anticipate for the System Integrator with this approach?
12. With the lack of standards for the integration of MMIS modules and the MMIS data models, we can anticipate MMIS vendors proposing proprietary interfaces and services for supporting integration. What strategy and technology/tools would you propose for facilitating system integration utilizing proprietary interfaces and services? What would be the responsibility of each MMIS module vendor and what would be your responsibility as the Systems Integrator for the development, implementation and ongoing support related to the proprietary interfaces and services? What would be your role as the Systems Integrator in defining the responsibilities and managing the performance of the MMIS module vendors?
13. The Medicaid Program is subject to rapid and significant change as was evidenced by the implementation of the Affordable Care Act. The program often becomes more 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 ongoing system integration services for the key MMIS systems used to process claims/encounters where the business needs and related systems are subject to significant change? What would be your role and responsibilities as the Systems Integrator in managing the ongoing modifications to system integrations?
14. 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 of system integration 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.

What are your recommendations for how and when the MME should procure system integration services to support integration of MMIS modules? Also, please indicate in the attached spreadsheet on the Duties, Services, and Technology-Tools worksheets the step(s) from Section



2.5 MMIS Systems Procurement, Implementation, and Operations Process where each duty, service, and technology/tool would apply. This information will help inform the State's strategy for the timing of procuring system integration services.

The State of Missouri requests each respondent to provide responses to the following questions regarding open source modules.

15. CMS has suggested the development of open source MMIS modules that can be reused for other State Medicaid Agencies. What would you envision as the role and responsibilities of a System Integrator in the development, operation, maintenance, and/or management of open source modules?

16. 42 CFR 433 Subpart C and the State Medicaid Directors Letter #16-009 Regarding Mechanized 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 the role and responsibilities of a System Integrator in the development of the required documentation, execution of a strategy for minimizing cost of operating on alternate operating systems, and facilitating the sharing of open source modules with other State Medicaid Agencies?

5.0 PROCEDURE AND INSTRUCTIONS

5.1 RFI Submission

As noted above, the purpose of this RFI is to gather information regarding third-party system integration services to support the procurement, implementation, and operation of modular MMIS solutions.. 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 system integration 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 onsite presentation regarding system integration and/or demonstrate some of their capabilities.

5.2 Designated Point of Contact

The MHD Designated Point of Contact for this RFI is:

Todd Meyer
MO HealthNet Division
615 Howerton Court
PO Box 6500
Jefferson City, MO 65102-6500
Phone: (573) 751-7996
Email: Todd.Meyer@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). As such, RFI responses can be published in the public domain at the conclusion of the selection process. The State of Missouri does not guarantee protection of any information from public disclosure.



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

Data Signed

Typed Name of Authorized Signatory

Title of Authorized Signatory



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