



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 24, 2013

HSS 13-012

DELAWARE MEDICAID ENTERPRISE SYSTEM
FOR

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Date Due: August 7, 2013
11:00AM

ADDENDUM #1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID. Pre-bid meeting
questions and answers.

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Additional State Agencies Supported by DMES

Delaware Health and Social Services (DHSS) wishes to utilize the Delaware Medicaid Enterprise System (DMES) to satisfy additional needs of State agencies that are closely associated with DMMA. Adding select programs from other agencies will eliminate duplicative claim processing efforts, reduce existing information exchange processes, and improve coordination between the agencies. Existing requirements will satisfy the needs of these agencies and cover basic fiscal agent duties, business processes, and system processes. The selected vendor will handle the claim processing, payments, and provider enrollment for these agencies as well as incorporate the additional programs into all reporting and tracking. Each agency will provide the necessary data and logic to incorporate these programs into the system including rates, edits and audits, funding codes, vendor taxonomies, etc. DHSS does not anticipate any increase in DDI cost related to incorporating these services.

A small set of programs will be new and will slightly increase the claim volume and member quantity anticipated in the DMES. These agencies will be responsible for the funding for services beyond what Medicaid covers and for any non-Medicaid services. The vendor will need to provide staff to accommodate the agencies' technical and business requirements, make system changes and enhancements, provide provider service functions, and perform claims resolution activities in accordance with methods of correction for pended claims. While these are all services to be performed by the vendor for DMMA, separation of duties is necessary to prevent interference with the priorities of each agency. Therefore, unique, especially related to non-Title XIX and Title XXI operational and enhancement costs, will be the financial responsibility of the agency requiring the change. Priorities will be maintained separately by the agencies and vendor staff where possible. Each agency will participate in the design and testing. DHSS requires the selected vendor to bill non-DMMA agencies directly for these costs where necessary.

Bidders should take into consideration the addition of the following agency programs and estimated member and claim volume when responding to the requirements of this RFP.

Department of Services for Children Youth and Family (DSCYF)

Total clients = 3,000

Clients not previously counted in DMES statistics = 900

Additional Claim volume not previously counted in DMES statistics = 150,000 per year

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Currently, Medicaid pays DSCYF for Behavioral Health services provided to Medicaid children. DSCYF pays their providers directly and submits an encounter to the MMIS. For the future, it is anticipated that a more traditional process will be implemented; that is, the provider of the service will submit the claim and be paid directly. The MMIS must be able to accept these claims directly for this program as well as incorporate providers and reimbursement for non-Medicaid clients. The claims for this population are mainly professional and institutional inpatient and outpatient behavioral health services; may include pharmacy; but transportation services are not likely. While most providers are already enrolled with Medicaid, approximately ten providers who do not provide services for Medicaid will be added.

Division of Public Health (DPH) – Screening for Life (SFL) program

Total clients = 12,000

Clients not previously counted in DMES statistics = 12,000

Additional Claim volume not previously counted in DMES statistics = 12,600 per year

Requirements have been defined for DMES to support the DPH Cancer Treatment Program. Additionally, DMES will support the Cancer Screening Program, Screening for Life (SFL) /Community Healthcare Access Program (CHAP) by enrolling DPH providers and processing claims. These are non-Federally funded programs, that is, they are non-Title XIX and non-Title XXI.

SFL pays healthcare providers to perform breast, cervical, prostate and colorectal cancer screenings and diagnostic procedures to uninsured or under insured persons throughout Delaware who meet specific requirements. SFL also provides public and professional education and performs program evaluation.

CHAP provides access to primary care doctors, medical specialists, and help with access to other health resources—including prescription programs, and laboratory and radiology services. Medical services are provided in the community through community-based Health Care Centers and by private doctors who participate in the Medical Society of Delaware's Voluntary Initiative Program (VIP).

The State expects a reduction in this population in 2014 once Medicaid eligibility is expanded and exchanges are functional.

Division of Substance Abuse and Mental Health (DSAMH)

Total clients = 4,375

Clients not previously counted in DMES statistics = 1,338

Additional Claim volume not previously counted in DMES statistics = 36,500 per year

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DSAMH will utilize DMES to process claims for clients receiving services for mental and behavioral health through community-based behavioral health and recovery support programs, mental health group homes, and inpatient hospitalizations

Division of Developmental Disabilities Services (DDDS)

Total clients = 2000

Clients not previously counted in DMES statistics = 1,500

Additional Claim volume not previously counted in DMES statistics = 70,000 per year

DDDS will utilize DMES to process claims for services provided to clients who have an intellectual disability, autism, Asperger's syndrome, Prader-Willi or a brain injury or neurological condition that manifests before age 22 that causes significant limitations in adaptive behavior functioning but who are not Medicaid eligible. Additionally, a program for non-residential family support services could be included.

Summary estimates for additional programs:

Clients not previously counted in DMES statistics = **15,738**

Additional Claim volume not previously counted in DMES statistics = **269,100 per year**

State Data Services Hub Requirement

As part of the Delaware Eligibility Modernization (DEM) project, a MAGI/HBE hub is being developed for a centralized data exchange/integration mechanism to reduce or eliminate the development of individual point to point interfaces for the DEM project. The State wishes to exploit this data services hub where possible as part of this MMIS project. Technical requirements for the MAGI/HBE hub are being developed and will be shared with the selected vendor.

Cloud/Hosting Requirements

To properly complete the terms and conditions and technical requirements located in section L.3 complete the Vendor's Acknowledgement section as follows,
In your proposal, bidders will acknowledge each of the clauses with either "Accept", "Accept conditional" along with an explanation or "Reject" along with an explanation. As noted, clauses 1-9 are mandatory and a "Reject" response for any of these clauses may be cause to reject the proposed solution. Please respond to clauses 10-23 as instructed. Depending on the solution proposed, the State will make the final determination on the applicability of specific clauses in this section.

The final version of this signed document will be attached to the contract.