



**COMMONWEALTH of VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

600 East Broad Street, Suite 1300
Richmond, VA 23219

February 13, 2015

Dear Prospective Respondent:

The Department of Medical Assistance Services (DMAS or the Department) is soliciting responses from organizations interested in providing input into the provision of development of a procurement of a replacement Medicaid Management Information System (MMIS). This is not a formal solicitation **and the Department will not award a contract based on responses to this Request for Information (RFI) RFI 2015-01**. The Department, however, will use the responses to strengthen the program's design and determine the feasibility of this initiative.

Organizations must check the eVA VBO at <http://www.eva.virginia.gov> for all official postings or notices regarding this RFI. Posting of such notices will also be done on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/rfp.aspx but the eVA VBO is the official posting site.

Organizations are requested not to call this office. All issues and questions related to this RFI should be submitted in writing to the attention of Frank Guinan, Program Manager, Information Management Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, and should be submitted by email in MS Word format to RFI2015-01@dmas.virginia.gov. In order to allow sufficient time for responses, DMAS is requesting all questions be submitted to the Department by 5:00 PM E.S.T. on **Monday, February 23, 2015**.

If your organization is interested in providing input, you are invited to submit a response to the Department. Responses should be received by **5:00 PM E.S.T. on Wednesday, April 1, 2015**. Documents should be addressed per the instructions in RFI 2015-01.

Sincerely,

Chris Banaszak

DMAS Contract Manager

**REQUEST FOR INFORMATION
RFI 2015-01**

Issue Date: February 13, 2015

Title: Medicaid Management Information System Replacement

Commodity Code(s): 91830, 92029, 95823 and 95856

All inquiries should be directed in writing via email in MS Word 2010 or compatible format to:
RFI2015-01@dmas.virginia.gov

Frank Guinan, Information Management Division
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Deadline for submitting inquiries: **5:00 PM E.S.T., Monday, February 23, 2015**

Response Due Date: Responses will be accepted until **5:00 PM E.S.T., Wednesday, April 1, 2015**

Submission Method: Responses should be mailed to the following:

“RFI 2015-01”
Department of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, Virginia 23219
Attention: Frank Guinan

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, §2.2-4343.1 or against an Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Respondents to this Request for Information (RFI) are hereby notified that all information, documentation, and any specific content or approaches included within RFI responses may be used in future solicitations. ***Organizations should not submit any proprietary, trade secret, or confidential information in their response to any aspect of this RFI. Organizations are responsible for ensuring this requirement is met and the Department will not be held responsible or liable for release of said material in response to subsequent FOIA requests.***

Under no circumstances shall the Commonwealth, the Governor’s Office, the Secretaries, or the Virginia Department of Medical Assistance Services be liable for, or reimburse, the costs incurred by respondents in preparing and submitting responses to this RFI.

Virginia Medicaid Management Information System (MMIS) Request for Information (RFI)

I. RFI - INSTRUCTIONS AND RESPONSE PROCESS

1. Purpose

This is not a formal solicitation and the Department will not award a contract based on any response to this RFI. This is strictly a means for the Department to obtain vendor input into the development of a Medicaid Management Information System (MMIS) and related IT and business services. Your response is not a commitment by your organization to provide the services as described, nor is it a commitment by the Department that any contracts resulting from subsequent RFPs issued by the Department will be awarded to your organization.

2. Background

The Virginia Department of Medical Assistance Services (DMAS) is the agency that administers Medicaid and the State Children's Health Insurance Program (CHIP) in Virginia.

For more information on DMAS, refer to the website at:

<http://www.dmas.virginia.gov/>

The Virginia Medicaid Management Information System (MMIS) is a 12 year old traditional monolithic main frame based solution comprised of an eligibility subsystem, a claims processing subsystem, a provider subsystem, a reference subsystem, and a financial subsystem. Virginia is interested in transitioning from these subsystems along with numerous outsourced services and contracts to a more holistic model known as a Medicaid Enterprise System (MES).

Virginia would like to evolve from the traditional MMIS concept to a more modern Medicaid Enterprise System but has been constrained by the older platform. As part of complying with the Patient Protection and Affordable Care Act (PPACA), an eligibility modernization effort was undertaken. The initial effort included strategic alignment of Federal, State, and Agency direction in accordance with MITA. The new Eligibility and Enrollment (E&E) system is intended to become the system of record for eligibility and enrollment data for all social service programs (including Medicaid/CHIP). Subsequently, a new eligibility and enrollment case management system (VaCMS) was implemented in October 2013 to meet PPACA mandates for MAGI. The next part of the replacement of the legacy enrollment system, the Medicaid/CHIP data conversion was completed in November 2014. There is a two-phase effort to automate programs in the enrollment system. Phase 1 of the program migration project is to automate remaining Medicaid aid categories in VaCMS is on schedule to implement in August 2015; the remaining programs (TANF/SNAP/LIHEAP) are on schedule for implementation in March 2016.

The VaCMS underpinnings leverage Commonwealth of Virginia (COV) enterprise products that include an enterprise service bus, business rule engine, workflow engine, enterprise data management product, and a Commonwealth Authentication Service (CAS) used on the member portal as well as other COV

services. The COTS technology uses IBM products. The eligibility and enrollment system is administered by the Virginia Department of Social Services and will interface with the MMIS replacement solution.

The MMIS is operated by a Fiscal Agent and is expensive and cumbersome to maintain. The goal is for Virginia to align the next generation of a Medicaid Enterprise System with Medicaid Information Technology Architecture (MITA) 3.0.

With the introduction of a newer Medicaid Enterprise System, Virginia will be well positioned to modularize the delivery system and bring more market competition flexibility, and speed to change and implement new initiatives, real time rather than just daily adjudication of provider claims, one stop shopping for all Medicaid provider needs, predictive analysis using Medicaid data, and more in depth quality data analytics to assist Virginia in influencing better health outcomes.

Virginia is in the process of completing a MITA 3.0 State Self-Assessment (SS-A). MITA Business Process Models will be used as a framework for the future MES. It is our intent to use the Commonwealth of Virginia's and DMAS's Strategic Plans, CMS MITA Seven Conditions and Standards, a completed SS-A and Healthcare Industry Market feedback to this RFI in order to develop a future procurement strategy to replace the Virginia MMIS with a MITA-aligned Medicaid Enterprise System.

Considerations:

- Virginia invested in an IBM Service Oriented Architecture (SOA) stack in order to modernize the Member Eligibility and Enrollment System. Leveraging the use of this SOA stack will be part of the analysis for the future MES as one hosting option.
- Virginia currently has approximately 70% of its eligible population in Managed Care. The industry trend is moving more towards a Managed Care membership model and Virginia is following that trend; however, we anticipate there will continue to be a specialized population of fee-for-service membership.
- Virginia is considering the MITA Seven Conditions and Standards required by CMS. Particular attention is being given regarding modularity. Virginia will consider contract modularity where it best supports business needs.
- Virginia has constructed the RFI to address areas of interest (Environment, Data Warehouse, Fee-for-Service, etc.). This construct is not meant to represent the future RFP construct (although some areas may result in an RFP), but rather as topics for gaining vendor and market analysis feedback on modern solutions.

3. Responding to RFI Appendices

Respondents are requested to adhere to the following general instructions in order to bring clarity and order to the RFI preparation and subsequent review process:

- a Responses should be organized in the exact order in which the Questions/Requests for Explanations are presented in the attached appendices.
- b Responses should be complete and comprehensive, with a corresponding emphasis on being concise and clear.
- c Please refer to the Virginia Medicaid Glossary of Acronyms at the end of Section II for clarifications of acronyms.

Responders should complete all of the General Vendor **Questions/Requests for Explanations in Appendix A.** Responders should complete all of the appropriate Appendix **Questions/Requests for Explanations** for each RFI Appendix they are interested in and submit to the RFI contact before the due date and time as identified in Section I, Item No. 4. Responses should be organized in the order in which the **Questions/Requests for Explanations** are presented in the appropriate RFI Appendix and should be page numbered. Responses should contain a table of contents, which cross-references the RFI Appendix and the Question Number responded to by the vendor. Any paragraphs in the response should correspond to a **Question/Request for Explanation** and reference the corresponding Appendix and **Question/Request for Explanation** Number of the RFI. In addition to discussions and information on how the vendor solution will address the itemized requirement, the responses should also be drafted based on any Responders product offering in the solution. Here is a sample of a response format:

“B. Data Warehouse:”

B1.	Data Warehouse: Provide product description and include all component parts and any other pertinent information that fully describes your complete data warehouse solution needed to support DMAS’s data management strategy.
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B1. “Vendor’s Response to Data Warehouse; Appendix B, Question Number 1 to include a vendor’s proposed solution and product offering. ”

4. Key Response Requirements

a. Important Dates: Questions regarding this RFI should be submitted to RFI2015-01@dmas.virginia.gov no later than 5:00 PM E.S.T. on **Monday, February 23, 2015.** Responses are due to the Department no later than 5:00 PM E.S.T. on **Wednesday, April 1, 2015.**

b. RFI Contact: The principal point of contact for this solicitation in DMAS shall be:

Frank Guinan
 Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, Virginia 23219
 Email: RFI2015-01@dmas.virginia.gov

All communications with DMAS regarding this RFI should be directed to the principal point of contact. All RFI content-related questions should be in writing to the principal point of contact.

c. Length of Response and Attachments: Responses to each section that a firm is interested in and desires to provide feedback about should be no more than the number of pages listed on each Appendix in Section II. The Department will review additional attachments beyond the page limits; however, use of a limited number of attachments will be appreciated. Please

include a company's history and financials in the attachments. Attachments should include a descriptive outline of your proposed operations and information about your organization's direct experience in providing the identified activities for Medicaid and non-Medicaid organizations. Submission of proposed operations and past experience attachments will not be counted towards a responder's page limit for the appendices, but should not exceed 10 pages.

- d. **Format and Number of Copies:** The responder shall submit one original hard copy and one electronic copy in MS Word format (Microsoft Word 2010 or compatible format) by the response date and time specified in this RFI. The electronic copy shall be on a CD-ROM (Thumb drives/Flash Drives are also acceptable).
- e. **Proprietary/Trade Secret/Confidential Information:** All data, materials and documentation originated and prepared for the Department pursuant to this RFI belong exclusively to the Department and shall be subject to public inspection in accordance with the Virginia Freedom of Information Act (FOIA) (Va. Code § 2.2- 3700, *et seq.*). ***Therefore, organizations should not submit any proprietary, trade secret, or confidential information in their response to any aspect of this RFI. Organizations are responsible for ensuring this requirement is met and the Department will not be held responsible or liable for release of said material in response to subsequent FOIA requests.***
- f. **Submission and Acceptance of Responses**

The responses, whether mailed or hand delivered, should arrive at DMAS no later than 5:00 PM. E.S.T. on Wednesday, April 1, 2015. The address for delivery is:

Proposals may be sent by US mail, Federal Express, UPS, etc. to:

RFI 2015-01
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Attention: Frank Guinan

Hand Delivery or Courier to:

RFI 2015-01
Department of Medical Assistance Services
7th Floor DMAS Receptionist
600 East Broad Street
Richmond, VA 23219
Attention: Frank Guinan

Organizations should check the eVA VBO at <http://www.eva.virginia.gov> for all official postings of addendums or notices regarding this RFI. DMAS also intends to post such notices on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/rfp.aspx, but the eVA VBO is the official posting site that organizations should monitor.

II. RFI - CONTENT APPENDICES AND GLOSSARY

A. General Vendor Questions (Up to 15 pages):

A1.	What are the major challenges that you see in a multi-vendor, multi-contract system development and implementation project?
A2.	What COTS packages are likely candidates for addressing some of the MMIS replacement solutions and what areas do you think require customization?
A3.	Can you share any experiences implementing a SOA solution? What Best Practices do you recommend?
A4.	Modularity is a requirement for moving toward a modernized Medicaid Enterprise System. What systems and services do you see as logical modular solutions and why?
A5.	What collaboration, communications, and management practices do you recommend for a multi-vendor, multi-contract development project?
A6.	For each Appendix below, what lessons learned and recommendations can you provide concerning CMS certification that you were involved in?
A7.	For each Appendix below, what recommendations do you have on the pros and cons of separating duties (e.g., claims payments and remittances, adjudication of other service types, and collection or processing of encounters from other payors) between the State, other vendors, and contractors, such as PBA, to exploit possible efficiencies while maintaining the integrity of the core functions?

B. Data Warehouse (Up to 45 pages):

B1.	Data Warehouse: Provide proposed product description and include all component parts and any other pertinent information that fully describes your complete data warehouse solution to support DMAS's data management strategy.
B2.	Data Integration & Data cleansing: Provide specifics about data migration capabilities to extract, transform and load data. Provide details about how your solution may handle data imputation and cleansing. Describe how your solution may integrate disparate data sources from different types of operating systems like MVS, OS2, Windows, and Linux etc. Also, describe how your solution may integrate different data structures like files, RDMS, HMS, network, unstructured, NOSQL, etc.
B3.	Data Governance & Data Quality Management: Provide details about data Governance and data Quality Management. Describe the specifics of data profiling and data quality monitoring functionality.
B4.	Metadata Management: What metadata management capability does your

	<p>solution offer? Provide details about how business, technical and data definitions may be managed and consistently shared across the organization.</p>
B5.	<p>Master Data Services: What master data management services does your solution offer? Does it support web service creation based on the “golden record”?</p>
B6.	<p>Database Administration: What are the ongoing maintenance needs associated with your solution? Describe the types of database administration and maintenance activities required. How does your solution address archiving, user administration, security, and activity monitoring?</p>
B7.	<p>Change Management: Describe how your solution addresses change management. Provide specifics about capabilities to handle changes in data sources. Additionally, describe the change data capture (CDC) functionality if applicable.</p>
B8.	<p>Acquisition Strategy: Please recommend a strategy for procurement. Will the strategy combine all components – Data integration, Data Quality and Data Governance – into a single acquisition or will it procure each component separately and integrate them? Please provide pros and cons of each acquisition strategy focusing on ease of use and product maintenance.</p>
B9.	<p>Compliance and Industry Standards: Provide details about how your solution adheres to MITA 3.0 data standards such as HIPAA, HL7, Provider Taxonomy codes etc. What guidelines or solutions does the vendor offer to promote adherence to healthcare industry standards such as standard data definitions, data model, database design, etc.? Provide any other pertinent information that fully describes how your proposed solution can best meet DMAS’s needs to administer medical and/or clinical data. What NIST standards is your proposed solution in compliance with?</p>
B10.	<p>Hardware Specifications: Provide the hardware specifications needed to support your database solution. Describe the platform and how variables such as data volumes affect the configuration.</p>
B11.	<p>Data Analytics: How compatible is your proposed solution with SAS Data Analytics and MS office products? Describe what SAS in-database queries are supported by your proposed solution. Provide specifics on how the vendor’s product supports geospatial and temporal needs of data.</p>
B12.	<p>Canned Reports: Describe how your solution offers predefined reporting constructs for CMS reports and T-MSIS extracts?</p>
B13.	<p>Professional Services: What professional services are offered for implementation?</p>
B14.	<p>Training: What general documentation and training would be needed by technical staff and end users?</p>
B15.	<p>Future Enhancement & Scalability: How scalable is your solution? Provide a narrative highlighting future technology to improve product capabilities, including ability to handle extreme volumes of unstructured data in future. Include a description of the scope of change that may result from these future enhancements.</p>

C. Pharmacy System and Services (Up to 35 pages):

C1.	What capabilities and strategies do you propose to employ to provide utilization and clinical management for medications covered through the Medicaid medical benefit?
C2	How does your standard PBA solution address the MITA Seven Conditions and Standards?
C3.	Do your customers typically have access to and approval of all edits and audits used in your system to adjudicate claims? How do you recommend managing the edits, audits, and other business rules for a PBA program throughout the entire term of the contract?
C4	Describe your standard timeline and process for making formulary and prior authorization modifications (e.g., changing the preferred/non-preferred status, implementing a prior authorization).
C5.	Describe technologies you propose in supporting Medicaid fee-for-service pharmacy claims processing. Do these technologies reduce errors and processing times? If so, how? What strategies are utilized to identify members with TPL?
C6.	Describe current and new technologies available to interface between the various claim types submitted to Medicaid (e.g., strategies to prevent submission of a drug as a POS claim and a medical claim).
C7.	Describe current and new technologies available to support a pharmacy service authorization program.
C8.	What technologies are available to assist with servicing calls from both providers and members?
C9.	What is your suggested staffing model for providing the general scope of services described in your RFI response to this Appendix? Be specific with regards to implementation staffing and post implementation or account maintenance staffing.
C10.	What strategies do you recommend for prospective and retrospective drug use review (ProDUR and RetroDUR)? Describe innovative strategies currently used to ensure the safe and effective use of drugs in the Medicaid population.
C11.	Describe methods your organization has used to educate the provider community about pharmacy policies, program changes, etc. (e.g., newsletters, webpages, policy manual development) and recommendations based on your experience.
C12.	What recommendations do you have for the State to implement the e-prescribing/meaningful use requirements of the Health Information Technology for Economic and Clinical Health (HITECH) Act, to encourage provider participation in e-prescribing, and to enable the use of electronic prior authorization (not required by the HITECH Act)?
C13.	How does your organization stay abreast of new technologies, federal mandates, industry standards, etc.? How is that information shared with the client?
C14.	Describe your Drug Rebate Program. Describe what technologies you use to help increase the efficiency of the Drug Rebate process which includes invoicing and collecting rebate dollars.
C15.	Describe tools you would propose to use for Drug Rebates to identify and exclude 340B providers in the rebate process.

C16.	Describe your Call Center activities and support model.
C17.	Describe support process for P&T Committee Meetings.

D. Fee-for-Service (Up to 60 pages):

D1.	<p>Provide guidance on the latest technology available to integrate both fee-for-service, managed care provider and other contracted vendor networks (e.g. non-risk based contracts and ASO's) in a manner that allows each to be maintained separately. Some programs require intelligent assignment based on a contracted vendor network. What are the current options available to Virginia in considering a new MMIS provider subsystem? Items should include:</p> <ul style="list-style-type: none"> • Secure Provider Web Portal • Tools available for providers to manage their business with Virginia Medicaid to include: <ul style="list-style-type: none"> ○ Dissemination of Medicaid program information to the provider community such as Medicaid Memos, letters and Remittance Advices via a paperless process. ○ Secure portal access and portal registration options. ○ Web portal claims submissions. ○ Provider search tools. ○ Online prior authorizations. ○ Ease of access to Provider Manuals and within Provider Manuals including a robust search engine. • Online Provider Enrollment and ACA Provider Screening Revalidations. • Self-service technologies to allow providers to maintain their provider file information. • Technology and tools available to monitor usage patterns of providers when using the web portal.
D2.	Describe current and new technologies available in supporting Medicaid fee-for-service and encounter claims processing. Do these technologies reduce errors and processing timeframes? If so, how?
D3.	Describe new technologies and tools available to perform comprehensive provider outreach and training to fee-for-service provider networks. This includes potentially integrating a Learning Management System within an MMIS enterprise solution.
D4.	With the discontinuation of legacy MMIS systems, how can Virginia realize cost savings by utilizing a new MITA 3.0 compliant system? Specifically, please provide examples to quantify any potential savings (time and money) Virginia could possibly realize when making system enhancements to a new modular MMIS design versus a legacy MMIS.
D5.	What type of workflow tools and technologies are available to assist Virginia with operational functions (e.g., call centers, provider enrollment, claims processing, provider appeals, prior authorizations, EDI and financial management) and how can these workflow tools and technology reduce human error and automate quality assurance functions or identify potential system or

	human errors?
D6.	What technologies are available to integrate call center functionality with the MMIS to assist with servicing calls from both providers and members? How can a provider's call history be integrated into an MMIS solution? How does your solution use data captured by call center representatives to assist both provider and member callers?
D7.	What innovative strategies or technologies are available to manage Managed Care programs within an MMIS? This includes MCO provider network and encounter data to be used for analysis and reporting.
D8.	Describe QA processes when a production failure occurs. Who does the Root Cause Analysis (RCA)? What happens with the results of an RCA? When is an RCA done? How is an RCA done?
D9.	What business efficiencies would be supported through separately contracted services in support of Medicaid and other Virginia programs?
D10.	If Virginia contracts separately for program support, please describe what technologies would facilitate interoperability with other contractors?
D11.	Describe your method of maintaining the integrity of data.
D12.	What innovative data management practices would be available to Virginia? What additional aspects of a planned RFP should Virginia consider?
D13.	Describe best practices for issuing surveys to providers (i.e. readiness for compliance, etc.).
D14.	What technology is available to document decision-making in project teams? How is change-control handled?
D15.	What is the best method for associating member categorical eligibility groups with their respective benefit packages?
D16.	What is the best way to establish bidirectional communication between an MMIS and Eligibility Determination System?
D17.	What is the best way to handle the Medicare Premium Payment Process between the MMIS and CMS?
D18.	Describe solutions available for Virginia to switch to using the national provider taxonomy codes in lieu of legacy MMIS provider class types and specialty codes. What other MMIS components would be impacted due to the change and how can the impacts be mitigated?
D19.	What is the best way to interact with various eligibility determination systems outside of the MMIS?
D20.	What integration techniques can be utilized to link a member subsystem with outside vendors, an MMIS claims adjudication system for processing claims, encounters health insurance premium reimbursements, prior authorizations and HIPAA transaction sets?
D21.	Since there are no national standardized member eligibility or benefits codes, how could a vendor support MITA 3.0 in the absence of such standards?
D22.	How would your solution support real time eligibility verification?
D23.	How would your solution support the automated assignment of members to managed care programs?
D24.	Are there solutions available to add new member eligibility and benefit codes

	without having to custom code an MMIS? If so, how, and how complex is it to add new member eligibility and benefit codes?
D25.	Describe solutions available to assist Virginia Medicaid with the processing of provider and recipient appeals. What automated systems are available in the marketplace and can they be integrated with an MMIS solution?
D26.	Describe solutions available to Virginia Medicaid to efficiently and expeditiously transition segments of its fee-for-service member population into managed care plans. Are there MMIS solutions available in the marketplace nimble enough to accommodate such rapid transitions without making significant changes to the MMIS?
D27.	What solutions are available to systematically and operationally integrate fee-for-service prior authorizations into an MMIS solution?
D28.	Describe the predictive analytics solution used within your system to identify trends and aberrant behaviors of providers and individuals.
D29.	How would your system support the detection of fraud, waste and abuse in Virginia Medicaid claims data?
D.30.	Describe the analytic subsystem used to collect claims data and compute statistical profiles of individuals and provider activity as it compares with that of their peer group.
D31.	Describe current and new technologies available to interface with predictive analytic and prepayment edit processing systems.
D32.	Describe the method of tracking you've used to notate claims within the data warehouse that have been audited. Detail the process for noting such information in the MMIS system.

E. Environment Integration / Project Management Office /Centralized Security (Up to 25 pages):

	ENVIRONMENT INTEGRATION
E1.	Describe a solution to convert the legacy data store to a highly optimized, transactional centralized data store.
E2.	Outline a solution to provide event driven and industry standards based messaging service using IBM Service Oriented Architecture (SOA) suite.
E3.	Outline a solution to leverage the Commonwealth's Authentication System (CAS) for authenticating the users of the online portals and Web services or provide other mature, secure, established industry standard solutions.
E4.	Outline a solution to convert/map the Legacy ACF2 security profiles for authorization.
E5.	Outline a definite application integration approach using the following: <ul style="list-style-type: none"> • Leverage the existing Commonwealth of Virginia (COV) Service Bus (IBM) • Managed File transfer • Shared Database
E6.	Outline a solution to implement the business processes/rules using a performance driven Domain Specific Language or provide a horizontally scalable, robust, performance driven solution using IBM's rule engine (WODM).

E7.	Discuss the recommendations/solutions to orchestrate the change, release and defect management strategy/process in a multi-vendor platform.
PROJECT MANAGEMENT OFFICE (PMO)	
E8.	Discuss your experience with an Integrated Master Schedule (IMS) Work Plan
E9.	Explain your approach for a vendor PMO working with the DMAS PMO on project implementations. Explain your approach on working with other vendor PMOs.
E10.	Discuss your practices and quality assurance measures to ensure the health of projects.
CENTRALIZED SECURITY	
E11.	Discuss your experience and make recommendations for utilizing a Centralized Security solution. Describe a self-reset for individual authorized users to manage their passwords up to suspensions if it is part of your solution. Describe a role-based user profile if it is part of your solution.

F. Financials and Budget (Up to 40 pages):

F1.	Describe how your solution would provide online capabilities that will allow users to drill down from summarized data to detailed data at the program/fund level?
F2.	Describe how your solution would support for standard summarized data to be accessed and interfaced to other agency or State financial systems.
F3.	Describe how your solution would provide counts for services for various periods (e.g., financial cycle, month, quarter, fiscal year), including, but not limited to: <ul style="list-style-type: none"> • Paid Units by service category (e.g., days, visits, hours, drug quantity). • Providers by service category. • Unduplicated claims. • Unduplicated members. • Unduplicated providers.
F4.	What capabilities and strategies would you employ to support DMAS in producing budget neutrality reports for the 1115 and HCBS waivers by comparing with-waiver expenditures to without-waiver costs (as specified or approved by CMS)?
F5.	What capabilities and strategies would you employ in providing information necessary to conduct a fiscal impact analysis as part of the review and development of medical assistance policy and regulations?
F6.	What automated method is available for importing financial information to support budget allocation changes throughout the fiscal year?
F7.	Describe how your solution would provide support for the projection of the cost of program services for future periods.
F8.	What type of reporting functions (e.g., analysis tools, online reports) are available to: <ul style="list-style-type: none"> • Compare current costs with previous period costs to establish a frame of reference for analyzing current cash flow • Compare actual expenditures with budget to determine and support control of current and projected financial position

	<ul style="list-style-type: none"> • Compare overall expenditures, for same or like charges and same or like services, and report on the charges over flexible time spans, statewide, or by geographical areas • Identify payments by reporting categories such as, but not limited to, abortions and sterilizations as specified by the Commonwealth.
F9.	Describe if your solution would automatically alert Budget/Fiscal personnel when significant change occurs in daily, weekly, or other time period payments?
F10.	Describe if your solution is able to link timing of claims filing with payment and other statistical data and with financial/budgeting information.
F11.	Describe how your solution provides access to information for each provider on payments to monitor expenditure trends such as, but not limited to, showing increases/decreases and cumulative year-to-date figures after each claims processing cycle.
F12.	Describe how your solution provides online view of provider participation data and summaries by different select criteria, including, but not limited to: <ul style="list-style-type: none"> • Payments. • Category of Service Administration Sanctions. • Member eligibility categories.
F13.	Describe how your solution meets CMS and DMAS reporting requirements, including: <ul style="list-style-type: none"> • CMS-64 Variance and CMS-21 Variance reports for the current and three prior quarters and having the reports available within time frames and formats required by DMAS • CMS-372 and CMS-372S Annual reports on Home and Community Based Waiver Reports • CMS-64 and CMS-21 expenditures reports and the CMS-21B and CMS-37 program budget reports • CMS-64 and CMS-21 variance reports, as specified by DMAS and CMS-37 and CMS-21B variance reports that compare the current year with the prior year and other specified periods, and having the reports available within time frames and formats required by the DMAS • Extracting MMIS and financial data required for quarterly reporting to CMS • Supporting on-demand generation of information to address CMS or DMAS questions about variances and other issues.
F14.	Describe how your solution performs periodic fund allocation reconciliations by service/program area.
F15.	Describe how your solution would match, reconcile (with 100% accuracy), and report Medicaid, CHIP, family planning and all other data that receives a regular and enhanced Federal Medical Assistance Percentage (FMAP).
F16.	Describe your approach to balancing procedures for a payment cycle.
F17.	What recommendations would you have for DMAS on how to maintain electronically information for Home-and Community-Based Waiver Services (HCBS) program members, including prior placement and tracking of services and expenditures?
F18.	Describe how your solution gathers data and produces financial reports to

	facilitate cost reporting and financial monitoring of waiver programs.
F19.	What strategies do you recommend for gathering data and producing utilization reports for monitoring cost neutrality of waiver services to a target population? The average cost of waiver services cannot be more than the cost of alternative institutional care. Costs may be defined by average either in aggregate or for each member.
F20.	Describe how your solution supports tracking and reporting Drug Rebate amounts by Federal Funding Source.
F21.	What technology currently exists to incorporate both claims processing and financial accounting systems?
F22.	Describe how your solution supports the issuance of 1099s, RAs, check and EFT payments to providers for claims and to vendors for non-claim related payments.
F23.	Describe your experience related to passing from the claims system to a contractor to determine if a third party should be responsible – and if so – send that file back through the claims system for updating of TPL information.
F24.	Describe how your solution supports recouping money owed to the Agency through the claims system to include setting up a receivable in the claims system, automatically reducing the receivable as funds are recouped and maintaining an accurate accounting of the transactions associated with that receivable.

G. Managed Care Organization / ASO (Up to 35 pages):

G1.	<p>Assignment: Describe how your solution provides managed care assignment support for the following:</p> <ul style="list-style-type: none"> • Interface with eligibility determination system • Managed Care Assignments <ul style="list-style-type: none"> • Frequency – flexibility (e.g. monthly, weekly, daily assignments) • Assignment Begin Date, prospective future begin date • Retrospective enrollment (e.g. newborns) • MCO selection - Online (manual) vs batch vs user-initiated (portal selection) • Assignment algorithm – member history, case history, utilization (PCP, based on claims data from Medicare COBA feeds (members who do not make choice)) • Assignment distribution equity within MCOs within regions • Configurability of parameters for different managed care models (traditional vs. Dual vs. behavioral health) • Configurability of business rules regarding managed care assignment criteria <ul style="list-style-type: none"> • Member eligibility/enrollment category • Other benefits (HCBCS waivers, LTC) • Other insurance (Medicare, comprehensive medical, etc.) • MCO participation by region and FIPS/locality • Exemptions for individual members from managed care enrollment • Ability to manually exempt individuals • Ability to track manual exemptions by reason and date • Ability to withhold/limit assignments for MCOs by region/FIPS if necessary
G2.	<p>Enrollment: Describe how your solution provides managed care enrollment support for the following:</p> <ul style="list-style-type: none"> • Configurability of business rules regarding managed care enrollment criteria <ul style="list-style-type: none"> ○ Ability to maintain continuous enrollment when eligibility changes occur ○ Ability to identify member enrollment (assignment of unique identifying benefit package for each member) ○ Ability to restore benefits retroactively when incorrectly changed/voided • Configurability of business rules regarding managed care disenrollment

	<ul style="list-style-type: none"> ○ Eligibility changes ○ MCO no longer participating ● Ability to change MCOs initiated by members <ul style="list-style-type: none"> ○ Open enrollment periods by region or other specified criteria ○ Change within 90 days after assignment ○ Ability to override restrictions for select authorized users
G3.	<p>Member Communication: Describe how your solution supports communication for the following scenarios:</p> <ul style="list-style-type: none"> ● Assignments ● Open Enrollment ● Other communication as needed ● Inclusion of detailed ‘comparison chart’ information with correspondence ● Automated phone dialing ● Blast email ● Social media
G4.	<p>Capitation PMPM payments: Describe how your solution supports Capitation PMPM payments including the following capabilities:</p> <ul style="list-style-type: none"> ● Calculate and generate capitation payments ● Age, gender, enrollment category, region, other benefits (HCBCS waivers) ● Ability to provide incentive rate ● Payment frequency, prorated ability ● Provide complete audit trail of all cap payments on a PMPM basis ● Ability to adjust capitation payments (voids and payment adjustments) with full audit trail and notification to MCOs ● Maintain complete rate tables for use in capitation payments ● Reporting capability (e.g. payments processed and not processed) ● Capitation payment when newborn not enrolled in MMIS
G5.	<p>Reconciliation: Describe how your solution supports reconciliation including the following capabilities:</p> <ul style="list-style-type: none"> ● Reconciliation between capitation payment and enrollment information ● Reconcile enrollment with capitation payments
G6.	<p>External Data: Describe how your solution supports access to external data including the following capabilities:</p> <ul style="list-style-type: none"> ● Submission and tracking of contract deliverables ● Ability to capture and report / inquire on external data sources (clinical

	<p>documentation, department of health records, MCO health assessment records, etc.)</p> <ul style="list-style-type: none"> • Web interface for submission and inquiry of data (web based forms) by MCOs (capability for FTP, DDE, etc.) • Secure trading of encounter, enrollment roster, and capitation payment files and related reports with the MCOs • Prevention of duplicate encounter file submissions • Track, balance and report on all encounter file submissions (statistical) • Return receipt of unique file identifier for encounter file submissions to trading partners
G7.	<p>MCO Provider networks: Describe how your solution supports MCO provider networks including the following capabilities:</p> <ul style="list-style-type: none"> • Accept and store provider networks from MCOs • Capture provider / MCO relationships (e.g., which providers contract with which MCOs and different type of MCO contracting arrangements) • Ability to report and evaluate network access standards by MCO and region • Utilization of MCO provider data for encounter processing (edits) • Utilization of MCO provider data (taxonomy) for shadow pricing of encounters • Utilization of MCO provider data for provider-specialty / classifications
G8.	<p>Reporting: Describe how your solution supports reporting including the following capabilities:</p> <ul style="list-style-type: none"> • Online inquiry for member, enrollment, and rules for internal DMAS staff • Data warehouse reporting capability for members and encounters and providers • Data warehouse extraction capability for creating external files (e.g., drug rebate files) • Reporting to MCOs (utilization history, restrictions, third party liability coverage, etc.) • Web inquiry on member enrollment and capitation payment for MCOs • Web inquiry on member enrollment and capitation payment for servicing/billing providers • Eligibility verification by phone or by the web for MCOs and network providers
G9.	<p>MCO EDI Transactions: Describe how your solution supports HIPAA compliance and translation of EDI Transactions including the following capabilities:</p>

	<ul style="list-style-type: none"> • Compliance with and translation of listed transaction types <ul style="list-style-type: none"> ○ 834 enrollment roster ○ 820 payment file ○ 270/271 eligibility verification ○ 276/277 for encounters ○ NCPDP pharmacy ○ 837 institutional, professional, and dental • Compliance levels and validation rules specific to encounter processing • Translation and mapping rules specific to encounter processing • Configurability and customization of validation and translation rules for encounter transactions • Compliance error identification, communication, and correction • Track, balance, and report on compliance processing (statistical) • Capture and preserve all national code set ASC X12N and NCPDP elements on inbound encounter transactions (CPT, HCPCS, ICD10, Revenue codes, Diagnosis codes, CARCs, etc.) • Support of future HIPAA mandates, including but not limited to ASC X12N and NCPDP version updates
G10.	<p>Encounter processing: Describe how your solution supports encounter processing including the following capabilities:</p> <ul style="list-style-type: none"> • Encounter data error identification, resolution, and resubmission tracking • Shadow pricing for encounters, including flexibility of algorithm rules • Encounter reporting – Interface with enterprise data warehouse and external systems • Restrictions on encounter transaction volumes and timing • Ability to convert existing encounter history • Processing encounters for API providers – Assignment / recognition of API • Processing encounters for newborns without Medicaid ID • Internal processes for encounter balancing / reconciliation with submitters • Adjudication frequency and flexibility • Configurability and customization of encounter processing business rules • Identification of encounter denials • Ability to mass update encounters • Test environment for encounter processing
G.11	Describe your exposure to CMS and their subcontractors regarding eligibility and enrollment.
G12.	Describe your approach and ability regarding EDI interfaces and the timeliness of data file generation, delivery, receipt and processing.

G13.	What is your ability to integrate and separate provider networks to evaluate, determine and analyze network strengths and weaknesses?
G14.	Describe your functionality to test interface files and your methodology to ensure timely successful production.
G15.	ASO --Describe your adjudication and interface options to an Agency/Client
G16.	ASO --Describe your functionality to interface with subcontractors to collect and adjust funds associated with overpayments, recoupments and negative balances resulting from appeal decisions, audits and mandates.

H. Organizational Change Management (Up to 20 pages):

H1.	Was your organization responsible for Organizational Change Management (OCM) Services? If so, what approach did you take?
H2.	What would you recommend for OCM with regards to Awareness, Training, and Deployment practices?
H3.	Did you employ any tools to facilitate the OCM process?
H4.	Did you conduct OCM with internal vendor resources, external third party resources, and or a hybrid of internal, external and customer resources?
H5.	How did you capture the Customer Executive Management Vision and incorporate that into your OCM Plan?
H6.	Did you measure the success of the OCM Plan and if so how did you go about measuring results?
H7.	How did you motivate individuals and groups to take ownership of the changes?
H8.	What Lessons Learned can you share from your OCM experiences?

Virginia Medicaid Glossary of Acronyms

1115 waivers	Section 1115 Research & Demonstration Projects: States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
340B providers	340B Drug Discount Providers
ACA Provider Screenings	Affordable Care Act Provider Screenings
ACF2	Access Control Facility is a commercial, mainframe security system.
API	Atypical Provider Identifier
ASO	Administrative Services Organization
CARCS	Claim Adjustment Reason Codes
COBA	Coordination of Benefits Agreement
COTS	Commercial off-the-shelf
CPT	Current Procedural Terminology
DDE	Direct Data Entry
EDI	Electronic Data Interchange
FIPS	Federal Information Processing Standard state code
FOIA	Freedom of Information Act
HCBS waivers	Section 1915(c) Home and Community-Based Services Waivers: States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings.
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMS	HMS Recovery Audit Contractor Services Vendor
LIHEAP	Low Income Home Energy Assistance Program
LTC	long-term care
MAGI	Modified Adjusted Gross Income
NCPDP	National Council for Prescription Drug Programs
NOSQL	Not only SQL
P&T Committee Meetings	Pharmacy and Therapeutics Committee Meetings
PBA	Pharmacy Benefits Administrator
PCP	primary care physician
PMPM	Per Member Per Month
POS claim	Point of Sale Claim
RDMS	Relational Database Management System
SAS	Statistical Analysis System
SNAP	Virginia Supplemental Nutrition Assistance Program
SOA	Service-oriented Architecture
TANF	Temporary Assistance for Needy Families
TPL	Third Party Liability
WODM	WebSphere Operational Decision Management
X12	Accredited Standards Committee (ASC) X12 develops uniform standards for electronic exchange of business transactions-electronic data interchange (EDI).