



**Solicitation Information
October 5, 2016**

RFP# 7551026

TITLE: Medical Assistance Intercept System

Submission Deadline: November 2, 2016 at 10:00 AM (Eastern Time)

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **October 14, 2016 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

**David J. Francis
Interdepartmental Project Manager**

Applicants must register on-line at the State Purchasing Website at <http://www.purchasing.ri.gov>

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Executive Office of Health and Human Services (EOHHS), is soliciting proposals from qualified firms to submit a fully developed and functional automated web-based system and appropriate staff services at the time of proposal submission, to operate the Medical Assistance Intercept System (MAIS), as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at <http://www.purchasing.ri.gov> .

The contract will be awarded for a three-year term, with two one-year options at the discretion of the State. The selected offeror for this contract must have the system and staff implemented as a fully operational system within up to sixty (60) days of the contract's startup date.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and

the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

SECTION 2: BACKGROUND

The EOHHS Medical Assistance Intercept System (MAIS), started in 2012. The EOHHS established an interactive data match system that matches individuals that have received medical assistance with those who have been identified and matched through a centralized database as having an accident or loss which is the basis of the claim. This system must meet the requirements of the Medical Assistance Intercept Act (R.I. Gen. Laws §27-57.1-1et. seq.) which requires insurers to interact with the state's Medicaid program to recover medical costs from payments made to claimants for personal injuries and workers compensation injuries.

Establishing the data match system allows attorneys and insurance adjusters to quickly determine if a claimant is a Medicaid recipient by entering claimant information via a secure web site: www.ri-mais.com. Insurance companies and attorneys will have the option of doing either a data match through the Insurance Services Office (ISO) ClaimSearch or utilizing the MAIS interactive lookup system. Most insurance companies now elect to participate in the data match system via an electronic interface with RI Medicaid.

MAIS Matching Process

Medicaid recipient information in the MAIS database is electronically matched daily with insurance company claim data. In addition, insurers and attorneys have an option to utilize a secure interactive web site to "lookup" claimants to see if they are a Medicaid recipient. When a claim matches a Medicaid Recipient in the database, the claim is verified with the insurer and attorney if necessary. The intercept system interfaces with the EOHHS Medicaid Management Information System (MMIS) to obtain medical claim data to be reviewed and identified for a potential lien and recovery. The intercept system must interface with the MMIS system so that only the open claim matches that have not yet settled are matched with the Rhode Island medical claim information. The intercept system notifies the state electronically of such matches via a state secure web site. At present, the website is customized, designed and maintained by the intercept contractor. Once matches are established, the state then files the appropriate state administrative notification to the insurance company of a Medicaid recipient and/or notice of lien against the future settlement. If a Medicaid notification is sent, the insurer and the claimant's attorney are required to request an update from the state Medicaid agency via the web site prior to settling the claim and distributing the funds. Updates are returned to the insurer / attorney within 48 hours.

Collections

Collections are a result of open insurance claims where the state has identified medical payments related to the claim that have been paid by the state Medicaid agency. Currently, the contractor reviews the Medicaid claims to determine whether the claims are related to accident/injury. The contractor only passes on reliable information on open claims that have been filed with insurance companies for the insurance claim intercept purposes. The State uses its subrogation authority to recover medical payments made on behalf of Medicaid recipients. Liens for Medicaid expenses are filed directly with the insurer / attorney, and upon the settlement of the case, the insurer / attorney sends the funds directly to the state representing the amount of the medical claims paid out by the Medicaid agency.

Retroactive Claims Search

Because an insurance claim could have a life span that averages 6 months or longer before settlement, the State requires data matches to the State's Medicaid MMIS against the last twelve (12) months of claims with insurers. Going forward, Medicaid recipients are matched against insurance claims.

Rhode Island Insurance Claim Intercept Facts

The MAIS database contains data which represents approximately 450,000 active and inactive Medicaid recipients since August 2012.

Statistics since the inception of the program in November 2012:

- Matches – 89,010
- Matches with Medical Claims – 42,476
- Matches in Recovery – 12,275
- Matches Notifications Issued - 35,159
- Matches Lien Issued – 1,527
- Lien Amount - \$16.4 Million
- Liens Closed – 870
- Collection on Lien \$2,974,307.56
- Lien to Collection % - 50%
- Outstanding Liens – 555
- Outstanding Lien Amount \$9.4 million

Outreach Required

Performing outreach services to insurance companies and attorneys to explain the data match intercept systems is a key component of the success of the system. The contractor will be required to assist the State in communicating the mandatory statutory requirement to participate in the MAIS insurance intercept program. The current Rhode Island Intercept program has almost 1,100 insurance companies participating and over 350 attorneys.

Legal Basis for Rhode Island Insurance Intercept

It is common for Medicaid beneficiaries to have one or more additional sources of coverage for health care services. Third Party Liability (TPL) refers to the legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under a Medicaid state plan. By law, all other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid. States are required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid state plan. The Deficit Reduction Act of 2005 included several additional provisions related to TPL and coordination of benefits for Medicaid beneficiaries.

Summary of Statutory Requirements

- 42 U.S.C. §1396a (Section 1902(a)(18)) of the Social Security Act (SSA) requires that a State plan

for medical assistance complies with the provision of 42 U.S.C. §1396p (Section 1917 of the SSA) with respect to an estate recovery plan.

- 42 U.S.C. §1396a (Section 1902(a)(25) of the SSA) defines third parties to include health insurers, self-insured plans, group health plans, service benefit plans, managed care plans, pharmacy benefit managers, and other third parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.
- 42 U.S.C. §1396a (Section 1902(a)(25) of the SSA) requires that a State plan for medical assistance must provide that:
 - States or local agencies take all reasonable measures to identify legally liable third parties including:
 - Collection of health insurance information;
 - Submission of a plan for pursuing claims against third parties; States pursue reimbursement from third parties;
 - Mandatory pay and chase methods to be utilized in certain situations;
 - A provider may not refuse to furnish services because of a potential third party's liability for payment;
 - States prohibit health insurers from taking into account a person's Medicaid eligibility when enrolling an individual or paying benefits;
 - States have laws in effect giving them the rights to payment by liable third parties and requiring third parties to honor those rights;
 - States have laws in effect that require third parties to provide the State with coverage eligibility and claims data in a manner prescribed by the Secretary; and
 - States have laws in effect that require health insurers to refrain from denying payment of claims submitted by Medicaid based on procedural reasons, (e.g., timely filing, failure to present third party card at point-of-sale, claim format).
- 42 U.S.C. §1396a (Section 1902(a)(45) of the SSA) provides for mandatory assignment of rights to payments for medical support and other medical care owed to recipients.
- 42 U.S.C. §1396b (Section §1903(d)(2) of the SSA) allows for reducing payments to States by the amount of TPL reimbursement.
- 42 U.S.C. §1396b (Section §1903(o) of the SSA) provides that Federal financial participation (FFP) is not available to a State if an insurer would have paid except for a Medicaid exclusionary clause.
- 42 U.S.C. §1396d (Section §1905(a) of the SSA) the definition of “medical assistance” expressly includes “insurance premiums for medical or any other type of remedial care or the cost thereof.”
- 42 U.S.C. §1396e (Section §1906 of the SSA) allows for enrollment of Medicaid eligible individuals in cost effective group health plans. States may choose to make enrollment a condition of eligibility.
- 42 U.S.C. §1396k (1912(a)(1) of the SSA) requires that a State plan for medical assistance require individuals to assign their rights to third party payment and to cooperate in establishing paternity and in identifying third parties to the Medicaid agency.

- 42 U.S.C. §1396k (1912(a)(2) of the SSA) requires State plans to provide for entering into cooperative agreements for the enforcement of rights and collection of third party benefits. These agreements may be with the State title IV-D agency, any appropriate agency of any State, and appropriate court and law enforcement officials.
- 42 U.S.C. §1396p (Section §1917(b) of the SSA) requires states to have an estate recovery program in place to recover from deceased recipients' estates payments for certain Medicaid services.
- 42 U.S.C. §1396p (Section §1917(b)(1)(B)(ii) of the SSA) eliminates from estate recovery, medical assistance for Medicare cost sharing for Medicare Savings Program benefits.

State Laws for Insurance Claim Intercept

R.I. Gen. Laws §27-57.1-1 et. seq. provides that the intercept of an insurance claim is allowed only to be from funds allocated for medical expenses incurred as a result of a specific accident or loss dating back to the date of injury. This is consistent with current federal law. However, R.I. Gen. Laws §40-6-9 was amended to provide that the state, as a result of new federal law to be effective October 1, 2016, is entitled any payments by a third party to recover costs from the full amount of an applicant or recipient's liability settlement(s) and may place a lien against an applicant or recipient's liability settlement(s). Child Support payments under Rhode Island law take a priority to reimbursing Medicaid. The Child Support Intercept Act (1995) operates as the Child Support Lien Network.

SECTION 3: SCOPE OF WORK

General Scope of Work

The Rhode Island Medicaid Insurance Intercept contractor will be responsible to provide, perform and assume the costs for the following services, tasks, systems and responsibilities:

- Provide state web site design and modifications within the program requirements and those insurers who elect an optional website to manage their matched claims;
- Provide web site development for both the public and secure sites;
- Evaluate and modify sites;
- Provide HTML, JAVA, CGI, Perl coding and any other necessary coding;
- Provide MYSQL programming;
- Host website;
- Provide a data match of Medicaid eligibility and casualty insurance claims through the Insurance Services Office (ISO) or equivalent
- Provide all appropriate hardware and software to operate the program services;
- Provide communication, bandwidths, systems monitoring, usage statistics;
- Provide backup systems;
- Upgrade OS/Software;
- Provide web site maintenance and updates;
- Provide monthly Record Storage / Processing Statistics.
- Provide daily database interfacing with other databases defined by the Department
- Provide outreach services to states, jurisdictions, and insurance companies and their associations, and advisory groups;

- Provide online client technical support, customer service, e-mail service, toll free numbers, and automated state invoicing capability;
- Provide an interactive look-up capability for insurers who do not elect to electronically match files with MAIS for the purposes of allowing their input of claimant data for matching purposes.
- Research state laws for participation;
- Provide training to states, jurisdictions and insurance company employees on how to use the web site;
- Provide initial outreach mailing and periodic compliance mailings to insurers;
- Provide database updates semi-monthly from members downloads;
- Provide daily, weekly, monthly, quarterly and annual management reports to the Department, as defined by Department in online, real time reporting modules, (specifications to be provided by RI after award);
- Provide extracts of activity and information for uploading to state member mainframe systems in formats capable of being accepted by each state system;
- Provide a daily interface of the database with any available insurance claims databases or database(s) of claims available from insurance companies or insurance service organizations, as identified by the Department;
- Compliance monitoring of insurer access on interactive web sites;
- Develop and market all marketing products and services associated with the program;
- Distribute marketing material and assume all associated costs;
- Travel, as required, to various states within the United States to present program workshops and other marketing services to states and insurers;
- Licensing of the all software to Rhode Island;
- Provide Rhode Island with additional state-elected optional services,
- Assure that all security, privacy and confidentiality requirements are met.

REQUIREMENTS

The following requirements, including those identified in the above Section 3 - Scope of Work, must be met and or supplied in order for an offer to be considered:

A. General Requirements:

1. General Program Accountability Safeguards:

The contractor shall apply recognized industry standards governing security of data and shall comply with all State and Federal laws, data security polices including compliance with Rhode Island Division of Information and Technology policies, and HIPAA requirements, including HITECH Act amendments. The State may require the contractor to sign separate security/data use agreements.

Access to all information shall be protected from unauthorized individuals, including contractor staff. These issues must be included and addressed in the project design.

The contractor shall provide the names and social security numbers of all employees with access to files. All employees identified as having access to the files will be required to sign a state approved confidentiality statement.

2. Project Manager:

Designate and include the name of the Project Manager who will be responsible for the day-to-day operations of the contract. The designated Project Manager shall be responsible for handling all problems and issues identified during the contract period. The contractor shall propose only one candidate for the position of Project Manager. The Project Manager's position shall be assigned to the project on a full time basis, and manage the daily operations of contract staff, work with the insurer community and other state and federal departments and agencies in providing support and outreach, and be responsible for establishing and enforcing quality assurance standards for the project.

The Project Manager must possess at a minimum: Three years of experience in operational project management, including direct management and supervisory responsibility; and experience in development of a medium to large scale data processing or other technical project and in handling customer service inquiries and electronic data interfacing functions.

The resumes of a Project Manager, Technical Manager, Systems Administrator, and Production Manager and other key personnel assigned to the project are to be included.

The name and address of the bidder's company together with the names of principal officials of the company.

3. Prior Experience:

Provide documentation of the bidder's experience in this field. Indicate the name, scope, duration, number of staff involved and costs of system automation and/or database management projects managed by the bidders. Document that the bidder has managed system automation and/or database management projects within the last two years and that the bidder has had at least two years' experience in managing systems automation and/or database management projects. Document that the bidder has experience in handling customer service functions and providing electronic data interfacing functions and other direct customer services.

B. Bid Requirements:

1. **Web Sites:** Four types of web sites for insurance claim processing are required.

- **Public Web Site: Current web site RI MAIS.com**
 - Customized for State

- Provides information to the general public, to attorneys and to insurance company researchers
- **Look Up / Secure Site**
 - Insurance users /attorneys may interactively look up pending settlement claimants
 - Insurance companies / attorneys may interactively review matched case information
- **Administrative Secure Module**
 - The site to provide the state with a secure on-line web site to track and monitor Medicaid recipients that have matched insurance claimants. In addition, the secure administrative site provides all contact information for each matched case. Site shall provide management capability to track worker activities.
 - Option: State Medicaid workers may generate customized notices and documents from the insurance intercept Internet site. These documents may be printed for service of process, liens and sent via fax or email to insurance adjusters or attorneys directly from web site. (State may prefer to utilize its own state wide automated system to produce these notices and documents).
 - Secure site for State staff users;
 - State users shall be granted access via Registration process current site - <https://ri-mais.com/login.html#lookup>
 - Purpose:
 - Review / track matched claims
 - E-Dashboard – match status – load statistics – historical
 - Reports Module
 - Activities – set follow-up / monitor tasks
 - Medicaid notice and Document creation and printing
 - Maintenance of Medicaid information for completing Document forms
 - Secure upload for Medicaid recipient information
 - Generate a file extract to update the state Medicaid system
 - Provide e-mail communication to the insurance company
 - Provide insurance company contact information
- The site to provide the State of Rhode Island and the State’s contractor with a secure on-line web site to track and monitor the activity and their Medicaid recipients that have matched insurance claimants. In addition, this secure administrative site shall provide various tables and charts of statistical data and provide for an online, real-time status of claims.
 - Purpose to review and track:
 - Registrations
 - Matches module
 - Activities
 - Insurance companies participating
 - State members and company contacts

- Systemusers
 - Invoice preparation and history
 - Outreachactivities
 - Reports
 - Enhancements requested
 - Live help contacts
 - New claims added, deleted
 - Claims investigations
 - Reviewed, verified and released claims
 - Liated claims
 - Closed claims
 - Total claims
 - Total collections
 - Outstanding liens
 - Reports module
 - Collections (MTD) (YTD) (LTD)
 - Potential Collections
 - Liens
 - On-line Lookups
 - Match Statistics
- The contractor's proposed system must be fully operational in a production environment for all Medicaid claims matching within up to sixty (60) days from the contract start date.

2. **Electronic Files**

The file layout for the Medicaid recipient electronic file is found in the Appendix B of this document.

Insurance Claim / Claimant information must be made available to merge into online documents and forms and/or for download into a state's automated statewide system.

3. **Production Activity**

- File Updates
- State updates Medicaid recipient electronic file updates daily
- Customer Service
- Contractor to provide customer service to insurance / attorney users and state users
- Outreach to insurance industry and attorneys

- Continued support for user community to be provided by contractor
- State provides customer service for Medicaid case related questions
- System must automatically track searches
- Interactive Look Ups
- System must automatically email Notice of Matches to State designated contact(s)
- System must automatically email match information to insurance companies / attorneys
- Automated Matches
- System must provide daily automated match processing results
- Matching occurs on key data elements (SSN, Name + Date of Birth and/or Name + Address).
- System must automatically email Notice of Matches to State designated contact(s) and also provide claim match information on a state's customized web site for state staff access and activity.
- State manages the enforcement / collection process after match
- Web site shall display information on matched cases to State users
 - Interactive matches
 - Automated matches
 - Sorts facilitate working matches
 - Statistics and reports
 - System to create lien documents to notify insurance companies.
 - System shall provide customized documents
 - Electronic file update to State system

4. Medicaid Recipient File Requirements and Checklist (See APPENDIX B. for additional documentation)

- State shall supply the contractor with an electronic file of Medicaid recipient who will be matched against pending personal injury and workers compensation insurance settlement claimants.
- During a state's Implementation Phase, the state will create a small test file to test the format and process for supplying data to the contractor. After successful testing, the state will provide an updated file daily of Medicaid recipient to the contractor.
- Transmitting Files – Must be able to transmit and accept files in these formats:
 - SFTP
 - File Upload to secure website
- Contractor shall provide a File Transmittal Schedule for state annotating the frequency of the file transmittals each day and to provide the monitoring for compliance with the schedule.

5. CASE Electronic File Requirements

The file should be in the format identified below. (See APPENDIX B for additional documentation)

- As much information as possible increases the quality of the matches: critical fields include Name, Address, SSN, and date of birth.
- SSN is REQUIRED; rows without an SSN will error off the load.
- The database stores one record per Medicaid recipient.
- State determines the threshold arrears amount for lien issuance in the file.

Optional fields:

- Additional information may be provided in the filler area;
- Identify in a file layout with purpose, size etc.
- Lien Documents:
- States may choose to create lien documents from the state's secure Administrative web site.
- Inclusion of optional information like Case ID and Member ID streamline the merge and production of these documents.
- Match Results:
- At the state's option, an electronic file of match results may be returned to the state.
- If certain state identifying information would aid the state in that process, it may be added to this file for the returning results file.

File Naming Convention

- The electronic file name will be determined by state.

OTHER DELIVERABLES

- A. Sample Outreach Materials to Insurers and States.
- B. The contractor must forward a monthly invoice to the RI EOHHS **by the tenth calendar day (10th) of the month** for all fees and costs for work completed in the prior month. Invoices will not be paid more frequently than once per month.

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. **Staff Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of Medicaid recoveries, specifically third party liability for casualty claims.

2. **Capability, Capacity, and Qualifications of the Offeror** - Please provide a detailed description of the Vendor's experience identifying and generating Medicaid recoveries for medical claims resulting from injuries sustained due to casualty claims where there is third party coverage. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
- 3 **Work plan** - Please describe in detail, the framework within which third party liability will be identified for insurance claims that result from a casualty loss by a Medicaid recipient. The following elements must be included: 1) methods used to identify the existence of a casualty claim for a RI Medicaid recipient 2) methods for working with claimant's attorney 3) follow-up measures employed to ensure that the claimant's attorney and insurance company promptly notify the state of a settlement 5) a quality control system that ensures that controls are in place to achieve a maximum return for the state.
- 4 **Approach/Methodology** – Describe in detail the proposed approach and methodology that will be used to identify casualty claims and matched to RI Medicaid eligibility.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

1. Proposer shall specify costs for performance of tasks. Proposal shall include all anticipated costs of successful implementation of all deliverables outlined. An item by item breakdown of costs shall be included in the proposal, including option years. Cost proposals must include any and all costs to transfer current and historical data from the incumbent's system to the proposer's system.

Proposer shall submit the breakdown and demonstrate how cost was determined. The proposer shall submit a fee per transaction rate and explain what a transaction comprises, or other compensation methodology based on annual license fee and system service & maintenance. For purposes of comparing, evaluating and scoring the cost proposals submitted, proposals which include match fees and hourly rates, the bidder must specify the proposed match fees and costs for Insurance Claim Intercept and should include all-inclusive rates. Any other type of cost proposal from a Bidder should specify the nature of the costs, billing details, expenses and any other detailed information from the Bidder.

2. The cost proposal must be fixed for the three-year period of the contract and with the additional two option years if both parties agree to contract extension(s).
3. If there are any implementation fees associated with providing services in the RFP, the proposer shall identify each type of implementation fee to be charged.

Please explain in detail the basis and rationale of your fee structure. _

Using “**Attachment A: Cost Form**”, provide a sealed and separated cost proposal for fees, transaction charges, match fees, license fees, and service and maintenance costs for the casualty recovery services outlined in this proposal.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Executive Office of Health and Human Services reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete

the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7551026** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-8100.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked “**RFP# 7551026 Medical Assistance Intercept System**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasig.ri.gov.
2. One completed and signed W-9 (included in the original copy only) downloaded from the RI Division of Purchases Internet home page at www.purchasig.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to ten (10) pages (this excludes any appendices).

As appropriate, resumes of key staff that will provide services covered by this request.

4. **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL:

<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf> .

ATTACHMENT A: COST FORM

MEDICAL ASSISTANCE INTERCEPT SYSTEM

VENDOR NAME: _____

Proposed pricing for Casualty Recovery Services :

#	Fixed Costs*	Year #1	Year #2	Year #3	Option Year #1	Option Year #2	TOTAL
1	Implementation Fee						
2	License Fee						
3	Service & Maintenance						
4	Data Transfer						
5							
6							
	TOTAL						

#	Variable Costs*	Year #1	Year #2	Year #3	Option Year #1	Option Year #2	TOTAL
1	Transaction Charges						
2	Match Fee						
3							
4							
	TOTAL						

- 1. *Please provide any additional costs, not listed above, associated with your proposal that will ensure a successful implementation.**

(Authorized official of the firm)

(Date)

APPENDIX A:
SAMPLE LETTERS AND NOTICES



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Executive Office of Health and Human Services
74 West Road
Third Party Liability Unit, Hazard Bldg. #74 LL
Cranston, RI 02920

May 28, 2015

John Harrison & Associates
John Harrison
57 Maine Street.
Providence, RI 02904

RE: ROBERT MURPHY
SSN: XXX-XX-6754
MAIS #: 309
Insurance Claim #: 6591651AB08
Date of Loss: 02/01/2014

Dear Sir or Madam:

The Rhode Island Executive Office of Health and Human Services holds an Assignment of Collateral Assistance and asserts a lien for the above-named person for an accident/injury that occurred on 02/01/2014.

The Department seeks reimbursement for providing:

Cash Assistance	-	zero
Medical Assistance	-	\$ 3,136.88
Grand Total	-	\$ 3,136.88

This amount refers to the date of February 01, 2014.

PLEASE NOTE: If this case is unfinished, unresolved, and/or negotiations are pending after 30 days, no amounts due to the state for medical assistance will be intercepted until the case has been settled. The amounts are subject to change, and the state will provide an updated amount upon request at settlement. For future reference please request an update by visiting www.ri-mais.com, e-mailing contact@ri-mais.com, faxing 781-623-8030 or calling 1-800-908-MAIS (6247). Reference the MAIS # on all requests, and responses to updates will be within 72 hours. Please plan accordingly.

Any person who disagrees with the interception of the insurance proceeds which is the subject of this notice may, pursuant to R.I.G.L. 27-57.1 and DHS Policy 0311.20, request a hearing. Said hearing is further subject to the provisions of DHS Policy 0110 entitled

Expires 30 days from date of notice. To request an updated lien, please visit <https://ri-mais.com>

Complaints and Hearings. A request for hearing shall be in writing to the Executive Office of Health and Human Services (EOHHS), Legal Office, Louis Pasteur Building, Howard Ave., Building #57, Cranston, RI 02920, within thirty (30) days of the date of the notice to the claimant. If there is an appeal, payment cannot be made until the appeal has been resolved. Payment must be made within ten (10) days of appeal resolution.

When you plan a settlement in this case, please forward a check in the amount of \$3,136.88 payable to the R. I. Executive Office of Health and Human Services, Third Party Liability Unit Hazard Bldg LL, 74 West Road, Cranston, Rhode Island 02920.

If there are any questions, concerning the above, please feel free to contact me at (401) 462-2299.

Sincerely,

Mary Beth Vitullo, Medical Care Specialist
TPL Recovery Unit, Medical Services Program

Expires 30 days from date of notice. To request an updated lien, please visit <https://ri-mais.com>

RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

TPL Unit Hazard Bldg.#74 LL
74 West Rd.
Cranston, Rhode Island 02920

NOTICE OF ASSIGNMENT OF RIGHT

May 28, 2015

John Harrison & Associates
John Harrison
57 Maine Street.
Providence, RI 02904

Claimant: ROBERT MURPHY
SS#: XXX-XX-6754
Address: ROBERT MURPHY
475 SPRING RD
CRANSTON, RI 02921

Defendant
Or Employer

Date of Injury: 02/01/2014

The individual named herein has filed a claim for or has received public assistance benefits. Information received indicates possible entitlement monies in the above action.

Section 40-6-9 of the Public Assistance Act provides:

(b) An applicant for or a recipient of Medical Assistance provided by the Department pursuant to this Chapter or Chapter 8 of this Title or Title XIX of the Federal Social Security Act [42 U.S.C. 1396 et seq.], for and on behalf of himself or herself, and for and on behalf of any other person for whom he or she may legally assign rights to any medical support or any other medical care, shall be deemed, without necessity of signing any document, to have made an assignment to the Department of Human Services of any and all rights and interests that he, she, or such other person may have (1) to payment for any medical support and (2) to payment for any medical care from any third party.

(c) In addition to the assignments provided in subsections (a) and (b) of this section, an applicant for or a recipient of financial assistance provided by the Department pursuant to this chapter, whenever the assistance is necessary by reason of accident, injury, or illness for which a third party may be liable, for and on behalf of himself or herself, and for and on behalf of any other person for whom he or she may legally act, shall be deemed, without the necessity of signing a document, to have assigned the Department of Human Services, from amounts recovered or recoverable from any third party, an amount of money equal to the amount of financial assistance provided as a result of the accident, illness, or injury.

(e) With respect to any assignment of rights for medical or financial support or recoveries under this section, the Department of Human Services shall be considered to have acquired the rights of such individual to payment by any third party for such medical care and support, and financial support.

(f) The amount due this Agency may not be compromised by you.

**THIS DOCUMENT CONSTITUTES AN ASSIGNMENT OF RIGHTS UNDER SECTION 40-6-9
GENERAL LAWS OF Rhode Island, AS AMENDED. THERE MAY BE OTHER MONIES OWED TO
DEPARTMENT OF HUMAN SERVICES UNDER R.I. G.L. 40-8-15**

**NOTICE: ANY CHECK PREPARED TO SATISFY THIS ASSIGNMENT OF RIGHT SHOULD BE
MADE PAYABLE TO: RI EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, THIRD
PARTY LIABILITY UNIT HAZARD BLDG #74 LL, 74 WEST RD. CRANSTON, RHODE ISLAND 02920**

MURPHY, ROBERT XXX-XX-6754						
05/28/2015 Dates of Service: 02/15/2014 through 03/30/2014						
	FDOS	TDOS	Provider Type	Provider Name	Diagnostic Description	Paid Amount
1	02/15/2014	02/15/2014	Physician	Rhode Island Hospital	CRUSHING INJ LOWER LEG	\$708.61
2	02/15/2014	02/15/2014	Physician	Rhode Island Hospital	FX BIMALLEOLAR-CLOSED	\$300.90
3	02/15/2014	02/15/2014	Physician	Rhode Island Hospital	FX BIMALLEOLAR-CLOSED	\$403.20
4	02/18/2014	02/18/2014	Physician	Rhode Island Hospital	FX UP TIBIA W/ FIBULA-CL	\$567.86
5	02/20/2014	02/20/2014	Physician	Rhode Island Hospital	FX UPPER END TIBIA-CLOSE	\$200.80
6	02/20/2014	02/20/2014	Physician	Independent Pharmacy	HYDROCODONE-ACETAMINOPHEN	\$15.70
7	02/25/2014	02/25/2014	Physician	DME Supplier/Prosthetics/Orthotics	FX TIBIA NOS-CLOSED	\$85.89
8	02/28/2014	02/28/2014	Physician	Rhode Island Hospital	FX UP TIBIA W/ FIBULA-CL	\$501.20
9	02/28/2014	02/28/2014	Physician	Rhode Island Medical Imaging	JOINT EFFUSION-L/LEG	\$0.00
10	03/18/2014	03/18/2014	Physician	Independent Pharmacy	HYDROCODONE-ACETAMINOPHEN	\$15.70
11	03/30/2014	03/30/2014	Outpatient Facility		JOINT PAIN-L/LEG	\$337.00
Total Charges:						\$3,136.88

RI MEDICAID RECIPIENT NOTIFICATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Executive Office of Health and Human Services
74 West Road
Third Party Liability Unit, Hazard Bldg. #74 LL
Cranston, RI 02920

May 28, 2015

John Harrison & Associates
John Harrison
57 Maine Street.
Providence, RI 02904

RE: ROBERT MURPHY
SSN: XXX-XX-6754
MAIS #: 309
Insurance Claim #: 6591651AB08
Date of Loss: 02/01/2014

Dear Sir or Madam:

Executive Office of Health and Human Services through its Medical Assistance Intercept System (MAIS) has identified the above referenced claimant as a Medicaid recipient. At this time no medical bills have been paid by Medicaid; therefore Medicaid does not currently hold a lien for the above individual on this claim. You are required to request an update prior to the claim settlement.

Consider this document notification that your claimant is a Rhode Island Medicaid recipient. Medical bills may continue to be submitted to Medicaid. Plan to request an update from MAIS on this claim prior to settlement. In any event, pursuant to R.I.G.L. Section 40-6-9 and Chapter 27-57.1 et seq., you are required to confirm that no medicals have been submitted and that Medicaid does not hold a lien.

A new request for an updated document must be made prior to all settlements. Please request an update by visiting www.ri-mais.com, emailing contact@ri-mais.com, faxing 781-623-8030 or calling 1-800-908-MAIS (6247). Reference the MAIS # on all requests, and responses to updates will be within 72 hours. Please plan accordingly.

Please call me at (401) 462-2299 if you need further assistance.

Respectfully yours,

Mary Beth Vitullo, Medical Care Specialist
TPL Recovery Unit, Medicaid

To request an updated lien, please visit <https://ri-mais.com>

**APPENDIX B:
FILE LAYOUTS**

Layout of the daily (M-F) Recipient extract file “mais100.elig” that MMIS sends to MAIS. Includes updated Medicaid ID Number (5th field), with increased length from 9 to 10 digits, for UHIP Phase 2.

Field	Length	Values
Record Counter	10	
Plan ID	5	43
Resp Plan	3	MGD; TPL; MED
"18"	2	18
Medicaid ID Number	10	
First Name	11	
Middle Initial	1	
Last Name	15	
Date of Birth	8	yyyymmdd
Date of Death	8	yyyymmdd or zeroes
Gender Code	1	F; M
Address First Line	25	
Address Second Line	25	
Address City	22	
Address State Code	2	
Address Zip Code	10	##### or #####-####
SSN	9	
Eligibility Start Date	8	yyyymmdd
Eligibility Stop Date	8	yyyymmdd; 23821231 is End of Time
TPL Status	1	Y; N
TPL Start Date	8	yyyymmdd
TPL End Date	8	yyyymmdd; 23821231 is End of Time
Managed Care Status	1	Y; N
Managed Care Start Date	8	yyyymmdd
Managed Care Stop Date	8	yyyymmdd; 23821231 is End of Time
M	1	M
Aid Category	2	
Managed Care Plan Code	2	
Managed Care Plan Description	60	
Recipient Unique Identifier	9	numeric
Delimiter 1	1	0x0D
Delimiter 2	1	0x0A

Layout of the Claims Search Request file “mais_claim_request.txt” that MAIS sends to MMIS. Note that for UHIP Phase 2, the 2nd fields of both header and detail records (Request File ID and MID) have increased in length from 9 to 10 digits.

Header record

Field	Description	Start	End	Length	Type	Example
Record Type	The type of record. For header records, “H”.	1	1	1	Character	H
Request File ID	Unique ID for the request file.	2	11	10	Numeric	1000000014
Request Date	The date the request file was created, formatted as YYYYMMDD.	12	19	8	Numeric	20120801
Record Count	Number of detail records in request file.	20	27	8	Numeric	100

Detail record

Field	Description	Start	End	Length	Type	Example
Record Type	The type of record. For detail records, “D”.	1	1	1	Character	D
MID	The Medicaid ID	2	11	10	Numeric	1000000014
Start Date	Date 90 days prior to insurance claim date of loss, formatted as YYYYMMDD.	12	19	8	Numeric	20120801
End Date	Formatted as YYYYMMDD.	20	27	8	Numeric	20120801

Layout of the Claims Search Response file “mais_claim_response.txt” that MMIS sends back to MAIS. Note that for UHIP Phase 2, as with the request file, the 2nd fields of both header and detail records (Request File ID and MID) have increased in length from 9 to 10 digits.

Header record

Field	Description	Start	End	Length	Type	Example
Record Type	The type of record. For header records, “H”.	1	1	1	Character	H
Request ID	The unique ID of the request file used to generate this response file.	2	11	10	Numeric	1000000014
Request Date	The date the response file was created, formatted as YYYYMMDD.	12	19	8	Numeric	20120801
Record Count	Number of detail records in response file.	20	27	8	Numeric	100
Filler	Padding (space)	28	675	648	Character	

Detail record

Field	Description	Start	End	Length	Type	Example
Record Type	The type of record. For detail records, “D”.	1	1	1	Character	D
MID	The Medicaid ID Number.	2	11	10	Numeric	123456789
Recipient Last	The recipient’s last name.	12	26	15	Character	
Recipient First	The recipient’s first name.	27	37	11	Character	
Birth Date	The recipient’s birth date, formatted as YYYYMMDD.	38	45	8	Numeric	20120801
Claim Type	This field contains the claim type code.	46	46	1	Character	
Provider Type Code	A three character State-assigned code which indicates the general type of medical service a provider offers.	47	49	3	Character	
Provider Type Description	The provider type description for the provider type code.	50	84	35	Character	
ICN	The Internal control number assigned by the MMIS.	85	99	15	Character	
Detail Number	Claims consisting of multiple details or a single detail will have a unique code to identify them.	100	104	5	Numeric	5
Medicaid Billed Amount	This field indicates the billed amount that was submitted on the claim by the provider. Last two positions considered cents.	105	112	8	Numeric	2105
Other Insurance Amount	The other insurance amount billed on the claim. Last two positions considered cents.	113	120	8	Numeric	2105
Medicaid Paid Amount	The dollar amount paid for Medicaid services billed. Last two positions considered cents.	121	128	8	Numeric	2105
Paid Date	Adjudicated claims will have a paid date that is the earliest date that a provider can	129	136	8	Numeric	20120801
FDOS	The first date of service billed for a claim detail, formatted as YYYYMMDD.	137	144	8	Numeric	20120801

TDOS	The last date of service billed for a claim detail, formatted as YYYYMMDD.	145	152	8	Numeric	20120801
Provider ID	The billing provider number.	153	159	7	Character	
Provider Last	The last name of the provider of Medicaid services as used on official State records.	160	179	20	Character	
Provider First	The first name of the provider of Medicaid services as used on official State records.	180	198	19	Character	
Diag Code	The ICD-10 code indicating the primary diagnosis made by a provider.	199	205	7	Character	
Diag Description	The diagnosis description for the diag code.	206	275	70	Character	
Proc Code	The HCPCS code indicating the medical procedure performed.	276	282	7	Character	
Procedure Description	The procedure code description for the proc code.	283	392	110	Character	
Modifier 1	First procedure code modifier.	393	394	2	Character	
Modifier 1 Description	The modifier 1 description for the modifier 1.	395	444	50	Character	
Modifier 2	Second procedure code modifier.	445	446	2	Character	
Modifier 2 Description	The modifier 2 description for the modifier 2.	447	496	50	Character	
Revenue Code	The revenue code from the claim form will be contained in this field.	497	499	3	Character	
Revenue Description	The revenue code description for the revenue code	500	529	30	Character	
Service Units	This field contains the number of rx units for the service that was performed.	530	533	4	Numeric	128
Units Paid	The units paid by Medicaid.	534	537	4	Numeric	128
NDC	This is the full National Drug Code.	538	548	11	Character	
Drug Name	The drug name for the NDC.	549	578	30	Character	
RX Number	The RX number for the drug billed.	579	590	12	Character	
Thera Class	The Therapeutic Class code for the drug billed.	591	593	3	Character	
Thera Description	The Therapeutic description for the Thera Class billed.	594	643	50	Character	
Drug Strength	The drug strength billed for the drug.	644	653	10	Character	
Day's Supply	Day's supply for the drug dispensed.	654	657	4	Numeric	20120801
Units	This field contains the number of units for the service that was performed.	658	667	10	Numeric	20120801
Dispensing Fee	The dispensing fee billed for the drug. Last two positions considered cents.	668	675	8	Numeric	2105