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Premium Collections 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: July 31, 2019

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.

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 an Enrollment Broker and Premium Collections System. 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 Premium Collections System that is configurable and would provide a comprehensive, scalable, and secure environment to support the program management needs of the Missouri Medicaid Enterprise (MME) and Premium Collection services to assist with program administration. The MO HealthNet Division is interested in a Premium Collections System that would provide the following items:

- Automated invoice generation and presentation with barcodes
- Online Payment Portal
- Payment setup, submission, and processing
- Prepayment, overpayment, credit balance, and refunds
- Payment reconciliation and failure processing
- Financial Transaction System including cash control numbers
- Coverage backdating
- Online documentation
- Audit trails
- Reporting

The MME anticipates Premium Collections systems and services that provide these items will be valuable tools in managing the MO HealthNet (Medicaid) population.

1.3 Vendor Demonstrations

As a result of the RFI response, the MHD may choose to have vendors demonstrate their solutions via online presentation (eg. WebEx, Zoom, etc) limited to two (2) hours. The proposed timeframe for these demonstrations is currently August 26, 2019, through August 30, 2019. Formal invitations will be sent at a later date, once all responses have been received and reviewed.

2.0 BACKGROUND – CURRENT STATE

DSS has a statewide Medicaid agency that provides access to needed services for low income individuals and families and other eligibility groups. DSS reimburses providers through a fee for service or managed care program and collects the premium payments from participants enrolled in these programs. The ME program codes are described in Attachment 8, Medicaid Eligibility Codes.

The applicable programs for this program include:

- Children’s Health Insurance Program (CHIP) – Eligible children receive coverage after their family submits a monthly premium payment.
- Spend Down – Eligible adults receive coverage after they meet a monthly Spend Down amount.
- Ticket-To-Work (TTW) – Eligible adults receive coverage after they submit a monthly



premium.

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 awarded.
 - 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 awarded.
 - 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 a Enrollment Broker and Premium Collections solution(s) that will provide a comprehensive, scalable, and secure premium payment functionality 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 Enrollment Broker and Premium Collections 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 July 26, 2019**. 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 an Enrollment Broker and Premium Collection System.

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 10 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	1
3.0	Response to RFI Questions	8
	<i>Total</i>	10

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 Premium Collection 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. Please describe the following functionality offered by your solution: (Your response should include, but not limit to) the following:
 - a) Invoicing
 - i. Create invoices
 - b) Premium Payment Processing
 - i. Process Payments (including backdating)
 - ii. Overpayments – how to apply to outstanding invoices
 - iii. Credit Balances
 - iv. Manage Insufficient funds
 - c) Financial System
 - i. Create AR
 - ii. Close AR (with payment, for non-payment, by program change)
 - iii. Process Refunds
 - iv. Cash Control subsystem
 - d) Web Portal Functionality
 - i. Authentication
 - ii. Process online payment
 - iii. Display payment history
2. Please describe your organizations solutions ability with:
 - a) Spenddown (Incurred Expenses, Out of Pocket expenses)
 - b) CHIP
 - c) Ticket-To-Work
3. Please describe your system capabilities: (Your response should include but not limit to) the following:
 - a) Rules Engine
 - b) Configurability
 - c) Interfaces
 - d) Distinguish by program type (CHIP, Spenddown, Ticket-to-Work)
 - e) Reporting
 - f) Restrict account access (Head of Household)
4. Please describe how your organization ensures compliance with privacy and security laws and regulations, industry best practices, and aggressive management of security risks.



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 Premium Collections System. 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:

Melody Webb
MO HealthNet Division
615 Howerton Court
PO Box 6500
Jefferson City, MO 65102-6500
Phone: (573) 526-4274
[Email: Melody.A.Webb@dss.mo.gov](mailto:Melody.A.Webb@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
TTW	Ticket To Work
TPL	Third Party Liability