



**RFI# MED-22-016, Medicaid Enterprise Modernization Effort
(MEME) Provider Outcomes Solutions**

THIS IS NOT A REQUEST FOR PROPOSAL

Request for Information Notice

The Iowa Department of Human Services will receive responses to this

Request for Information until

4:00 p.m. (Central Time), July 11, 2022

Issuing Officer:

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1. OVERVIEW	3
1.1. <i>RFI Purpose</i>	3
1.2. <i>Agency’s Expected RFI Outcomes</i>	3
2. Provider outcomes initiative summary	4
2.1. <i>Background</i>	4
2.2. <i>TArget Procurement Goals</i>	7
3. RFI Process and Responses	9
3.1. <i>Timeline</i>	9
3.2. <i>Written Questions about the RFI Process</i>	9
3.3. <i>Vendor Responses</i>	9
3.4. <i>Solution Demonstrations</i>	9
3.5. <i>General Terms AND CONDITIONS OF THIS RFI</i>	10
3.6. <i>Clarification of Responses</i>	10
3.7. <i>Copyrights</i>	10
3.8. <i>PUBLIC RECORDS AND REQUEST FOR CONFIDENTIAL TREATMENT</i>	11
3.9. <i>Release of Claims</i>	11
3.10. <i>Choice of Law and Forum</i>	12

1. OVERVIEW

1.1. RFI PURPOSE

The Iowa Department of Human Services (“Agency”) is seeking responses from potential vendors to obtain information about Medicaid Enterprise provider outcomes solutions.

The Agency is issuing this RFI to reduce the burden on providers during enrollment and to gather best practices, ideas, and thoughts on how to streamline the enrollment and revalidation process, while maintaining federal and state rule compliance. The purpose of this RFI is to solicit feedback from qualified interested parties, that may be used as input in the development of an RFP.

Iowa Medicaid has recently launched its first systems modernization initiative, beginning with solutions targeted at achieving the top business priority: improving the experience for providers and Medicaid staff in provider enrollment, screening, credentialing, and maintenance of provider information.

The Agency is interested in receiving responses from vendors with a) COTS or SaaS solutions that can accelerate the delivery of the defined provider outcomes, b) integration and configuration services skills, with a proven ability to leverage available modern technology to successfully achieve business outcomes, and c) a combination of these solutions and skills.

The Agency seeks written responses to the questions presented in Appendix A – MED-22-016 Vendor Submission Document and will be scheduling vendors to present demonstrations as described in RFI Section 3.4.

1.2. AGENCY’S EXPECTED RFI OUTCOMES

With this RFI, the Agency has prioritized the following three goals:

1. Learn about software products available on the market that are best suited to accelerate our ability to achieve the target provider outcomes.
2. Receive vendor feedback on best practice procurement approaches and payment methodologies for purchasing software and services.
3. Receive vendor feedback on the Agency’s proposed implementation strategy.

2. PROVIDER OUTCOMES INITIATIVE SUMMARY

2.1. BACKGROUND

Iowa's current Medicaid Management Information System (MMIS) is over 40 years old. The initial design was not intended for a managed care environment. Introduction of managed care in 2016 caused the modification of the system to force managed care operations and rules through the existing fee for service model. Instead of upgrading to newer technology that furthers our capabilities, the managed care timeline forced us to implement the minimum functionality necessary to be able to capture encounter files, without being able to use them in a meaningful way.

Key areas that minimum functionality impacts include, but are not limited to:

- Encounters received by MCOs and PAHPs go through high level EDI and claims acceptance edits but not through a comprehensive claims engine that evaluates for other edits tied to state policy; this results in manual analysis that is both time consuming and delayed
- Legacy provider master file code structures are not aligned with MCO and PAHP structures which impacts downstream data analysis and program integrity efforts
- Data analytic capability is limited
- On demand data structures are time consuming to build and access for the end-user (business)
- Compliance with evolving CMS regulations (e.g., T-MSIS, Interoperability, Provider Enrollment and Screening, EVV)
- Medicaid beneficiaries and providers have minimal access to data related to services they receive or provide

Iowa Medicaid is also affected by many issues caused by accumulated policy and business process changes over time without additional refactoring/support, resulting in technical debt and organizational challenges. Medicaid systems are tightly coupled and cannot be changed without a major risk of business disruption. Data governance and data quality issues often prevent us from fully trusting our reporting and analysis. Processes and rules are not well documented, causing issues during transition as knowledgeable staff retire or leave for other opportunities.

In a survey of Iowa Medicaid state staff conducted in Fall 2021, provider enrollment was identified as the highest priority area needing technology improvement. Our current processes involve mostly paper forms that are either faxed or mailed and include manual entry of data and reviews of information. Automating, streamlining, and integrating all aspects of the provider enrollment process, including credentialing, and contracting, will also benefit Iowa Medicaid's provider network management, quality improvement, and ongoing monitoring and compliance.

In addition, as modernization planning has progressed, we've identified one of the key areas of data discrepancies lies within our provider data. Use of a legacy provider number is embedded in virtually every MMIS subsystem. However, Iowa Medicaid's MCOs use national provider IDs (NPIs). To align provider data across FFS and managed care, we will need to resolve discrepancies caused by the fundamental difference in provider ID management and the related descriptive logic across systems.

Systems and processes impacted include:

Provider Subsystem	Legacy ID is a required key element in the setup and maintenance of provider enrollment data. Provider types and associated provider groups are maintained in part through legacy provider numbers.
Claim Adjudication System	Current claim adjudication logic is built around the use of legacy provider IDs and provider types. Editing for provider allowable services and pricing of claims are driving by legacy number.
Eligibility System	Member guardian information. Members can be assigned a guardian in MMIS, which is associated and maintained through a legacy provider number.
MARS (CMS) Reporting	Provider types and provider categories of service are key drivers tied to reporting, all which are derived through use of legacy provider numbers.
Provider Payment	Payments are processed through underlying legacy provider numbers. Tracking of payments, liens, credit balances are all done at legacy provider number level.
MCO Managed Care Subsystem	Assignment algorithm is driven through pseudo legacy provider numbers for each associated MCO and member county.
Dental Managed Care Subsystem	Like MCO, DBM assignment algorithm is driven through pseudo legacy provider numbers for each associated DBM and member county.
Procedure, Drug, Diagnostic, DRG, APC File (PDD file)	Procedure codes and associated parameters (e.g., max units, PA required, POS), including pricing, are defined by provider type.
Provider Fee Schedule	Defined through above mentioned PDD file, is maintained, and published by provider type. Several rates are provider type specific.
Reporting	Most reporting tied to provider and claims data would be significantly impacted. Bucketing of payment information for Fiscal Management and CMS reporting is heavily driven by provider type and provider category of service.

Through a series of listening sessions with providers, MCOs, and Agency staff, we compiled a list of pain points, solution suggestions, and example future-state business rules. Potential respondents are encouraged to acquaint themselves with the Iowa Medicaid program and the population that it serves, as well as the MEME program goals, and target outcomes found here: <https://dhs.iowa.gov/ime/meme>. The Agency also developed several introduction videos to provide an overview of the Agency's target provider outcomes and success criteria, the current-state environment, current provider outcome baseline measures, proposed certification approach, proposed implementation approach, and first areas of focus.

CMS recently published final Streamlined Modular Certification (SMC) guidance here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22001.pdf>. Potential respondents are encouraged to become familiar with the SMC requirements and required artifacts, as well as the CMS Provider Management required outcomes to support certification, found here: <https://cms.gov.github.io/CMCS-DSG-DSS-Certification/Outcomes%20and%20Metrics/Provider%20Management/>.

Below are the state outcomes planned specific to provider enrollment and data management and the corresponding success criteria, metrics, current baseline, and proposed measurement approach:

Medicaid Program Goal	Outcome Statement	Metrics	Current Baseline	Measurement Approach
Increase Quality Provider Availability	Decrease the effort and elapsed time required for a provider to enroll to provide Medicaid services	Total elapsed time duration from application submission to final approval	Enrollment Duration – 44 days Credentialing Duration – 10 days	Completion date minus Submission date
Increase Quality Provider Availability	Decrease the effort and elapsed time required for a provider to remain active in good standing to provide Medicaid services	Total elapsed time duration for re-enrollment, recertification, etc. processes	No baseline available currently	Completion date minus Re-enrollment start date
Increase Quality Provider Availability	Decrease the effort required for a provider to maintain necessary information/documentation with the IME and increase the quality/ timeliness of the provider information	Provider effort required to maintain information/documen tation with Iowa Medicaid	No baseline available currently	Ask providers for quick effort estimates upon completing each change
Improve Administration Effectiveness	Improve provider enrollment processing effectiveness for end user staff (enrollment, re-enrollment, and maintenance)	Number of staff hours expended performing enrollment activities	No baseline available currently	Perform a time study to track operational hours spent on enrollment activities
Improve Administration Effectiveness	Improve staff ability to maintain and locate the most current provider data	Number of staff hours expended processing, understanding, and retrieving provider information	No baseline available currently	Operation costs billed to information maintenance activities

The mainframe MMIS currently functions as the source of truth for the Agency’s provider data. Documentation on the current-state mainframe system supporting provider enrollment business capabilities can be found here: <https://dhs.iowa.gov/IME/MEME/Library>, and contains:

- Medicaid Guide – A consolidated source of MMIS information
- DED - Listing-Variants – a data dictionary of all data elements stored on the Agency’s MMIS mainframe
- DED - Valid Values – the reference data decode values for all coded elements in the Agency’s MMIS mainframe
- DSD - Provider – A design document describing the current functions of the provider subsystem of the Agency’s mainframe MMIS
- Provider Master File Layout – The copybook format of the provider master file, which is the format used to store the provider data in the MMIS System

Example anticipated future rules in the form of sample business rule documentation can also be found in the MEME Library. Please note, the posted documentation is provided only as a potential example to

give vendors a sense of the Agency-specific rules and the complexity of the required integration with the Agency's existing solutions. This sample documentation does not constitute a solution preference or solution requirements.

2.2. TARGET PROCUREMENT GOALS

The Agency's desired delivery approach departs from traditional State software delivery approaches. This necessitates looking at innovative procurement approaches. The subsequent subsections detail the Agency's thought process for shifting from traditional state procurement approaches to the desired outcomes-based procurement approach.

2.2.1. Traditional versus the Desired Procurement Approach

Typically, traditional state procurements begin with a desired technical solution and an exhaustive list of functional and non-functional requirements. The resulting implementation initiative is commonly measured by whether the solution is delivered to production, meeting the list of requirements (whether original or new/revised through a change control process), and delivered on schedule.

In addition, this exhaustive list of requirements covers the implementation of a complete technical solution for one or more full business areas. Scope often includes the ongoing maintenance and support of the solution in production and potentially the operational staffing to perform business processes using the new solution.

Through the Agency's prior experiences with the traditional state procurement approach and supported by observations made by other states and CMS, the Agency raised the following questions:

- What if the solution identified by the Agency is not a good way to achieve the Agency's goals?
- What if the solution requirements defined by the Agency are unnecessary or based on current-state understanding and are counterproductive in a future-state world?
- What if the Agency does not possess sufficient understanding of the current-state environment to adequately describe integration requirements?
- What if the primary barriers to achieving the Agency's outcomes are not technology-related, but instead are organizational in nature – how does the Agency hold a technology delivery vendor accountable for implementing the necessary changes?
- How can new learning and discovery based on empirical experience be incorporated into the decision-making process?
- What if the Agency does not have the capacity to respond to business-rule questions and make decisions in a timely manner for multiple streams of work concurrently?
- What if the resulting production operational demands are materially different from the assumptions included in the up-front agreement?

After the Agency internally reviewed the above-mentioned questions and further discussed goals and objectives with CMS, it became apparent that Agency's desire was to focus on an outcome-based procurement approach. This desired procurement approach will allow the Agency to select a solution best suited to achieving the outcome measures within the boundaries of the Agency's enterprise architecture standards and mandatory requirements for CMS certification.

Moving forward with the Agency's desired procurement approach would mean, the Agency would evaluate success based primarily on the outcome measures. The Agency recognizes the large complexity and number of unknowns involved in a business and technology transformation and expects to learn about the detailed system and operational requirements through the incremental delivery of end-to-end business processes. The Agency may discover a selected solution is incompatible with the Agency's

environment or a new operational unit needs to be formed to support ongoing business operations. The Agency requires the flexibility and adaptability to rapidly incorporate learning from each incremental delivery into the next delivery cycle.

2.2.2. Procurement Approach Goals

Due to these differences in approach from traditional state procurements, the Agency anticipates a need for new and innovative software and services procurement approaches. The Agency is interested in creative procurement suggestions from vendors, keeping in mind the Agency's desired approach and the following procurement goals:

- Promote vendor diversity and interoperability:
 - Procure solutions that do not require product customizations to deliver the Agency's business outcomes
 - Procure highly skilled, collaborative system integration practitioners to implement solutions
 - Procure solutions utilizing best practices in service-oriented architecture and systems integration including REST-based microservices
- Increase quality of service:
 - Align vendor contract terms and performance criteria with the Agency outcome priorities
 - Deliver high quality and high-end user satisfaction
 - Respond quickly to business changes
 - Support new channels of interaction with Medicaid providers
- Promote discovery:
 - Increase the frequency and value of learning/feedback loops
 - Integrate empirical experience into holistic organizational change management incrementally
- Establish implementation deliverable milestones that achieve the value of modernization rapidly
- Ensure the ongoing support of delivered solutions without disruption to supported business processes

3. RFI PROCESS AND RESPONSES

3.1. TIMELINE

Below is the tentative timeline for this RFI. The Agency reserves the right to alter, modify, or delete any and all segments and deadlines it chooses.

Step	Date / Time
Agency releases Request for Information	June 3, 2022
Written questions regarding the RFI are due	June 17, 2022, by 4p.m. CST
Agency responses to vendor questions	June 24, 2022
Respondent's final written responses are due	July 11, 2022, by 4p.m. CST
Solution Demonstrations	July 22 – 29, 2022

3.2. WRITTEN QUESTIONS ABOUT THE RFI PROCESS

This RFI contains a written question and answer process to address questions from interested parties related to either clarifying the information the Agency is seeking in the RFI or regarding the process of responding to this RFI. Note that the Agency is using this process to seek feedback to assist with making future decisions and cannot address questions related to future plans at this time. Any clarifying or procedural questions related to responding to this RFI must be received by the date provided in Section 3.1. Questions should be submitted in an electronic word processing document that is compatible with Microsoft Word software and sent as an attachment to via email to the RFI issuing officer at sclark2@dhs.state.ia.us. Please use the phrase "Request for Information Questions" in the email's subject line. Parties submitting questions are encouraged to request a confirmation of the issuing officer's receipt in their email.

Responses to the questions will be posted at the State of Iowa's website for bid opportunities: <http://bidopportunities.iowa.gov/> by the end of business on the date noted in Section 3.1.

3.3. VENDOR RESPONSES

Parties responding to this RFI do not need to return this entire document; rather, please complete the submission document titled Appendix A – MED-22-016 Vendor Submission Document. Submit the document and required supporting documentation as an email attachment to:

Stephanie Clark
Email: sclark2@dhs.state.ia.us

The electronic submission document must be in a format that is compatible with Microsoft Word software. Please use the phrase "Request for Information Response" in the email's subject line. Respondents are encouraged to request a confirmation of receipt of the emailed response. Responses will be accepted via email until the due date and time in Section 3.1. If respondents do not have access to email, please contact the issuing officer to make other arrangements for submission.

3.4. SOLUTION DEMONSTRATIONS

Vendors indicating a desire to present a demonstration (by indicating interest in question #24 of Appendix A - MED-22-016 Vendor Submission Document) to the Agency will be scheduled into demonstration windows on the dates provided in the RFI Timeline unless the respondent is notified of a change prior to the presentation date. Each vendor will have the same amount of time to present. The

total amount of time available will depend on the number of demonstration responses received. The Agency will attempt to schedule Vendor presentations in the order in which responses were received.

The Agency is interested in business capability demonstrations highlighting the provider experience for scenarios in the following priority order:

1. New physician application (see the [sample business rule documents](#) for an example process flow including examples of Iowa's business rules).
2. Technical and configuration changes required to add the next provider type.
3. Solution capabilities supporting the Agency's top three initial outcomes (Provider Enrollment, Provider Re-enrollment, and Provider Information Maintenance).
4. Solution capabilities not covered under the first prioritized provider outcomes that will enhance the provider and Medicaid staff experience.
5. Additional topics specified by the Agency

Be advised, the Agency may reserve the right in its sole discretion to grant or deny a demonstration based on its review of the RFI response provided by the respondent.

3.5. GENERAL TERMS AND CONDITIONS OF THIS RFI

- Information is being requested solely to identify possible methods, approaches, and solutions associated with expected outcome.
- The State of Iowa and the Agency will not enter into a contract with any respondent based on the responses provided to this RFI.
- A respondent's submission of a response to this RFI will not be a factor in any subsequent competitive selection process.
- The Agency will provide public notice of any subsequent bidding opportunity following notice requirements associated with the respective competitive procurement(s).
- Information submitted in response to this RFI will become the property of the Agency.
- The Agency will neither pay for any information herein requested nor will it be liable for any other costs incurred by the respondent.
- The Agency reserves the right to modify or delete any and all sections of this RFI at any time.

3.6. CLARIFICATION OF RESPONSES

The Agency reserves the right to contact a respondent after the submission of responses for the purpose of clarifying a response to ensure mutual understanding. The Agency reserves the right to conduct interviews with respondents to the RFI to gather additional information or clarification. The selection for interviews is at the sole discretion of the Agency. Attendance at an interview neither increases nor decreases any of the respondent's chances of being awarded a contract from subsequent solicitation or RFP.

3.7. COPYRIGHTS

By submitting a response, the respondent agrees that (1) the Agency may copy and distribute the response for purposes of reviewing the response or to respond to requests for public records, and (2) that such copying does not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the responses.

3.8. PUBLIC RECORDS AND REQUEST FOR CONFIDENTIAL TREATMENT

With the submission of a response, each respondent agrees that information submitted in response to this RFI will be treated as public information by the Agency following the conclusion of the RFI process unless the respondent properly requests that information be treated as confidential at the time of submitting the response. See RFI Section 3.8.1 below for the proper method for making such requests. The Agency's release of information is governed by Iowa Code chapter 22. Respondents are encouraged to familiarize themselves with Chapter 22 before submitting a response. The Agency will copy public records as required to comply with public records laws.

The Agency will treat the information marked confidential as confidential information to the extent such information is determined confidential under Iowa Code chapter 22 or other applicable law by a court of competent jurisdiction.

In the event the Agency receives a request for information marked confidential, written notice shall be given to the respondent seventy-two (72) hours prior to the release of the information to allow the respondent to seek injunctive relief pursuant to Iowa Code chapter 22.

The respondent's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed, by the Agency, as a waiver of any right to confidentiality that the respondent may have had.

3.8.1. Method for Requesting Confidential Treatment

Requests for confidential treatment of any information in RFI Response Documents must meet these specifications:

- The respondent will complete the appropriate section of the amended submission documents titled Appendix A – MED-22-016 Vendor Submission Document which requires the specific statutory basis supporting the request for confidential treatment and an explanation of why disclosure of the information is not in the best interest of the public.
- The respondent shall submit an additional electronic copy of the RFI Response Document(s) from which confidential information has been redacted. This copy shall be clearly labeled as a "public copy", and each page upon which confidential information appears shall be conspicuously marked as containing confidential information. The confidential material shall be redacted in such a way as to allow the public to determine the general nature of the material removed. To the extent possible, pages should be redacted sentence by sentence unless all material on a page is clearly confidential under the law. The respondent shall not identify the entire RFI Response Document as confidential.

3.9. RELEASE OF CLAIMS

With the submission of a response, each respondent agrees that it will not bring any claim or have any cause of action against the Agency, or the State of Iowa based on any misunderstanding concerning the information provided herein or concerning the Agency's failure, negligent, or otherwise, to provide the respondent with pertinent information as intended by this RFI.

3.10. CHOICE OF LAW AND FORUM

This RFI is governed by the laws of the State of Iowa without giving effect to the conflicts of law provisions thereof. Respondents are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this RFI shall be brought and maintained in the appropriate Iowa forum.