Request for Information (RFI)

August 26, 2014

Instructions for Responses

1. South Carolina Department of Health and Human Services (SCDHHS) would like to receive responses to this RFI by <mark>September 25, 2014</mark>. Please send your response via e-mail to fbo@scdhhs.gov .

2. SCDHHS may copy your response to other storage media to facilitate review by its staff.

3. Vendors may mark portions of their responses as confidential in accordance with South Carolina Code of Laws and Regulations. Guidance on the proper marking of your response can be found at:

   http://www.mmo.sc.gov/MMO/webfiles/MMO_Legal/Documents/FOIA_page.pdf .

   While the referenced document is intended for vendor bids, the general guidance and references to statutes and rules are relevant to an RFI response. <mark>If you submit a response containing confidential material, *please submit a redacted version*</mark> that the State can use to respond to Freedom of Information Act requests.

4. This RFI is issued solely for market research, planning, and informational purposes and is not to be construed as a commitment by the State to acquire any product or service or to enter into a contractual agreement.

5. Any costs incurred by a party in preparing or submitting information in response to the RFI are the sole responsibility of the submitting party.

1   Purpose

The South Carolina Department of Health and Human Services (SCDHHS) is seeking sources and information for managing transition services for its new Healthy Connections Checkup (Checkup) benefit including both information technology (IT) and business operations ("Checkup Transition Services" or "Transition Services"). Services that could be provided include maintaining information on a network of health care providers who offer free and/or subsidized care to uninsured/underinsured individuals; managing referrals of Checkup members to these providers for follow up care for services not covered under the Checkup benefit; providing support and patient navigation services to Checkup members to ensure that they attend referral appointments; and tracking and reporting non-Medicaid care received by Checkup members to SCDHHS.

The State encourages vendors and other interested parties to provide feedback in response to this RFI or any part thereof. These responses may be used in crafting a Request for Proposals (RFP).

This document is not an RFP. The State is not seeking proposals at this time.

2   Background

2.1   General Background

On August 1, 2014, the Department introduced the Healthy Connections Checkup, a Medicaid limited benefit program, that provides coverage for preventative health care, family planning services, and family planning-related services. The benefit, previously known as the "Family Planning Eligibility Category," is available to men and women of all ages whose family income does not exceed 194 percent of the Federal Poverty Level (FPL) and who are ineligible for full Medicaid benefits under any other eligibility category. The screening benefits available are consistent with U.S. Preventative Services Task Force (USPSTF) screening recommendations. The Department estimates that up to 450,000 individuals within South Carolina are eligible for this benefit, including those already enrolled and potential future enrollees. Additional information concerning the Checkup program can be found at:

https://www.scdhhs.gov/press-release/coverage-new-screening-services-healthy-connections-checkup-0

2.2   Goals of Healthy Connections Checkup

Consistent with the Department's mission to "Purchase the most health for our citizens in need at the least possible cost to the taxpayer," the goals of the Healthy Connections Checkup program are to:

- Provide access to and promote utilization of preventative health care in order to timely identify health conditions and problems.
- Provide a streamlined method to connect existing Checkup members with limited Medicaid benefits to other sources of free or subsidized care.
- Ensure access to follow up care by monitoring Checkup members at least through the first post-checkup appointment with a provider.
- Minimize the cost to the South Carolina health care system by identifying acute and chronic conditions which, if left undiagnosed and untreated, would likely result in uncompensated emergency department care at a later date.

- Collect health and health care trend utilization data for use in designing and refining health benefit plans. Trends might be reported by demographically-similar groups, geographic areas, diagnoses, provider types, individual providers, etc.

2.3   General Scope of Services Needed

The Checkup benefit provides a bridge between Medicaid-covered services and health services funded via other sources (grants, charity, member contribution, etc.). The existing Medicaid business operations and IT do not currently support this bridge, and Medicaid providers make direct referrals to alternative sources of care themselves. The Department is considering procuring Transition Services to support the Checkup program. These Transition Services might include:

- Identifying a network of qualified providers and maintaining relevant demographic and services information for that network. Note that some of the potential providers are already enrolled in Medicaid. In addition, the Department is considering requiring registration with SCDHHS for non-Medicaid providers in order to be eligible for referrals for follow up care via the Checkup Transition Services.
- Receiving checkup results and facilitating referrals for appropriate follow up care. This service assists providers in identifying referral sources with appropriate specialties and available capacity.
- Providing reminders to members concerning their follow up care appointments and tracking them to see if they attended the appointments.
- Tracking the member's follow up care in order to provide insight into the required health care services and efficacy of the services. Due to the cost of full care management services, the Department is likely to limit the scope of this tracking.
- Analyzing trends and reporting to SCDHHS on a regular basis. These trends may be correlated by geographic attributes; provider types and services; member demographics; successful transition rates; or any other relevant measures of program impact.
- Implementing and maintaining secure IT systems needed to perform contract duties and to interface with Department IT systems. The question as to whether to use HIPAA-compliant transactions, where applicable, is still open.

Figure 1 shows a simple context diagram illustrating the concepts associated with the expected transition services. Note that SCDHHS has substantial IT system capabilities similar to many of the functions envisioned for this project, and it has other ongoing projects to upgrade those capabilities (e.g., Member Management system project, Provider Management system project). For the purposes of this RFI, the Department is assuming that necessary data from those systems will be available to the Checkup Transition Services contractor, but that the IT capabilities for the Checkup program will be separate from the existing systems and ongoing projects.
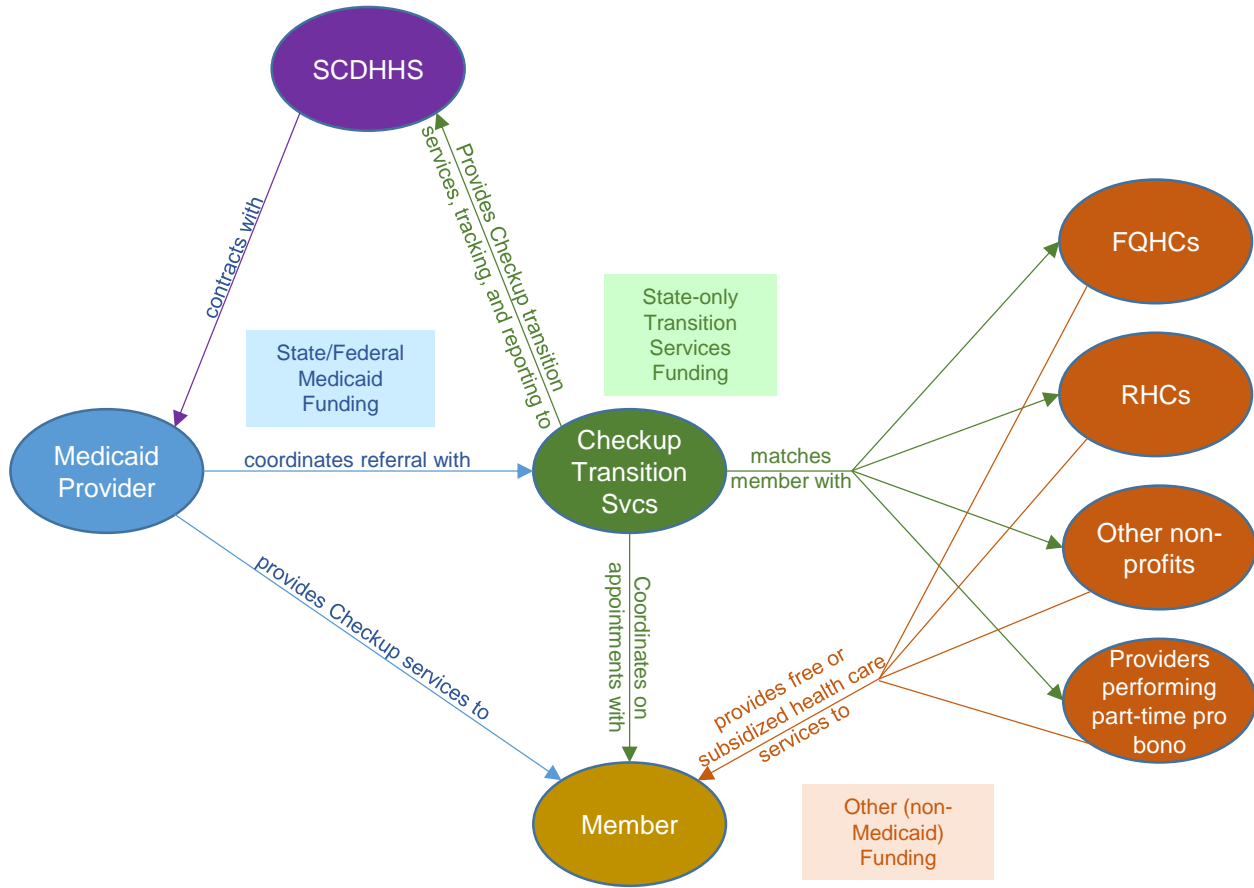
Figure 1. Healthy Connections Checkup Context Diagram

3   Notional Procurement and Contracting Approach

Table 1 shows a notional structure for a Checkup Transition Services contract.

Contract Element	Applicable Phase(s)	Payment Methodology
Implementation	Implementation Phase	Firm fixed price with milestone-based payments
Base Work	Operations Phase	Fixed price per month
Referral Management	Operations Phase	Fixed price per referral
Provider Network Management	Operations Phase	Fixed price per qualified registration plus per provider per month for network maintenance
Turnover	Turnover Phase	Firm fixed price with milestone-based payments

Table 1. Notional Contract Scope

- **Implementation** – this is the work required to get the IT implemented, put any needed infrastructure in place, build a provider network, and prepare personnel for operations.
- **Base Work** – this is the fixed administrative effort that is required to manage the effort and the contract. This includes analysis and reporting on trends and lessons learned as well as advice to the Department on recommended adjustments to the Checkup benefit plan and operations.
- **Referral Management** – this is the work necessary to assess the members' situations, identify appropriate provider resources, make referrals, and perform reminder duties.

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This effort includes call center and other access channel management (e-mail, Web chat, physical mail, etc., as needed).

- **Provider Network Management** – this is the work required to identify and register providers into the network serving the Checkup population as well as the recurring effort to manage the network and keep provider capacity/availability current.
- **Turnover** – this is the work required to transfer program data and operations to a follow on contractor or State entity.

While the Department has not made a final decision on the timing of any potential RFP, the immediate needs of the Checkup program indicate the value of a fairly aggressive schedule (likely publication in the fall of 2014).

4 Checkup Project Day

SCDHHS intends to conduct a Checkup Project Day on or about September 18, 2014. The Department will finalize the date and time based on the attendance request (identified in RFI Section 5) The goals of Checkup Project Day are:

- To provide additional information concerning the Checkup program and the administration project to interested parties.
- To answer questions that attendees may have concerning the Checkup program and the Transition Services project.
- To enable networking amongst contractors that may have strong skillsets in certain areas relevant to the project but may have shortfalls in other areas. In particular, the Department believes that there may be sources of expertise in health care and social services that may be lacking in IT capabilities as well as sources of IT capabilities that lack the health care and social services skills.
- To provide opportunities for attendees to participate in one-on-one discussions with SCDHHS. Based on the volume of responses to this RFI, the number of one-on-one sessions may need to be limited. SCDHHS will work to accommodate others, if time permits, at a later date.

Based on the number of planned attendees, the Department may adjust the date if necessary to secure an adequate presentation room. Final meeting details will be sent to the respondents planning to attend as soon as possible (see Section 5 for details).

5 Submission Request

The Department requests that respondents interested in attending Checkup Project Day provide the following information via e-mail not later than September 4, 2014:

1. The names and titles of the planned attendees. Please make the attendee count as accurate as possible. The Department needs to secure a room for the presentation, and the attendee count is critical in identifying the needed resource. If additional attendees arrive on Checkup Project Day, they will only be allowed into the presentation if there is spare room available.

2. Whether the respondent would like to meet one-on-one with SCDHHS. If so, please provide a short description of the topics you would like to cover during a 20-minute session.

The Department requests that interested parties respond to the items below in writing by <mark>September 25, 2014</mark>. You may respond to a subset of the questions as they apply to your organization, if desired.

1. Please *briefly* describe your organization and the products and services you provide.

2. What strategy would you recommend to the Department to address the needs identified in this RFI? How would you balance the costs of transition services with the scope of the services (including administrative services and care management-type services)?

3. What is your recommended approach to establishing a network of providers and coordinating available capacity with them? What are the pros and cons of requiring registration with SCDHHS for non-Medicaid providers?

4. Do you believe that the IT capabilities should be built on top of the Department's existing and planned IT systems or should be separate and integrate via interfaces? Should standard EDI transactions be used, where applicable, or will this drive costs and complexity without substantive added value? What drives your recommendations?

5. What contract structure and payment methodologies would you recommend for a contract covering Checkup Transition Services?

6. What staff skill sets would you recommend employing for these services (particularly any positions requiring clinical, IT, or statistical skills)?

7. What legal liability concerns do you have concerning any potential contract?

8. How would you address privacy and security requirements for transition services and the supporting IT systems?

9. What data needs would you envision having from the Department (e.g., member data, provider data, etc.)?

10. Provide an estimate of the implementation timeline for your recommended solution, and describe the factors that might cause this timeline to become longer or shorter.

11. What support would you need from the Department or other organizations during the implementation?

12. What support would you need from the Department or other organizations during operations?

13. What information (in an RFP or Procurement Library) would you need from the State in order to submit a responsive proposal?

14. Please provide any other feedback or recommendations that you have for the Department.

Thank you for your interest in the State of South Carolina