Managed Care Enrollment Broker Request for Information (RFI)

Issued by:

The State of Missouri
Department of Social Services
MO HealthNet Division

Issued on:

May 5, 2017

Responses are requested by:

June 5, 2017

Responses are to be submitted to:

Todd Meyer – todd.meyer@dss.mo.gov

Contents

Tables

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.

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

- The Family Support Division (FSD) and Children's Division (CD) of the Department are responsible for the Medicaid participant eligibility and enrollment functions.
- The Missouri Medicaid Audit and Compliance (MMAC) Division of the Department 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 (DLS) 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 (DHSS) 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.

1.2 Purpose of Request for Information (RFI)

Missouri is currently considering procurement of Managed Care Enrollment Broker. This Request for Information (RFI) is issued for the purpose of informing the MHD and/or supporting development of a procurement approach for consideration by MHD. MHD is seeking information regarding available Managed Care Enrollment Broker systems that are configurable and would provide a comprehensive, scalable, and secure environment to support the program management needs of the Missouri Medicaid Enterprise (MME) and enrollment broker services to assist with program administration. The MO HealthNet Division is interested in enrollment broker system/services that would provide some or all of the following items:

- Managed Care Enrollment, Transfer, and Disenrollment
- Call Center/Support Services Center
- Member Web Portal for Plan Comparison and Enrollment
- Enrollment by Member Selection and Automatic Assignment
- Managed Care Provider Directory
- Printing & Enrollment Mailings
- Language Translation Services
- Health Risk Assessments
- Care Coordination/Case Management
- Third Party Liability (TPL) Data Integration
- Privacy and security

The MME anticipates Managed Care Enrollment Broker systems and services that provide these items will be valuable tools in managing the Managed Care population.

1.3 Vendor Demonstrations

As a result of the RFI response, the MHD may choose to have vendors demonstrate their solutions. The proposed timeframe for these demonstrations is currently July 24, 2017 through August 10, 2017. Formal invitations will be sent at a later date, once all responses have been received and reviewed.

2.0   BACKGROUND – CURRENT STATE

MHD operates a mandatory Managed Care Program in all one hundred fourteen counties and the City of St. Louis for program participants designated as Managed Care enrollees (existing program enrollees) or potential enrollees (new program enrollees). The goals are to improve access to needed services and the quality of health care services for the MO HealthNet Managed Care and State aid eligible populations, while controlling the program's rate of cost increase. The Managed Care Program allows Managed Care enrollees and potential enrollees to enroll in and receive health benefits through contracted Managed Care Organizations (MCO). The Managed Care participants enroll in the contracted MCOs designated for their county of residence, during designated enrollment periods, and at other times as allowed by State and Federal law. Managed Care participants voluntarily dis-enroll from or choose not to enroll in the Managed Care Program if they are eligible for Supplemental Security Income (SSI) benefits, receiving foster care or adoption subsidy benefits, or meet SSI disability definition as determined by the Department of Social Services.

As of November 23, 2016, there were approximately 507,000 participants enrolled in the Managed Care Program within fifty-four (54) designated Missouri counties and the city of St. Louis. The Managed Care Program was expanded on May 1, 2017, statewide to one hundred and fourteen (114) counties plus the City of St. Louis. It is estimated that an additional 270,000 individuals are now eligible for the statewide Managed Care Program. Beginning May 1, 2017, three (3) MCOs were offered statewide to include four (4) Managed Care regions. The number of MCOs in each region, the number of regions, and the counties included in each region are subject to change during the MCO contract renewal process.

2.1   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.

3.0   VISION – FUTURE STATE

The MME envisions an MMIS solution(s) that will provide a comprehensive, scalable, and secure health care information system to support the program management needs of the MME for the next decade and beyond and continuation of Fiscal Agent (FA) services to assist with program administration. The Managed Care Enrollment Broker services would be a component of the overall MMIS solution. Results of the recently completed Medicaid Information Technology Architecture (MITA) Framework 3.0 State Self-Assessment (SS-A) indicate that MHD is targeting Level 2 and Level 3 MITA maturity for the functions supported by current MMIS solutions. The MME will need a focus on automation, standard data models, standard business rules, and collaboration with data trading partners to meet the target business process maturity levels.

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 June 5, 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 using a consistent numbering format.

All pages of the response should include the RFI title 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 is issued for the purpose of informing the MHD and/or supporting development of a procurement approach for consideration by MHD of a Managed Care Enrollment Broker. 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 – 4.2.3. The overall response should not exceed 13 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

Section #	Section	Page Limit
2.0	Organization Summary	2
3.0	Response to RFI Questions	10
	Total	13

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

- Any current or recent experience working with state Medicaid agencies

- Size of the organization, including structure

- Vendor support staff qualifications, including experience working with Medicaid systems

- Length of time the organization has been in business, as well as how long the organization has been providing Enrollment Broker services

If you are collaborating with other organizations to complete your response, please be clear which organization is providing various modules or capabilities of the overall solution in your submitted response.

4.2.3   Response to RFI Questions

Please provide a detailed description of your organization's approach to each of the following items:

1. How does your organization provide and perform education/outreach efforts? In your response please include examples of any materials used in this process. Also, please include non-English and visually and hearing impaired versions.
2. How does your organization create and track approved enrollment material? Your response should include, but is not limited to, the following:
    a) Collaboration process with the state and health plans
    b) Document control, versioning, and approval process

3. How does your organization provide enrollment material to potential enrollees (i.e. mailings, web portal, fax, etc.)? Your response should include, but is not limited to, the following:
   a) How this information is tracked
   b) Language interpretation services
   c) Visually and hearing impaired services

4. How does your organization collect enrollment information submitted by the enrollee including health plan selection, health risk assessment data, primary care physician selection, and third party resources? Your response should include, but is not limited to, the following:
   a) How this information is tracked and logged
   b) If you utilize a call center please address the following in your response:
      i. Describe your call management solution
      ii. Document imaging and processing
      iii. Customer service and outreach
      iv. Management/Analysis reporting
      v. Language interpretation services
      vi. Visually and hearing impaired services
   c) Other methods of receipt (i.e. mailing, portals, integration into community sites)

5. Please describe how your organization assists potential enrollees with the following through a web portal, call center, mail, and/or other:
   a) Integrating the enrollment process with the eligibility determination process and web portal
   b) Selecting a health plan
   c) Selecting a primary care physician
   d) Completing a health risk assessment
   e) Comparing health plans
   f) Transfers between health plans
   g) Opt-in and Opt-out choices
   h) General questions regarding enrollment
   i) Member outreach and communication

6. Please describe your system capabilities (i.e. enrollment rules engine) concerning auto assignment and re-assignment? Your response should include but is not limited to the following:
   a) Sophisticated algorithms
   b) Capability to override auto assignment rules
   c) Unique enrollment rules
   d) Configurability
   e) Risk stratification
   f) Enrollment caps and floors by geographical regions
   g) Rule transparency and user readability

7. Please describe the process used to transfer all enrollment data between the MCOs and the State. Your response should include, but is not limited to, the following:
    a) Reporting
    b) Elements of enrollment data (i.e. eligibility, enrollment/dis-enrollments, primary care provider selections, transfers between MCO's)
8. Please describe how your organization captures and documents third party resource information from all sources (i.e. telephone, mail, email, or other electronic option/interfaces).
9. Please explain your organization's experience with handling the health risk assessment intake and documentation process (i.e. telephone, mail, email, or other electronic option/interfaces).
10. Please describe any Care Coordination/Care Management services offered by your organization.
11. Please describe how your organization ensures compliance with privacy and security laws and regulations, industry best practices, and aggressive management of security risks.
12. Please describe how your organization gathers provider directory and benefits information from the health plans and makes the information available to the members for plan comparison.

5.0   PROCEDURE AND INSTRUCTIONS

5.1   RFI Submission

As noted above, the purpose of this RFI is to inform the MHD and/or support development of a procurement approach for consideration by MHD of a Managed Care Enrollment Broker. 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), MO HealthNet 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
BIS-EDW	Business Intelligence Solution – Enterprise Data Warehouse
CD	Children's Division
CMS	Centers for Medicare & Medicaid Services
DFAS	Division of Finance and Administration Services
DHSS	Department of Health and Senior Services
DLS	Division of Legal Services
DMH	Missouri Department of Mental Health
DSS	Decision Support System
FA	Fiscal Agent
FADS	Fraud and Abuse Detection System
FFS	Fee For Services
FSD	Family Support Division
HHS	Health and Human Services
ITSD	Information Technology Services Division
LTC	Long Term Care
MC	Managed Care
MCO	Managed Care Organization
MHD	MO HealthNet Division
MITA	Medicaid Information Technology Architecture
MMAC	Missouri Medicaid Audit and Compliance
MME	Missouri Medicaid Enterprise
MMIS	Medicaid Management Information System
OA-ITSD	Office of Administration- Information Technology Services Division
PDF	Portable Document Format
RFI	Request for Information
RFP	Request for Proposal
SMA	State Medicaid Agency
SS-A	State Self-Assessment
SSI	Supplemental Security Income
SURS	Surveillance Utilization Review System
TPL	Third Party Liability