



RFI# MED-19-029, MMIS Modernization

THIS IS NOT A REQUEST FOR PROPOSAL

Request for Information Notice

The Iowa Department of Human Services (DHS) will be receiving responses to a Request for Information (RFI) until 3:00 p.m.

(Central Time) May 8th, 2019 for:

RFI# MED-19-029

MMIS Modernization

System Integrator Services

Module Solution Procurement

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1. OVERVIEW

1.1. RFI PURPOSE

The Iowa Department of Human Services (“Agency”) is in the process of replacing its existing Medicaid Management Information System (MMIS) with a modularized solution based on a common technical architecture, as part of the Modernizing the Exchange of Information within the Medicaid Enterprise (MEME) Project.

The intent of this RFI is to explore the viability of the Agency’s planned approach and seek feedback from the vendor community to inform future planning.

The Agency is interested in receiving responses from a diverse group of MMIS vendors (i.e. specialized component solution vendors, end-to-end MMIS vendors, and commercial or health plan vendors). In addition, this RFI contemplates feedback from System Integrators (SI) capable of integrating these solutions into the common architecture.

Vendors interested in responding to this RFI must provide responses as directed in Section 5 and submit the final response to the Agency by the due date.

Two Vendor Submission Documents are available for Vendors to submit responses as part of this RFI:

- Appendix A – MED-19-029 SI Vendor Submission Document
- Appendix B – MED-19-029 Module Vendor Submission Document

Vendors are welcome to submit one or both submission documents.

1.2. AGENCY’S EXPECTED OUTCOME

With the first phase of future procurements, the Agency intends to achieve the objectives outlined in Section 2 while focusing scope on the proposed activities outlined in Sections 1.3 and 1.4 below. The Agency hopes to hear innovative ideas and opinions about how Iowa can enhance its approach to delivering these services in a manner that aligns with national best practices and evidence-based methods and to connect payment to expected outcomes.

1.3. SYSTEM INTEGRATOR (SI) VENDOR SERVICES

The Agency envisions a SI vendor will provide a diverse set of IT integration services related to infrastructure, applications and technology-enabled solutions. The vendor will be instrumental in the transition from the current MMIS environment to the desired MEME vision including the essential communication, cooperation, and collaboration with other vendors for successful integration outcomes.

The vendor may be asked to provide integration feasibility information related to components and COTS products through the project lifecycle. However, the vendor will have no direct role in future procurements. Only the Agency has contractual authority over the component/COTS product vendors.

See Appendix C – MEME DDI Responsibilities for additional detail regarding the proposed division of project responsibilities between the Agency, SI vendor, and Module vendors.

Working under the direction of the MEME project team, the Agency envisions a SI vendor would help to establish standards and ensure that all modules work together seamlessly and securely with external systems, and:

- Ensures that overall security and privacy remain intact when various modules and components are integrated

- Manages, coordinates, and supports the work of multiple MMIS module vendors
- Ensures modules are being installed using appropriate interoperability standards
- Manages risks that may arise when schedule or technical slippage in one module affects other modules
- Cooperates with the Agency appointed MEME project manager, *and* the Independent Verification & Validation (IV&V) contractor to give an accurate, honest reporting of project status
- Provides planning services including:
 - Assistance in developing goals and objectives
 - The implementation of best practices outlined in the MITA Concept of operations
 - Any further functional and non-functional needs analysis related to the Scope of Work
 - Continuity of operations and disaster recovery planning
- Provides management framework services including:
 - Review and optimization of MEME Enterprise architecture, modeling, and integration
 - Continuity of operations and disaster recovery planning
- Provides functional implementation services including:
 - Integration, modeling, and alignment of MEME business and information architecture
- Provides technical implementation, including, but not limited to:
 - Environment/infrastructure
 - Network services
 - Enterprise service bus
 - Single Sign On/Identity/Access management and portal integration
 - Integration of procured modules anticipated (Member, Recipient Billing, Member Portal, Encounter Management) with Legacy core (Financial, Eligibility (ELIAS))
 - EDI workflow and transaction file sets for 820, 837, 835, and 834 files
 - Platform services layer, data services layer, master data
 - Enterprise services registry
 - Standards selection
 - Security architecture and framework
- Delivers Data Warehouse enhancements and Data/Analytics Maturation
- Collaborates with the Department of Information Technology (DOIT) and the MEME Project to build the infrastructure and deliver the following services:
 - Design and implementation of the technical architecture, including:
 - Enterprise Data Warehouse
 - Multiple data marts (anticipating financial, provider benchmark, Quality, operational, self-service)
 - ETL transformation of data
 - BI and analytics tools framework for self-service and usage
 - Establishment of the tools, processes and operational capabilities required to ensure data integrity, version control, and change management
 - Development and maturation of the end-to-end data management process, including
 - Data governance
 - Master data management
 - Data models, data definitions, etc.
 - End-to-end construction of a selected set of Business Intelligence (BI) and/or reporting capabilities, with the dual goals of accelerating the delivery of end-user

capabilities and providing practical frameworks for use cases that will enable the design of the Enterprise Data Warehouse (EDW)

1.4. SYSTEM MODULE PROCUREMENT

The Agency is exploring appropriate system modules to deliver the initial Healthy and Well Kids in Iowa (Hawki) population (see Section 3.2 for information on this separate CHIP program) while providing scalability to support the integration of other populations in the future, as described in Section 3. The modular solutions must be highly flexible and configurable to accommodate future requirements, meet the Medicaid Information Technology Architecture (MITA) framework, and consist of modular product packaging aligned with the MITA Maturity Model.

As the Agency advances its managed care model to meet value-based initiatives, the goals from this first phase are to validate and improve:

- Member engagement
- MCO alignment with healthcare objectives
- Accuracy and timeliness of transactions between the Agency and MCOs
- Accuracy of rate setting
- Population Health
- Quality
- Utilization performance metrics related to adherence, avoidance and cost
- Program Integrity (Fraud Waste and Abuse) accuracy and payment recovery

2. MMIS MODERNIZATION PROJECT SUMMARY

2.1. BACKGROUND

The Agency is responsible for operation of the state Medicaid program under Title XIX of the Social Security Act. The Agency operates this program through its business unit, the Iowa Medicaid Enterprise (IME). Please refer to Appendix D - Current Program and Technical Architecture Overview for additional details regarding the current IME operating environment.

On December 4, 2015, CMS published a final rule, “Mechanized Claims Processing and Information Retrieval Systems (90/10),” which became effective January 1, 2016. This final rule revised the conditions and standards state Medicaid IT systems must meet to qualify for enhanced federal funding to better support Medicaid eligibility, enrollment, and delivery systems. This final rule also supported existing requirements for modular systems development. SMD#s 16-004, 16-009, 16-010, and 18-005 provided further guidance on this final rule, APD enhanced funding requirements, modularity, and reuse.

Iowa’s goal is to develop the best overall MMIS strategy to achieve the most cost effective and administratively efficient MMIS modular solutions consistent with the guidance provided above and in the CMS Medicaid IT Supplement (MITS-11-01-V1.0) Enhanced Funding Requirements: Seven Conditions and Standards.

2.2. VISION STATEMENT

The Agency envisions implementing a flexible and modular MMIS that supports both Managed Care and Fee-for-Service (FFS) processes across the evolving health care landscape; serves as an enterprise payment, invoicing, and collection module; and provides the foundation for improved health outcomes and quality of care for Iowans.

2.3. GUIDING PRINCIPLES

A new MMIS:

- Contributes to the state’s overall goal of providing healthier outcomes for Iowans, improving efficiencies, and enhancing consumer experience while reducing cost of care
- Fits into a larger statewide IT ecosystem where appropriate and possible
- Allows for easier alignment of provider, MCOs and health initiatives in driving quality improvement and value based payment reforms, while improving accuracy and transparency
- Considers the “whole person” context as people change coverage frequently...especially “churn” in and out of Medicaid (and in & out of the different programs in Medicaid)
- Maximizes the use of cost-effective, industry-related, and application-ready Commercial Off-The-Shelf (COTS) technologies wherever feasible
- Integrates “best-of-breed” solutions
- Provides flexible rules-based technology to adapt to a dynamic health care industry and evolving state and federal standards, regulations, and processes
- Aligns with the business objectives of the IME and with current and any future federal and state regulations
- Supports the coordination of care and benefits among State Agencies and Public Health programs to support improved health outcomes of our members
- Provides capabilities to support provider and member centric business models
- Provides comprehensive and adaptable analytic reporting capabilities to support IME program needs

2.4. STATEMENT OF OBJECTIVES

The Agency envisions implementing a MMIS Modernization solution that aligns with the Agency's technical standards and leverages its previous technological investments. MMIS modernization should also be leveraged as part of an overall coordinated strategy of CMS funded initiatives and technology, including the Health Information Technology (HITECH). The following information details Agency and CMS objectives:

2.4.1. Agency Objectives

- **Enterprise Solution:** The Agency is seeking Medicaid-focused solutions provided by healthcare as well as commercial market vendors. The MMIS solution will provide a framework to support the broader Agency Enterprise and will serve as an information gateway for all Agency stakeholders. The solution must support effective automation and paperless transactions across traditional program lines, facilitate data access and exchange in real-time while ensuring compliance with privacy and security and enable effective and timely transfer of information to program users. In addition, the solution is envisioned to include a consolidated, easy-to-use and appealing user interface (e.g., portal, social media, call center) to provide an enhanced customer service experience for providers and clients.
- **Enterprise Data Warehouse (EDW):** The Agency's EDW is an evolving enterprise data storage and retrieval system for health care, provider, and eligibility data. It is the Agency's primary data and analytics repository. MMIS-related data includes claims, encounters, and prior authorizations. The Agency is looking to enhance and mature its data and analytics function by using data lakes, and enhancing or replacing, in whole or in part, the Enterprise Data Warehouse to meet rapidly changing value-based payment and managed care models. Establishment of mature Master Data Management (MDM) and Enterprise Information Management (EIM), as well as the integration of data from disparate systems will ultimately drive healthier outcomes.
- **Rules-Based Solution:** The Agency's goal is to implement a flexible, rules-based MMIS solution to support IME's Medicaid business environment. The intent is to automate manual processes whenever possible to improve productivity and accuracy.
- **Interoperability:** The Agency's goal is for the MMIS solution to seamlessly integrate with other enterprise systems to drive proper utilization of benefits, healthier outcomes and future population health initiatives.
 - **Eligibility (ELIAS)** The Agency's existing eligibility system (ELIAS) will be the source of eligibility for future MMIS solutions. This system houses information related to member eligibility for a variety of public assistance programs, including Medicaid. Future MMIS solutions will be required to interface with ELIAS for eligibility information, which may necessitate enhancement to the current ELIAS solution.
 - **Health Information Network (HIN)** Future capabilities to connect with Iowa's strategy for an evolving health information exchange to communicate with other stakeholders (e.g. clinics, lab) to drive a 'whole person' approach to population health and care gap initiatives. A link to the Iowa state Governor's Roundtable highlights this objective: https://dhs.iowa.gov/sites/default/files/SIM_RoundTable_Recommendations_Sept2018.pdf
- **Leverage best of breed options including on premise and cloud environments:** The Agency plans to select the appropriate mix of on premise and cloud technologies to leverage efficiencies, speed to value, responsiveness and reduce total cost of ownership (TCO).
- **Common Architecture leveraging Service-Oriented Architecture (SOA):** The Agency will identify common process and/or system functions across business areas that benefit from exploiting the new common architecture and services (e.g., application, verification, enrollment, communication, inquiry, and disenrollment) as well as leverage rich API sets to create seamless interoperability while meeting defined business requirements.

- **Web-based User Interface:** MMIS solutions provide web-based access that is browser agnostic and allows for mobile enablement.

2.4.2. CMS Objectives

The future-state MMIS solution must satisfy the following CMS requirements:

- **Modular:** Use a modular approach that is design-independent and has modules that can be changed without extensive impact. The modular approach is intended to create a framework aligned with MITA Version 3.0, which supports the Agency's goal of operating Medicaid functions at a MITA maturity level 3 in all business and technical areas. This approach will result in multiple, strategically timed procurements and implementations that allows IME to consider best of breed functionality, (commercial and healthcare) solutions – to meet the “to be” business objectives and capabilities defined in the MITA 3.0 SSA.
- **Compliant with Federal Standards:** Comply with the CMS Seven Conditions and Standards (SCS); promote the use of industry standards for information exchange and interoperability, and provide a seamless business services environment for users. The MMIS must comply with CMS MITA 3.0 requirements as well as with all other applicable Federal requirements and standards. Solutions must be aligned with the MECT Enterprise Certification Checklist (See Section 3.5)
- **Eligible for Maximum Federal Financial Participation (FFP):** Is designed and implemented to qualify for and secure enhanced FFP for development, implementation and operation of the MMIS. Development and implementation of the modular MMIS solution must be done in a way to ensure CMS certification. The SI vendor must support the Agency in maintaining eligibility for FFP for the design, development, installation and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 CFR 433.112, by implementing a modernized system that meets the certification conditions specified by Federal regulation.
- **Tools Driven:** Provide information management and business intelligence tools to assist the Agency in effectively managing Medicaid and related health and human service programs.
- **Adaptable:** The MMIS solution is intended to encompass technology-enabled elements and services as well as Business Process Outsourcing (BPO) modules. The Agency's goal in adopting this approach is to provide an extensible, flexible and soundly designed framework that can adapt over time to changing programmatic needs, solution approaches and technologies. The MMIS solution must be standards based to facilitate interoperability and maintainability. The Agency seeks to implement a flexible, rules-based, modular, configurable solution to enhance decision-making and increase management efficiencies. The Agency seeks to use Service Oriented Architecture (SOA) principles to deliver interoperability to support modernization and enable continual enterprise evolution to meet evolving business needs. In addition, the Agency seeks a highly configurable and flexible system that can enable the expansion of technological capabilities to other State and Federal agencies and incorporates the capability to take timely advantage of changing technology.
- **Sustainable:** Working hand-in-hand with the adaptability objective, an MMIS solution that can be efficiently sustained and affordably maintained throughout its life offers enhanced program support and customer experience. It is imperative that a balance is achieved to deliver a modular and extensible networked system while sustaining quality data, integrity of Medicaid program operations (and those of other Enterprise participants) and offering adaptability to meet changing needs.
- **Service Focused:** Technology-based modules should be modifiable by user configuration, rather than through constant custom coding that would result in yet another one-off MMIS. Modules should offer adaptable services that can take advantage of evolving technology and/or expanded capacity and that allow Commercial-Off-The-Shelf (COTS) products to be installed, integrated

and upgraded through scheduled releases when such installations are appropriate and to the Agency's advantage.

2.4.3. Agency Challenges

The Agency is familiar with the many challenges involved in integration of MMIS modules to create an enterprise solution that meets the Agency's vision /objectives. Those challenges include the following:

- No standards for the exchange of data between MMIS modules – Data is currently exchanged between MMIS sub-systems in custom, proprietary formats. Many MMIS modular solutions available in the market today utilize proprietary formats and services for data exchange.
- No standard MMIS data models – The Agency utilizes a mainframe core processing system. The data model has evolved over time to reflect the Agency's business needs, but has not been aligned with external standards. The Agency anticipates and has experienced significant differences in the data models with available modules from the existing MMIS data model.
- No standard MMIS modules – There is no defined list of MMIS modules or standards for the functionality included in each module. This lack of standards inhibits the development of services that would be included in each module and “plug and play” integration with other MMIS systems.
- No clear definition of the responsibility of each MMIS module vendor for interfaces between modules – Due to the lack of standards for integration and data models, the interfaces between the MMIS modules are mostly custom and sometimes require middleware to reformat or transform the data. The interfaces also require ongoing monitoring and support with difficulties determining which part of an interface (source, target, or middleware) is causing issues. Developing and supporting these interfaces requires coordination and cooperation between the vendors.
- Existing MMIS management and staffing model – The Agency is currently staffed for managing the existing number of system contracts based on the model of system integration services and technical expertise being provided by the MMIS solution vendors.
- The Medicaid Program is changing and continues to become increasingly complex – Many changes are being discussed in Congress related to funding for the Medicaid Program. In addition, the Agency recently transitioned to a managed care model.
- Data integrity issues – Continual changes to dated technology have resulted in multiple data integrity scenarios in the legacy environment that must be resolved as part of the transition to modern technology. For example, provider identification data inconsistencies between legacy systems and MCO encounter data create reporting and data analytics issues.
- System integration does not end when system implementation is complete – System integration is an ongoing function within an enterprise solution requiring constant monitoring, maintenance, and support. In addition, the constantly changing business needs and technology require ongoing changes to systems and integrations.

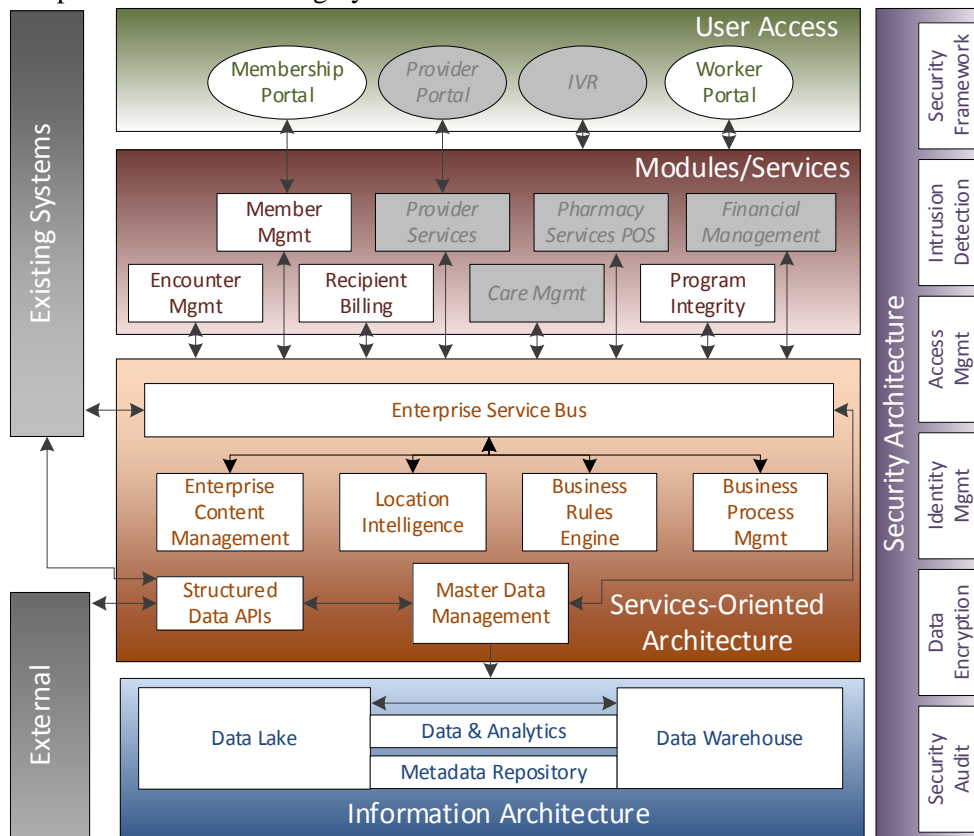
3. IMPLEMENTATION STRATEGY

The modernized Medicaid platform is expected to fully replace a large number of current legacy systems and interfaces, resulting in a complete transformation of business processes, technical systems, and data flows/structures. To minimize implementation risk, the Agency plans to transition to the modernized platform in phases by population.

A high-level, conceptual overview of the Agency’s proposed approach is provided in Appendix E – Conceptual MEME Implementation Approach.

3.1. FUTURE-STATE ARCHITECTURE

The below diagram reflects the currently planned future-state architecture. Post phase 1 user and module components are shown in gray.



3.2. PHASE 1 – HAWKI

The Agency selected the Hawki population as the first population to be migrated to the modernized platform. The Hawki program is currently managed in a third-party-operated system independently from the Core MMIS mainframe. A project is in progress to integrate Hawki into the Core MMIS systems with a target completion date of 7/1/2019. The documentation and lessons learned from the current migration effort will be a key input to the initial Hawki migration into the new modernized architecture.

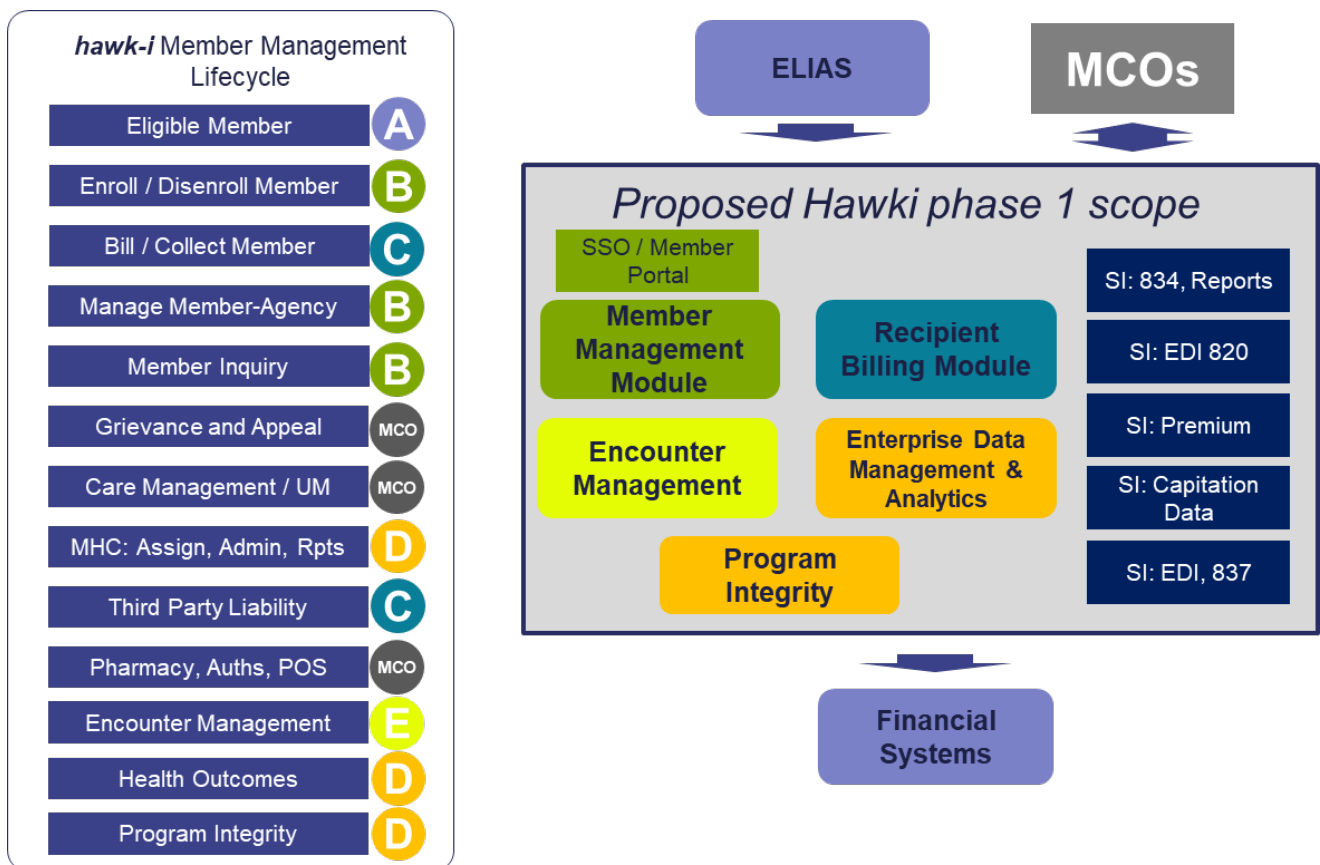
Hawki, federally known as Children’s Health Insurance Program (CHIP), serves uninsured children up to age 19 in families with income too high to qualify for Medicaid but that can’t afford private coverage. Under Iowa rules, a family of four may qualify for Hawki coverage for their children if the family’s annual income is between \$42,000 and \$76,000. The program has helped reduce the uninsured rate in Iowa, bringing it down to roughly 3%. Some of the benefits covered though Hawki include: routine

check-ups, immunizations, doctor visits, prescriptions, dental and vision care, emergency services, and inpatient and outpatient hospital care. This program is important to Iowa’s legislators and is commonly the subject of data reporting requests to understand access to care, utilization, financial projection, outcomes achieved, and overall program statistics.

Delivery of the Hawki population will be sequenced in the context of end-to-end business processes that manage the entire member lifecycle. Administration of a Hawki member in the future state will include an integrated approach to multiple systems. The existing income verification and eligibility system, ELIAS, will be integrated with a new member module to administer enrollment, communication with health and dental plans for rosters, capitated rates/fee schedules, appeals, reporting, and annual review. Additionally, payment processing and status will be integrated with a recipient billing module to handle the member’s financial responsibility. Status changes to MCO, waitlist (possible future status where a member could be waitlisted for Medicaid based on configurable criteria), appeals, and disenrollment of the member will be tracked. Certain changes to a member will be allowed through a member portal (e.g. address). The implementation of a rules based encounter processing solution will optimize the accuracy and ingestion of actual encounters from the MCOs, providing new insights in utilization, costs, and population health initiatives.

3.3. MODULE PROCUREMENT STRATEGY

The Agency plans to procure the modules required to support the above business processes during phase 1 of the project, then add subsequent modules as needed in future phases to accommodate additional populations/requirements.



3.3.1. Phase 1 Module Procurements

The following modules are anticipated as part of the Hawki implementation:

3.3.1.1. Member / Recipient Management

The recipient subsystem is the source of all eligibility determination data whether generated by the Agency or by the MMIS. The information contained in the MMIS eligibility file is used to support claims processing, management and administrative reporting, surveillance and utilization review reporting, managed care functionality and TPL. The recipient subsystem must meet or exceed all federal and state requirements for a Medicaid recipient subsystem. The purpose of the Member Management module is to accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for medical assistance in Iowa and for supporting analysis of the data contained within the Member database. The maintenance of Member data is required to support Iowa eligibility verification, claims processing and reporting functions. The Member management function maintains an accurate and current identification of a Member's eligibility for both Medicaid and Medicare. The Member management function must also contain historical Member information that supports claims adjudication and audit requirements according to Iowa records retention rules. The Agency determines which individuals are eligible to receive benefits under the Iowa Medical Assistance program and sets limitations and eligibility periods for those individuals. The Agency's ELIAS eligibility verification system is responsible for transmitting, either electronically or by other approved media, eligibility data elements required to maintain the MMIS recipient eligibility file on both a daily and monthly basis.

The Member Management module should also provide:

- Tracking the member through different eligibility periods with enrollment
- Flexibility in terms of configurable fields to support potential future requirements to accommodate the Agency's changing approach to the management of its public assistance programs
- Online, real-time updates to the recipient record with the appropriate user capabilities (for example, a customer service representative should have the ability to change certain data pertinent to the member, e.g. MCO request, address, etc.)
- Status of payments, correspondences, waitlist (an option which may be required in the future should rules change for enrollment), and appeals

3.3.1.2. Member Portal

The member portal is intended to provide a 'one stop' destination for accessing benefits, charges, educational information, and other Agency communication pertinent to the individual member, while allowing certain member generated changes or requests for changes. A benefit to the Agency would be that increased adoption of a portal would decrease customer service calls while improving patient relations. The member portal complements and seamlessly integrates with an existing eligibility and income verification portal operated by the Agency within the ELIAS system. The potential to integrate MCO benefit information complements a holistic view of the member. Features desired include, but are not limited to the features below:

- Demographic Information
- Eligibility Information
- Enrollment Information
- Benefits under covered program
- MCO change request
- Service Authorization
- Charges and Payment setup
- Third Party Liability and Recovery Information
- Enterprise single sign on capabilities
- Enrollee Reimbursement Information
- Enrollee Correspondence

- Enrollee Invoices
- Claim History

3.3.1.3. Recipient Billing Premiums

The recipient billing module applies rules and payment criteria to process the revenue cycle management of premium payments for Hawki, including third party liability, Notices, Delinquency, ACH, and credit card. This may be part of a more comprehensive multipurpose financial system.

3.3.1.4. Encounter Management

Encounter Management represents a single platform for all lines of business (LOB). Regardless of line of business, the solution should be system-driven and incorporate the following:

- Capability to ingest all types of 837 formats from EDI Support Services (or similar clearinghouse functionality you might provide)
- Receipt of accepted and rejected EDI transactions
- Inbound file validations
- Validate per State/CMS business and compliance rules for completeness and accuracy
- Route rejected transactions to workflow for root cause and analysis
- Update Activity and Disposition of file and encounter level data
- MCO outbound review, reconciliation and reporting

Encounter Management should provide full visibility of the complete encounter data submission process through a web-based user portal along with dashboards to manage and monitor file level submissions and reconciliation, and track the claim-to-encounter lifecycle. Encounter Management tracks the end-to-end lifecycle of all file level and encounter level transactions submitted to the responses received from CMS and the State.

Once encounters are received, the system will provide prioritized activities (through registries) of specific problem areas and provide workflow automation for tracking and resolution. Through a combination of dashboards and workflow management, it provides the ability for summary and detail level information about exceptions generated, using varying techniques of prioritization, based on the Agency's requirements.

The solution also provides aging dashboards for oversight to manage and monitor the exceptions being triggered through the internal validations and ensures that encounters are being reviewed and corrected in a timely manner.

Encounter Management provides full visibility of the complete encounter data submission process through a web-based user portal, along with dashboards to manage and monitor file level submissions and reconciliation, and tracking the claim-to-encounter lifecycle.

Encounter Management tracks every step of the claim and encounter lifecycle so end users will know where every transaction is at any point in time. Within the solution, at both the file and claim/encounter level, there would be an 'Events' type tab that will provide a list of all steps the transactions have gone through. Details within the Events tab include when processes started and completed, any exceptions generated through the process, along with any updates made by users when transactions failed and sent to the workflow for correction.

3.3.1.5. Enterprise Data Warehouse – Data & Analytics Maturity

The Enterprise Data Warehouse (EDW) will provide data warehousing and data integration capabilities for data to be shared across system boundaries, and will include historical data, data required for real-time operational data stores, and the analytical tools needed for accessing the data using advanced and

predictive data analytics. Data integration tools will also enable many types of data services through data integration capabilities within a Service Oriented Architecture (SOA). In addition to integrated data structures optimized to perform fast retrievals of relatively large volumes of data for analytic processing, the EDW may need to support both Online Transaction Processing (OLTP) and Online Analytic Processing (OLAP) through the EDW information management infrastructure. All of these structures and tools must function with robust role-based security that complies with HIPAA, Federal and State Medicaid law, and other industry and government standards.

The current EDW is not a traditional OLAP or normalized structure. It is Oracle based and represents a myriad of Operational Data Store (ODS) and operational backup tables. It currently supports internal and external stakeholders with canned reports, EDI requests, and other operational reports.

The Agency needs a comprehensive EDW solution that is designed to provide greater information sharing, broader and easier access, enhanced data integration, increased security and privacy and strengthened query and analytic capability by offering a unified data repository for reporting and analytics. An EDW solution capable of storing all data required for the administration and operation of the Medicaid program is necessary for the successful implementation of the Iowa Medicaid vision of a modular MMIS, achieving advanced MITA maturity. The EDW solution must scale to meet the progressive data needs of the MCO program, preserving an ever-growing history of information from disparate data sources. The EDW will enable a storage architecture designed to hold and combine data extracted from disparate systems and external sources (including but not limited to claims, encounters, EMR data, EHR data, Lab, Pharma, research demographics, socio-economic) into a coherent, organized data model. As part of the DHS infrastructure, the EDW will be vital for managing disparate data sets across the DHS, and providing the architectural solution for decision-makers to access data for enterprise-wide data analysis and reporting. The Agency currently has an Enterprise Architect and team to standardize on and deploy Master Data Management (MDM) & governance tools, ETL strategy/tools, and COTS business intelligence and data analytics tools, such as PowerBI, Oracle solutions. The implementation strategy calls for the support of population health and payment reform, to improve health outcomes as well as to enhance the Agency's organizational decision-making activities to manage the effectiveness of the managed care program, fraud, waste, and abuse detection and prevention. The Agency will continue its current efforts with the goal that the new EDW vendor will provide additional high quality reporting and analytic capabilities that leverage an industry-leading suite of reporting and business intelligence tools.

The Agency is planning to advance its Data and Analytics Maturity Model, specifically in the areas of predictive modeling, risk analysis and mitigation, and data for strategic planning (Big Data).

The Agency is currently procuring data lake and data analytics solutions that are expected to be implemented prior to the initiation of the MEME project DDI phase.

3.3.1.6. Program Integrity

The Program Integrity solution is designed to provide statistical information on recipients and providers enrolled in the Iowa Medicaid Program. The subsystem features effective algorithms for isolating potential mis-utilization. Also, it provides an integrated set of reports to support the investigation of that potential misuse. The program should target at a minimum, utilization and claims data from our EDW/data lake solution to identify fraud, waste and abuse in Iowa's Medicaid Program, and produce CMS mandated reporting. This solution must be CMS-certified.

3.3.2. Module Procurements Post Phase 1

The Agency anticipates procuring the following modules after phase 1, corresponding to the needs of each incremental population:

- Claims Processing

- Provider Management / Services
- Care / Utilization Management
- Grievance and Appeals
- Pharmacy Services

3.4. ONGOING PHASES

Future project phases will be organized by population. Additional modules and other technical integrations will be developed to support unique requirements of each population and the additional services provided to that population. Changes will be made to existing modules and components to support each new population. Below is a tentative list of other Medicaid populations/programs:

- Managed Care for parents and caretakers, pregnant women, newborns, and children under 19, Aged, Blind, and Disabled
- American Indians / Alaska Natives
- Health Insurance Premium Payment (HIPP)
- Iowa Health and Wellness Plan (IHWP)
- State Family Planning Program (FPP)
- Medicare Savings Program (MSP)
- Medically Needy (Spendedown)
- Medicaid for Employed People with Disabilities (MEPD)
- Long Term Services and Supports (LTSS)
- Dual Medicare eligible
- PACE (Program for All-Inclusive Care for the Elderly)
- Foster Care / Adoption Assistance

The Agency intends to deliver each population phase using a “Minimum Viable Product” mindset. Features determined to be non-critical to Medicaid processing are expected to be kept on the product backlog until all populations are migrated to the modernized platform. A project phase is planned after the final population migration phase to deliver these backlog items in priority order.

3.5. MECT TRACEABILITY

A future MMIS solution(s) must meet all Medicaid Enterprise Certification Toolkit (MECT) checklist items for the DDS checklist, which can be accessed through the following link:

<https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html>

4. PROJECT MANAGEMENT

The Agency is building an enterprise PMO as well as a program governance structure to manage the modernization portfolio. Project management and architect roles required to execute the project will be staffed by the Agency.

At the time of this RFI, the Agency is completing the necessary steps to obtain CMS approval and funding for the project DDI phases. The current initiation phase will also produce the following deliverables in preparation for executing RFPs and contracts for SI vendor services and future modules:

- DDI Project Management Plan
- Test Strategy
- Data Governance Policies
- Data Governance Standards
- Technical Governance Policies
- Technical Governance Standards
- Middleware Management

These deliverables will further define the structure and execution framework to be followed by the Agency, SI vendor, and other module vendors throughout the DDI Phases.

4.1. PROJECT ORGANIZATIONAL STRUCTURE

The Agency is seeking feedback as part of Appendix A - MED-19-029 SI Vendor Submission Document regarding the organizational structure of the project required to most effectively deliver the planned scope.

4.2. AGENCY AND VENDOR RESPONSIBILITIES

The Agency plans to fulfill project management responsibilities and governance functions during the DDI phase. However, the Agency may at any time request the sourcing of an Agency project role with a qualified vendor individual.

See Appendix C – MEME DDI Responsibilities for the Agency’s proposed division of responsibilities between the Agency, SI vendor, and Module vendor.

4.3. DELIVERY APPROACH

4.3.1. Methodology

The Agency intends to employ the Scaled Agile Framework (SAFe) model to deliver MEME project scope. Teams are expected to have experience executing agile processes and operating using agile terminology, ceremonies, and reporting structure.

The SAFe framework is publically available – see <https://www.scaledagileframework.com/> for additional detail.

4.3.2. Project Tools

The Agency is in the process of procuring and configuring the software products planned to manage the delivery of the MEME Project. Vendor staff will utilize Agency software and tools in the performance of contracted work. The following products will be leveraged in the delivery of the MEME project:

| Software Product | Purpose |
|------------------|--|
| Project Online | <ul style="list-style-type: none">• Actuals hours reporting• Executive status reporting |

| Software Product | Purpose |
|---|---|
| Azure Dev Ops | <ul style="list-style-type: none">• Development code repository• Work tracking and reporting |
| Sparx Enterprise Architect | <ul style="list-style-type: none">• Business architecture documentation• Technical architecture documentation• Information architecture documentation |
| Regression / Test Management Software (product TBD) | <ul style="list-style-type: none">• Functional test planning and execution• Regression test planning and execution |
| Data Governance Software (product TBD) | <ul style="list-style-type: none">• Data Governance• Metadata repository |

Vendor staff will receive Agency-provided hardware and access to required project tools as part of the onboarding process.

5. RFI PROCESS AND RESPONSES

5.1. 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 | 3/21/2019 |
| Written questions regarding the RFI are due | 4/5/2019 by 3:00 p.m. CST |
| Agency responses to vendor questions | 4/19/2019 |
| Respondent's final written responses are due | 5/8/2019 by 3:00 p.m. CST |
| Module Demonstrations | 5/20/2019 – 5/31/2019 |

5.2. 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 5.1. 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 Kjones1@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. If interested parties do not have access to email, contact the issuing officer to arrange submission of questions by the deadline noted in Section 5.1.

Responses to the questions will be posted with the previously-posted RFI 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 5.1.

5.3. VENDOR RESPONSES

Parties responding to this RFI do not need to return this entire document; rather, please complete one or both of the submission documents titled Appendix A – MED-19-029 SI Vendor Submission Document and Appendix B – MED-19-029 Module Vendor Submission Document and submit the documents and required supporting documentation as an email attachment to:

Kristin Jones
Address:
611 5th Avenue, 3rd Floor
Des Moines, IA 50309
Phone: (515) 725-1330
Email: Kjones1@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 5.1. If respondents do not have access to email, please contact the issuing officer to make other arrangements for submission.

5.4. MODULE DEMONSTRATIONS

Vendors indicating a desire to present a demonstration (by indicating interest in question #2 of Appendix B - MED-19-029 Module Vendor Submission Document) to the Agency will be scheduled into demonstration windows during the weeks of 5/20/2019 – 5/31/2019 between 8AM and noon. 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 demonstrations that correspond directly to the phase 1 business process scope. Specifically, the completion of the following end-to-end business processes:

- Member Management, including initial enrollment and ongoing change processing
- Encounter processing, including EDI and encounter shadow claims
- Member premium billing / payment processing and reconciliation

The Agency reserves the right to accept demonstration requests only from vendors committing to demonstrate one or more of these business functions.

Vendors should come prepared to discuss / show the following:

- How the software can be integrated into the Agency's common architecture
- How the Agency can easily configure the software to implement changing / future business rules and requirements without customizing/deploying new code

6. GENERAL INFORMATION

6.1. GENERAL TERMS

- 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.

6.2. 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.

6.3. 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.

6.4. ALL RESPONSES ARE TREATED AS PUBLIC INFORMATION

With the submission of a response, each respondent agrees that information submitted in response to this RFI will be treated as public information and that no part of the response will be treated as confidential. The Agency's release of information is governed by Iowa Code chapter 22. The Agency will copy or share public records as required to comply with public records laws.

6.5. 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.

6.6. 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.