



Solicitation Information

March 19, 2012

Addendum #1

Request for Information # 7449532

Title: Front-end Fraud and Abuse and Improper Payment Surveillance and Detection

Submission Deadline: 28 March 2012 @ 11:00 AM (Eastern Time)

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

A handwritten signature in black ink, appearing to read 'Jerome D. Moynihan', is located below the text.

**Jerome D. Moynihan, C.P.M., CPPO
Assistant Director for Special Projects**

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1. The RFI states, “EOHHS is the cabinet function that oversees four (4) state health and human services departments: the Departments of a) Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH); b) Children, Youth, and Families (DCYF); c) Health (DoH); and Human Services (DHS). EOHHS also is the Medicaid Single State Agency.

The EOHHS Enterprise spends nearly \$3 billion per year (state and federal funding) on direct services and benefits to approximately 300,000 citizens.”

Please provide a department breakdown of the spending for each of the four state health and human services departments.

FY2013 (Proposed) budgets (all funds) are as follows
BHDDH \$445.7 million
DCYF \$211.5 million
DHS \$657.1 million
Health \$119.6 million
EOHHS \$1.7 billion (includes Medicaid)

2. The RFI states in Section II, “*Recipient fraud and abuse is largely ad hoc, manual, and complaint-driven.*”

Additionally, the RFI states in Section IV, “Describe how your products and services would interface with the State’s current strategies and systems.”

Please describe your tools, strategies, and systems currently being used by EOHHS.

The MMIS has a significant suite of algorithm-driven edits and audits, augmented SURS investigations, TPL identification via data exchange. Additionally, there is an organized effort around estate recovery for Long Term Care.

Recipient-level concerns are addressed by a small unit that investigates referrals forwarded to them by eligibility staff.

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3. Who will be the user of the system i.e. if the system suspends claims or providers for review, who will make the determinations – MMIS contractor, Program Integrity or does state expect the review services to be provided by the proposing contractor?

We prefer that the contractor present suspect claims, etc. to the State, with a completed review and recommendation.

4. One of the goals says “An ability to validate and verify information presented by applicant”. Is this referring to alert/case management to support predictive modeling alerts? Or is it referring to screening Providers and/or Beneficiary applications?

It refers to both provider and beneficiary applications.

5. Does the State have a case management system for either pre or post-payment claim reviews?

No

6. RFI states “The State anticipates issuance of a Request for Proposals for a new state-of-the-art computer system for eligibility determination for all of the EOHHS programs in roughly the same time period”. Is this referring to beneficiary eligibility or provider eligibility?

Beneficiary

7. Can you please clarify what you mean by “Respondents should feel free to respond based on their transportation management expertise”?

This reference is in error, and should have been edited out.

8. Would the State invite RFI responders for presentation, demonstration or discussion before releasing the RFP?

Possibly

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9. Question: Could the Rhode Island Executive Office of Health Human Services (EOHHS) explain the reference to transportation management expertise as part of the response to this RFI that requests services involving predictive modeling and analytics to combat fraud, waste and abuse and improper payments?

This reference is in error, and should have been edited out.

10. Question: Item 3 refers to payment models and federal approvals of such models. Is EOHHS interested in:
- a. payment models that would reimburse the winning contract bid, e.g. contingency fee, cost plus? We note also that page 2 item 5 references firm fixed fee pricing
 - b. types of payment models to reduce improper payments , e.g. suspension of payments on behalf of eligibles, prepayment review or prior-authorization of services so long as the recommendation is legally within the state's legislated/regulated authority under its federal program requirements?

Yes to both.

11. The RIVIP Generated Bidder Certification Cover Form indicates the form is to be submitted with an offer. Is this form required in response to an RFI, or only in response to a Request For Proposal (RFP)? Please clarify.

This form is required to be submitted with all responses to all solicitations: RFP, LOI, RFI, RFQ, etc.

12. Page 2 of 6 of the RFI contains detailed Instructions and Notifications to Offerors that are required with the submission of a Proposal. Are these Instructions and Notifications to Offerors required with the submission of an RFI response? Please clarify.

These are standard instructions and notifications that apply to all procurement offers. All apply in general, but obviously not in every case (e.g., no price offer is requested, so the reference to pricing remaining firm and fixed does not apply.

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13. Page 6 of 6 of the RFI contains a section entitled “Response Specifics” – which states the respondents should feel free to respond based on their transportation management expertise. Please clarify that this is an error and transportation management expertise is not required in the RFI response.

This reference is in error, and should have been edited out.

14. Page 6 of 6 of the RFI contains a section entitled” Cost and Product Delivery” – which requires the respondent to identify payment models and federal approvals that may be required to secure appropriate funding. Please define “payment models and federal approvals that may be required to secure appropriate funding” as it relates to this RFI, and what connection this response requirement has with Front-End Fraud and Abuse and Improper Payment Surveillance and Detection.

Respondents are asked to define how their offering(s) may be financed in manners that meet federal regulatory requirements.

15. Is the State of Rhode Island at risk for all 300,000 citizens in the applicable program, or is there capitation in some of that membership?

Roughly 150,000 members are enrolled in Managed Care.

16. EOHHS says that HP administers a significant portion of the applicable programs? Can we expect HP to provide one data feed for all the programs it serves or will there be multiple feeds?

HP will provide data feeds for programs for which claims are adjudicated by the MMIS, so there will be data feeds as well from InRhodes and RICHST, as appropriate.

17. Is the current HP system real-time or batch?

Real time

18. EOHHS says that HP administers “a significant portion of these programs, and many of the state cash assistance programs are administered through the State’s Financial Assistance Management Information System (FAMIS), known as InRhodes. Programs not administered through the MMIS or InRhodes are administered through individual contracts.” Can EOHHS provide a breakout of who administers what programs?

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Northrup Grumann supports the FAMIS and RICHST systems.

19. How many claims does HP process weekly for the 300,000 applicable members?

HP processed 13.5 million transactions in FY2011

20. How many fee-for-service providers are there in the EOHHS universe system and what is the total annual claims volume by program type for fee-for-service providers?

There are roughly 7,000 providers – see above for claims volume.

21. Can EOHSS provide amounts (in number and dollars) of physician, outpatient facility, inpatient, pharma, dental claims?

EOHHS does not believe that this is necessary in order to replay to this RFI.

22. Does the Department plan on procuring/implementing a new MMIS during the proposed life of the pre-pay editing contract?

EOHHS is in the process of re-procuring its MMIS, with significant modifications, with offers due in early April.

23. Is there any capitation by specialty?

NO

24. Are there any fee-for-service providers or provider groups (i.e. those affiliated with universities) whose claims are precluded from editing/overpayment analysis?

No

25. There are several statements in the “Instructions Notifications to Offerors” section of this RFI that seem more appropriate for inclusion in an eventual RFP but not in an RFI, such as the RFI that has been issued by the State. In addition, some of the Instructions and notifications contradict other portions of the RFI. Is it correct to assume that the instructions and notifications numbered 4, 7, 8, 9, 10 and 15 do not apply to this RFI and should be ignored?

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This is boilerplate language which is included in all RFPs, LOIs and RFIs. This solicitation is governed by the State's General Conditions of Purchase available at www.purchasing.ri.gov.

Can you please provide additional detail and definition to understand what you mean by "An ability to interface with other databases to extrapolate claims or consumer application patterns evident in other jurisdictions, which may be applicable to claims presented in Rhode Island"

We understand interfacing to extrapolate claims, but can you provide more detail on your expectations to interface with other databases for consumer application patterns evident in other jurisdictions, which may be applicable to claims presented in Rhode Island."

Do you mean other jurisdictions to be other social services and public assistance in Rhode Island such as WIC? Or do you mean databases related to health and human services in other States? And if you mean other states outside of Rhode Island, do you have data share agreements already in place with these states? If yes, what states and what databases in each state? And do you have permission to receive/access these databases?

We specifically mean the two main Rhode Island databases, but would assume that vendors in this space bring an ability to compare Rhode Island claims and application patterns to those of other states.

26. The "Response Specifics" section leads off with the statement "Respondents should feel free to respond based on their transportation management expertise." Please clarify the applicability of "transportation management expertise" to this RFI.

This reference is in error, and should have been edited out.

27. How many citizens are served through home healthcare visits in Rhode Island?

There are approximately 8,000 persons eligible for home and community-based services.

28. On average, how many visits per month are made to home healthcare recipients?

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Data not readily available.

29. Does the State currently license/use any SAS analytics applications?

NO

30. On Page 4, the RFI describes the many programs overseen by EOHHS. On Page 5, under the section entitled Goals and Objectives, the RFI focuses on Medicaid providers and recipients. Is the intent of the RFI to obtain information on Medicaid solutions, or on cross-program solutions?

Cross-program

31. On Page 6, in the section entitled Response Specifics, the RFI states:

“Respondents should feel free to respond based on their transportation management expertise.”

Please clarify this statement and its relevance to the RFI.

This reference is in error, and should have been edited out.