

REQUEST FOR INFORMATION

PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT SERVICES

STATE OF ARKANSAS
DEPARTMENT OF HUMAN SERVICES,
DIVISION OF MEDICAL SERVICES

1 Request for Information

The state of Arkansas, Department of Human Services (DHS), Division of Medical Services (DMS) requests information from vendors regarding the provision of clinical support and services for the primary purpose of reviewing prior authorization requests, conducting retrospective reviews, and providing medical reviews/consults to determine medical necessity and ensure proper utilization of an array of services for Medicaid Beneficiaries and other DHS clients, directly or indirectly, in addition to related support functions.

A Request for Information (RFI) is not a method of procurement. Responses to an RFI are not offers and shall not be accepted by DHS to form a binding contract. This RFI shall not directly result in the execution of a contract with DHS. DHS reserves the right to utilize the information gathered through the RFI process to develop a scope of services that may be incorporated into a contract using a statutorily approved method of procurement.

2 Background / Overview

DHS currently has a Prior Authorization system embedded in the Medical Management Information System (MMIS) including a provider portal interface for services listed in section 3.1.

DHS currently does not have a system in place to conduct Retrospective Reviews listed in 3.2.

Average monthly completions:

Prior Authorization requests – 7,483

Retrospective Reviews:

- Emergency – 2,629
- Inpatient – 1,497

DHS has a need to perform services (utilizing the current system or an external system) in support of the Arkansas Medicaid program to ensure appropriate and allowable services are provided to our member population. The services needed include, at a minimum:

2.1 Prior Authorization (PA)

A review of medical data to timely approve certain services for payment, either prior to services being rendered by a Medicaid Provider, for the continuation of services, or for the authorization of services within a specified timeframe after the receipt of those services has begun. A PA shall include without limitation the following: Extensions of Benefits, Continuations of Care, Continuing Stay Authorizations, Certifications of Need, Concurrent Reviews, and Authorization for Services. Prior Authorizations may be given after the Date of Service (DOS) in certain instances, including without limitation services rendered under urgent/emergency care or over a weekend or holiday, and done in the best interest of the patient/Beneficiary.

2.2 Retrospective Review (RR)

A review of all paid claims based on medical necessity, proper standard of care, or other standard for review.

2.3 Medical Review / Consultation (MRC)

Applies to any situation in which clinical personnel are requested to render a medical opinion based on applicable rules and regulations, including those set forth by DHS, applicable and appropriate national guidelines, the latest medical literature, and professional judgment.

3 Anticipated Services to be Provided

3.1 Prior Authorization (PA)

Provide information on available methods/processes, as well as estimated personnel and resources necessary to perform PAs for an array of services and claims including, but not limited to:

- 3.1.1 Inpatient and Outpatient Services
- 3.1.2 Durable Medical Equipment (DME)
- 3.1.3 Personal Care (under twenty-one [21] years of age)
- 3.1.4 Targeted Case Management (TCM)
- 3.1.5 Physician-Administered Drugs
- 3.1.6 ARWorks Mid-Year Transition Requests
- 3.1.7 Viscosupplementation
- 3.1.8 Inpatient Services—Medical Utilization Management Program (MUMP)
- 3.1.9 Anesthesia
- 3.1.10 Assistant Surgeon
- 3.1.11 Lab and Radiology
- 3.1.12 Lab Molecular Pathology
- 3.1.13 Professional Services

3.1.14 Hyperbaric Oxygen Therapy

3.1.15 Ventilators and Equipment

3.1.16 Orthotics and Prosthetics

3.1.17 Hyperalimentation

3.2 Retrospective Reviews (RR)

Provide information on available methods/processes, as well as estimated personnel and resources necessary to perform RRs for an array of services and claims including, but not limited to:

3.2.1 Emergency Room/Emergency Department (ER/ED)

3.2.2 Hospital Admissions/Inpatient Services

3.2.3 Neonatal Intensive Care Unit (NICU)

3.3 Medical Reviews and Consultations (MRC)

Provide information on available methods/processes, as well as estimated personnel and resources necessary to perform MRCs and Ad Hoc Reviews for an array of services and claims. Such reviews of claims and services shall include, without limitation, the following which may be under either category as defined by DHS:

3.3.1 Out of State Referrals

3.3.2 Suspended Claims

3.3.3 Emergency Transportation

3.3.4 Transplants

3.3.5 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Extension of Benefits

3.3.6 Emergency Medicaid Eligibility

3.3.7 Denial of certain applications for program services, including, but not limited to, TEFRA and Autism Waiver services

3.4 PA Review Procedures

Provide information on available methods/processes, as well as estimated personnel and resources necessary to perform DMS Internal PA Review Procedures, including:

3.4.1 Formula, Sole source nutrition, Enteral nutrition, Hyperalimentation (if not included on a list of pre-approved formula/nutrition)

3.4.2 Hearing Aids (other than batteries or broken equipment)

3.4.3 Home Health (Post-surgical in-home nursing care)

3.4.4 Medical Supplies (extension of benefits)

3.4.5 Private Duty Nursing

3.4.6 Non-covered Services

3.4.7 Code Set Reviews

3.4.8 Standard of Care Reviews

3.5 Related Functions

Provide information on available methods/processes, as well as estimated personnel and resources necessary to perform related functions and processes including, but not limited to:

3.5.1 Verification Processes

3.5.2 Reconsiderations of review determinations requested by Providers or Beneficiaries

3.5.3 Resolution of complaints made by Providers or Beneficiaries related to review determinations

3.5.4 Participation in all activities related to administrative appeals of adverse actions and litigation based in whole or in part on Vendor's acts or omissions

3.5.5 Required and ad hoc reporting

3.5.6 Development and provision of all forms and documents related to the prior authorization and retrospective review processes

3.5.7 Development and implementation of various Quality Assurance and Performance Improvement projects

3.5.8 Conduct all communications in a secure and HIPAA-compliant manner

3.5.9 Secure repository and maintenance of all data related to the prior authorization and retrospective review processes

3.5.10 Performing research for surgical procedures, including pricing and private insurance coverage

3.5.11 DME research, pricing, coverage, and eligibility

3.5.12 Medicaid manual update recommendations based on clinical input from vendor's contracted or employed physicians, therapists, audiologists, and other appropriate clinicians

3.5.13 Standing drug review committee

3.5.14 Research and verify paid claims data for hospital bed or wheelchair prior authorizations to determine whether DME requests fall within the Medicaid allowed timeframes (ten [10] years for hospital beds/five [5] years for wheelchairs)

3.5.15 Locating providers for beneficiaries who are unable to locate one in their area

3.5.16 Monthly report outlining all physician drug review codes and whether the allowed units within MMIS Interchange match the NCCI MUE quarterly table

4 RFI Response Requirements

4.1 Response Requirements

Respondents to this RFI are asked to be thorough, but concise. Responses must address each of the following RFI questions point by point. Where functionality currently exists within the State MMIS system, respondents must also address available methods/processes, as well as estimated personnel and resources necessary to utilize the existing system. The RFI response must include the following information:

4.1.1 Address and Contact Information

The respondent's name; business address(es); contact information, including representative name and alternative, if available; telephone number(s); and e-mail address(es).

4.1.2 Statement of Interest

A statement of interest in the services outlined in this RFI, including an outline of a specific product, concept, technology, or approach that would meet the goals and requirements described in this RFI.

4.1.3 Experience

A description of the business, program, and contract experience necessary to implement the services outlined in the respondent's proposals.

4.1.4 Company Profile

The respondent's company profile with program specifications, including information on the respondent's approach, plan, and design for each service described in this RFI. If available, a description of program outcomes, and methods used for data collection and reporting.

4.1.5 Ability to Perform

A description of the certifications, accreditations, and abilities necessary or helpful to implement the services outlined in the respondent's proposals.

4.1.6 Reporting Capabilities

A description of the proposed reporting capabilities utilized to report over/under utilization of services and inappropriate referral patterns.

4.1.7 Improvements

A description of how the respondent's approach will offer advantages or improvements over existing processes. The description should also identify known or potential concerns with the approach. Existing Medicaid Provider instructions (Arkansas Medicaid Provider Manuals) can be found at <https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx>.

4.1.8 Staffing Levels

A description of the staffing level the respondent anticipates will be needed to carry out its proposed approach. The description should include, at a minimum, the estimated number/type/level of expertise of staff that the respondent would assign to an initiative such as the one described in this RFI. In addition, a description of the methodology used to develop the staffing levels.

4.1.9 Technology

A description of the respondent's recommended information system capabilities, including prior authorization and case management system capabilities, security features, including the ability to protect information in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and ability to maintain and interface in an electronic health record environment.

A description of the available methods/processes, as well as estimated personnel and resources necessary to meet applicable Center for Medicare and Medicaid Services (CMS) seven (7) standards and conditions, such as:

- Accommodating customer preferences for communications by email, text, mobile devices, or phones.
- Complying with standards and protocols adopted by the Secretary under sections 1104 and 1561 of the Affordable Care Act.
- Preserving the ability of the architecture to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.
- Utilizing a widely supported modeling language (e.g., UML, BPMN) in the proposed system design documents.
- Considering and choosing open standards between key interfaces, where feasible.

A description of the available methods/processes, as well as estimated personnel and resources necessary to conform to the Medicaid Information Technology Architecture (MITA) framework for the PA business process; and what level of maturity the vendor may be able to provide DHS by utilizing the respondent's solution. The description should include things such as:

- Accuracy of Process Results
- Cost-Effectiveness
- Data Access and Accuracy
- Efficiency
- Timeliness of Process
- Value to Stakeholder

4.1.10 Internal Procedures

A description of the available methods/processes, as well as estimated personnel and resources necessary for ensuring system security and the confidentiality of personally identifiable data, as well as its disaster recovery plan ability and business continuity plan to resume services with minimal disruption. In addition, a description of available methods/processes, as well as estimated personnel and resources necessary to support auditing requirements such as Sarbanes-Oxley Act requirements.

4.1.11 Quality Assurance

A description of the available methods/processes, as well as estimated personnel and resources necessary to implement and support a quality assurance system, including a description of how the respondent could monitor the appropriateness and effectiveness of the case management and prior authorization services provided.

4.1.12 Provider Participation

A description of strategies to ensure provider participation and education of the prior authorization and case management services described in this RFI, to include strategies for provider communication and provider outreach.

5 Proprietary Information

Any portion of the submitted response which is asserted to be exempt from disclosure shall be clearly marked “exempt” or “confidential” or “trade secret,” as applicable and shall also contain the statutory basis for such claim on every page. Submission documents pertaining to this RFI become the property of the State and are subject to the Arkansas Freedom of Information Act (FOIA). In accordance with FOIA, the State may maintain the confidentiality of certain types of information described in FOIA. Such information may include trade secrets defined by FOIA and other information exempted from the Public Records Act pursuant to FOIA.

6 Response Submission

Respondents to this RFI shall submit two (2) hard copies and two (2) electronic copies of its response. The electronic format shall be submitted on CD-ROM or flash drive. The software used to produce the electronic files must be Microsoft Word 97 and/or Excel 97 or newer. These electronic files must be logically named and easily mapped to the hard copy submittal. The electronic media must be clearly labeled in the same manner as the hard copy.

The respondent shall also submit an electronic redacted copy of the response suitable for release to the public. Any confidential or trade secret information covered under the AR FOIA statutes should be either redacted or completely removed. The redacted response shall be marked as “redacted” copy and contain a transmittal letter authorizing release of the redacted version of the response in the event DHS receives a public records request. The vendor should keep in mind the following:

- One (1) complete copy of the submission documents from which any proprietary information has been redacted should be submitted on a flash drive in the Response Packet. A CD is also acceptable. Do not submit documents via email or fax.
- Except for the redacted information, the redacted copy must be identical to the original hard copy, reflecting the same pagination as the original and showing the space from which information was redacted.
- The vendor is responsible for identifying all proprietary information and for ensuring the electronic copy is protected against restoration of redacted data.
- The redacted copy will be open to public inspection under the Freedom of Information Act (FOIA) without further notice to the Prospective Contractor.
- If a redacted copy of the submission documents is not provided with the vendor’s Response Packet, a copy of the non-redacted documents, with the exception of financial data, will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).
- If the State deems redacted information to be subject to FOIA, the vendor will be contacted prior to release of the documents.

- The State has no liability to a vendor with respect to the disclosure of the vendor's confidential information ordered by a court of competent jurisdiction pursuant to FOIA or other applicable law.

Responses to this RFI shall be provided no later than **4:00 PM, Central Standard Time, Thursday December 5, 2019**. Responses shall be submitted to:

Department of Human Services

Procurement Office

Attn: Nawania Williams

700 Main Street, Slot W345

Little Rock, AR 72201

7 Vendor Costs

Vendors are responsible for all costs associated with preparing a response to this RFI. The state of Arkansas, Department of Human Services, will not be responsible for any vendor costs associated with preparing a response to this RFI.

8 Questions

Administrative and/or procurement related questions concerning this RFI should be submitted in writing via email to:

Nawania.Williams@dhs.arkansas.gov

All responses to questions received will be made, in writing, directly to the sender.

9 DMS Website

Additional information about the Arkansas Department of Human services can be found on the DHS website at: <https://humanservices.arkansas.gov/>