

**State of Oklahoma  
Oklahoma Health Care Authority  
MMIS, Fiscal Agent Services  
Invitation to Bid (ITB)**

**Issues Document**

*Overview*

The State of Oklahoma would like to enter into a successful contracting relationship with a contractor to transfer, make necessary modification, implement, operate, and maintain a certified Medicaid Management Information System (MMIS). It is expected that the successful contractor will transfer, enhance, implement, operate and maintain an MMIS that will meet user's requirements and that the successful contractor will perform the following tasks (which are further detailed in the draft ITB):

- o **Development and Implementation Task** - This task include those subtasks required to successfully validate the Oklahoma requirements and the necessary modifications, to design, develop, test and implement the enhancements and convert data from the current Oklahoma MMIS. Tasks associated with this phase include:
  - Design Subtask,
  - Development/Testing Subtask,
  - Conversion Subtask,
  - Acceptance Testing Subtask, and
  - Implementation Subtask.
  
- o **Operations Task** - This task consists of those subtasks that the contractor shall perform to operate the Oklahoma MMIS and to perform their fiscal agent responsibilities. This task is comprised of 32 operational subtasks. Sub tasks associated with this phase include such items as:
  - Recipient data maintenance,
  - Claims adjudication,

- Case management, and
- Customer service.
- o **Maintenance and Modification Tasks** – These tasks include the contractor responsibilities for maintaining and modifying the Oklahoma MMIS throughout the term of the contract. These Tasks describe how future changes to the system will be categorized, the minimum staffing requirements, the milestones that must be met within task activities, and how state and contractor responsibilities are split.
- o **Turnover Task** – This task includes the contractor activities required to successfully turn over the Oklahoma MMIS to another contractor at the expiration of the contract.

The State has issued this Request For Information (RFI), which includes a draft ITB, to allow potential contractors, as well as others, to have input into the process and to raise concerns regarding the terms of the proposed contract.

In issuing this RFI, the State of Oklahoma Health Care Authority is seeking to obtain input from a number of sources, including:

- o Potential contractors,
- o other state agencies,
- o advocacy groups,
- o the provider community and
- o any other interested parties.

The input obtained from these parties may be used to shape the final ITB that will form the basis of the new contract between the State and the successful contractor. The State is confident that this process will enable the development of a final ITB that will most closely match the needs of the State with the capabilities of qualified contractors.

The majority of the fiscal agent requirements were developed to an extent that State staff believe contractors and other interested parties will be able to understand and comment on them. These requirements are stated in Section 3 of the draft ITB. However, in other instances, it was not possible to fully develop the requirements. This was due to uncertainty over the future, inability to come to final decisions regarding which options to implement and the resulting desire to obtain input from potential contractors and other interested parties. To address these issues and to provide a forum for feedback, we have developed this 'Issues Document'.

This Issues Document presents issues and/or questions for which the State desires feedback from the contractor community and other interested parties. In general, it is envisioned that those responding to the RFI will provide guidance and insight into the individual issues and will make recommendations regarding the direction the State should take in resolving those issues. Where issues may be interrelated, the State encourages those responding to the RFI to indicate the relationship and the suggested course of action.

**Listing of Issues:**

**ISSUE # 1 - WEB ENABLED GUI MMIS INTERFACE**

**ISSUE # 2 - TAKOVER OF EXISTING FUNCTIONAL MODULES**

**ISSUE # 3 - NON-CLINICAL CASE MANAGEMENT AND NOTES TRACKING SYSTEM**

**ISSUE # 4 - CUSTOMER SERVICE / CASE TRACKING SYSTEM**

**ISSUE # 5 - CUSTOMER SERVICE CALL CENTER**

**ISSUE #6 - CLINICAL CASE MANAGEMENT**

**ISSUE # 7 - DSS/DATA WAREHOUSE STAFFING SUPPORT**

**ISSUE # 8 - USE OF 'PILOT PAYMENT PROCESS' PRIOR TO FULL TURN-OVER**

**ISSUE # 9 - NAMING OF STAFF**

**ISSUE # 10 - FULL-TIME STATE STAFF**

**ISSUE # 11 - REQUIRED INFORMATION**

**ISSUE # 12 – REQUIREMENTS, RESPONSIBILITY OR PERFORMANCE REQUIREMENTS  
DEFINITION**

**ISSUE # 13 – TERMS AND CONDITIONS**

**ISSUE # 14 – DECISION SUPPORT SYSTEM/DATA WAREHOUSE NEAR-LINE STORAGE**

**ISSUE # 15 – DECISION SUPPORT SYSTEM/DATA WAREHOUSE FUNCTIONALITY**

**ISSUE # 16 – GUI REQUIREMENTS**

**ISSUE # 17 – HIPAA COMPLIANCE**

**ISSUE # 18 – OKLAHOMA BASED COMPUTER SITE**

**ISSUE # 1 - WEB ENABLED GUI MMIS INTERFACE**

The OKMMIS currently operates with the original CICS user interface with which it was designed. It is the state's intention to require the new contractor to supply a system with a graphical user interface (GUI).

The state is further considering requiring that the graphical user interface be web enabled so that anyone with a browser would be able to navigate the "on-line" MMIS. For Oklahoma staff connected to the Oklahoma Health Care Authority's (OHCA) LAN/WAN infrastructure the access to the MMIS would continue to be through the LAN/WAN. However, the user would utilize a browser on the client workstation or server to navigate through the MMIS. The access for all of those authorized to access the MMIS who are not connected to the Authority's LAN/WAN infrastructure would differ. These remote users would access the MMIS utilizing an internet service provider and a web browser. Their view of the MMIS could be the same as anyone who is connected to the Authority's LAN/WAN infrastructure with appropriate security provisions in place.

The State seeks to receive feedback on the issue of the possible requirement for a web based interface to the MMIS. Questions such as the following should be addressed:

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- o Is such a proposal feasible (OHCA staff number about 250)? If not, state why not.
- o How would it be implemented?
- o What issues would have to be addressed?
  - Security, confidentiality, privacy;
  - Ease of use;
  - response time; and
  - so forth.
- o What costs would be incurred to develop such a system?
- o What additional costs would be incurred to operate such an interface?
- o What costs would be avoided?
- o What would be the magnitude of the modification?
- o How much staff would be required to make such a modification and how long would it take to design, develop, test and implement such a modification?
- o What future benefits would such a solution provide?
- o Will the ODBC driver interface with the MMIS relational database be simplified because of this approach?
- o Will future changes to the system be simplified because of this approach?

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**ISSUE # 2 - TAKEOVER OF EXISTING FUNCTIONAL MODULES**

The draft ITB requires the transfer of an existing certified MMIS from another state. However, the state is considering extending the life of certain independent components of the MMIS. The existing components that Oklahoma staff have found to be highly successful and which are being reviewed for possible retention are the following:

- o Automated Voiced Response System (AVRS),
- o Swipe Card Production,
- o Pharmacy-Point of Sale/UNISYS Drug Utilization Review (Rx-POS/UniDUR),
- o Secure Website, and
- o HBOC Claim Check.

The following factors that are being considered to make the decisions about these items are:

- o The AVRS application is written to interface with the voice response unit it is currently operating. The details surrounding the ownership of the voice response unit and “buyout” or lease takeover options would need to be explored further.
- o Technology advancement with voice response units often allow for more recording storage space and an increased recorded word capacity. These advancements need to be weighed against the benefits of a more advanced voice unit.
- o Takeover of a swipe card production would ultimately lead to a sole source contract to the current card manufacturer.
- o The proprietary aspects of Rx-POS /UniDUR and HBOC Claim Check would also lead to a sole source to the current owners. Both of these components often require a certain amount of maintenance and operational enhancements as new components are offered, such as new drug criteria modules. Also each may be affected by the impact of HIPAA.
- o The candidate transfer systems that will most closely fit the functional requirements of Oklahoma, will most likely have a POS-PRODUR component and may contain an enhanced claim check component.

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The state is seeking feedback regarding any additional factors that ought to be considered. The state is also interested in learning the opinion of those responding to this Issues Paper about the feasibility of transferring these or any other components.

### **ISSUE # 3 - Non-Clinical CASE MANAGEMENT AND NOTES TRACKING SYSTEM**

The states intention to case manage and track many of the activities related to the operation of the OKMMIS (SURS, TPL, and so forth) is evident in the functional requirements contained in the draft ITB. The contractor will be required to supply such functionality. The state is interesting in receiving feedback regarding certain aspects of the case management and tracking requirements. The state is interested in the following issues being addressed in comments to the RFI:

- o Can one case management system be utilized to manage and track all activities?
- o Should the case management system be client based, provider based, both, or should there be separate systems for client and provider tracking?
- o Should the case management system be issue based; for example SUR case centered instead of client or provider centered?
- o Is it feasible to integrate the case management system with the MMIS or would the costs be prohibitive, impractical, and so forth? For example, could the tracking system be designed so that every activity performed by the operation of the MMIS be tracked and available to anyone who queried the tracking system? This would not include each claim, although access to the claims would have to be available. It would include any communications with the client or provider community such as informational bulletins, EOBs and so forth.

### **ISSUE # 4 - CUSTOMER SERVICE / CASE TRACKING SYSTEM**

As indicated in Issue #3 above, it is the state's intention to case manage and track many of the activities related to the operation of the OKMMIS and to explore the possibility of a case management system which is integrated with the MMIS. Finally, the state is interested in receiving feedback regarding an integrated customer service based case management system. This system would be capable of tracking all customer service communications (written, oral, telephone, e-mail, and so forth) along with all of the other operational activities of the MMIS and the other case tracking components described in the draft ITB. The end result of such a system would be the capture and ability to retrieve in one place all of the information that may be related to the operation of the MMIS. For example, if a state worker received a phone call from a client, they would be able to see all other calls or communications that this client has had with the fiscal agent

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or state staff over a particular period of time. They would be able to determine which encounters were related to the current call and what the outcomes of those encounters had been. Further, the state worker might be able to determine what prompted the call by being presented with all recent communications with the client (such as a card mailing had been returned because of an incorrect address, or that the client had recently been asked to verify a provider service?).

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As in Issue #3 above, the State is interested in receiving feedback regarding the possibility of such an integrated approach to customer service and case management and tracking. Is such an approach feasible? What would it mean in terms of cost, resources, and so forth? What additional information would be needed to make these decisions? Would a better approach be to maintain separate systems? If so, where should the lines of separation occur?

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### ISSUE # 5 - CUSTOMER SERVICE CALL CENTER

To further integrate the capabilities discussed above with other state and fiscal agent operations, the state is interested in receiving feedback regarding the possibility of integrating the phone system with the customer service / case management system. For example, if a state staff person receives a phone call, the state would be interested in the client's customer service and/or case management record being forwarded with the phone call to the workstation of the staff person receiving the call. The state would also be interested in the system initially prompting the caller to provide such information (client or provider ID) so as to retrieve all related records prior to the call being answered. This computer telephone integration would ideally be available not only among state or fiscal agent staff, but would also be available between and among the two staffs.

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As in Issue #3 and #4 above, the State is interested in receiving feedback regarding the possibility of such an integrated approach to telephone integration with the customer service and case management and tracking systems. Is such an approach feasible, what would it mean it terms of cost, resources, and so forth? What additional information would be needed to make these decisions? Would a better approach be to maintain separate systems? If so, where should the lines of separation occur?

### ISSUE # 6 - CLINICAL CASE MANAGEMENT

OHCA staff are interested in acquiring a clinical case management system for the management of individual client's plans of care. This management system would enable OHCA nursing staff to plan, implement, document, evaluate, coordinate or manage individual health care delivery. The system, as envisioned, would contain the following functionality:

- o Windows based and easy to use,

- o data would be shareable over the states LAN/WAN infrastructure,
- o the application would be web-enabled to allow for access by field staff,
- o all vital case information would be tracked, including:
  - demographics,
  - diagnosis,
  - procedures performed,
  - confinements (inpatient, LTC, and so forth),
  - episodes of service;
  - providers of service,
  - and so forth.
- o notes capture,
- o outcome tracking (using industry standard or user defined tools),
- o integrated scheduling function,
- o integrated coding tables,
- o and so forth.

The State of Oklahoma asks the following questions about the above approach:

- o is such an approach feasible,
- o is it possible to integrated the clinical case tracking system with the MMIS so that recipient demographic, claims, reference and other data embedded in the MMIS can automatically update the clinical case management system, and
- o are there other alternatives which ought to be considered?

#### **ISSUE # 7 - DSS/DATA WAREHOUSE STAFFING SUPPORT**

The state is interesting in receiving feedback from the vendor regarding the staffing of the DSS/Data Warehouse initiative. Should the state require specific staffing to support the DSS/Data Warehouse and if so, how many and what staffing should be required:

- o Researcher(s),
- o Ad-hoc reporting staff,
- o Data base administrator(s),

- o Clinical staff, or
- o Other?

**ISSUE # 8 - USE OF 'PILOT PAYMENT PROCESS' PRIOR TO FULL TURN-OVER**

**Definition:** Pilot Payment Process - A process wherein a take-over system is operated in parallel with an existing system to provide claims payment services to a small segment of the provider population for a short period of time. This is done in order to allow a period of time for the correction of start-up issues while the number of providers affected can be limited to a small population.

It has been suggested and successfully demonstrated that a “pilot payment process” to a small segment of the provider community prior to full turn-over is beneficial. It enables the fiscal agent, working with the state and the provider community, to “shake-out” start-up issues that would arise under a full-blown implementation while controlling the extent of those problems. The State wishes to receive feedback from interested parties about the utilization of a “pilot payment process”. Questions such as the following should be addressed:

- o is it advisable,
- o how long should the process last,
- o how many providers should be involved, and
- o other pertinent information.

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**ISSUE #9 - NAMING OF STAFF**

Although Section 3 of the RFI identifies those staff who should be named in the vendors proposal, the State is seeking guidance as to whether or not this can be accomplished. Should less staff be named, or should more? Is there another way to approach this issue?

**ISSUE # 10 - Full-Time State Staff**

During the transfer of the system from another state, it is envisioned that state staff will have to continue to monitor and interface with the current contractor staff. It is also envisioned that additional staff will be required on-site to assist in the transfer and enhancement activities. Given the extent of the Oklahoma requirements, how many full time equivalents and what types of State staff do the potential vendors recommend be available at the fiscal agent site?

**ISSUE # 11 - Required Information**

What additional information regarding the current program, processes, Oklahoma MMIS, etc. is needed for the vendors to respond to the ITB that are not currently indicated?

**ISSUE # 12 – Requirements, Responsibility or Performance Requirements Definition**

Are there any technical requirements, responsibilities or performance requirements that may cause a potential vendor to decide not to submit a proposal? Please identify those requirements and why they cause such an issue. Alternate requirement suggestions are requested.

Are there any technical requirements, responsibilities or performance requirements where the state would be able to get the majority of the functionality at a fraction of the cost by altering the requirement slightly. Please identify those requirements and how they can be altered to produce similar functionality at a reduced cost.

**ISSUE # 13 – Terms and Conditions**

Are there any terms and conditions that might cause a potential vendor to decide not to submit a proposal? Please identify those terms and conditions and why they cause such an issue. Alternate terms and conditions suggestions are requested.

**ISSUE # 14 – Decision Support System/Data Warehouse Near-Line Storage**

One of the nations leading experts in the field of data warehousing recently spoke on the issue of near-line storage for the data warehouse. He presented a premise that was based upon experience with some existing data warehouses. His suggestion was that large stores of data ought to take advantage of “Near Line” storage techniques for large portions of the data stored in the data warehouse.

Data Warehouse usage has shown that much of the stored data is accessed infrequently. However, the costs for storing that data in a method that allows immediate access to the data is extremely costly. That same data can be stored “Near Line” and

when it is infrequently requested, it can be returned to the requestor in fairly rapid time frames, at a fraction of the cost. This data warehousing expert suggested the use of storage management facilities with the data warehouse so that seldom used data can be stored on much less expensive medium but still allow user access to the data. It was indicated that large savings in overall data warehousing costs could be realized with such an approach.

The State of Oklahoma asks the following questions about the above approach:

- o Is this approach applicable to a Medicaid, health care data warehouse,
- o what kind of savings could be expected,
- o what kind of performance sacrifices would have to be made, and
- o how would such an approach be implemented?

#### **ISSUE # 15 – Decision Support System/Data Warehouse Functionality**

The Oklahoma staff who will utilize the MMIS and DSS/Data Warehouse have requested functionality in both systems which, in some instances, overlap each other in terms of capabilities. This is readily apparent in such areas as Graphical Information System functionality and the pattern recognition functionality. Both of these capabilities appear as requirements for the MMIS and the DSS/DW.

The State requires that these types of functionality be available for the users of the MMIS and the DSS/DW. However, it is not interested in having duplicate solutions built into both systems, and believes that one solution will be capable of satisfying the functional requirements, both in the MMIS and in the DSS/DW. This seemingly simple solution is complicated by the contracting provision of bidding the DSS/DW as an option to be selected at the state's discretion.

The State is seeking input from the vendor community as to how this issue should be addressed. If the contractor plans to build the functionality into the DSS/DW and the State does not select this option, should the MMIS vendor be required to build the functionality into the MMIS solution? Should the State of Oklahoma require this functionality only in the DSS/DW and if that option is not selected, should it become a requirement of the DSS/DW contractor through a separate ITB process? Does the vendor community have other suggestions as to how this issue can be addressed, so that the State obtains the required functionality without duplicating the effort and related costs?

#### **ISSUE # 16 – GUI Requirements**

Are any of the Graphical User Interface requirements (such as the ability to display upper and lower case) beyond that which may be deemed (by a prudent purchaser) to be “cost effective”?

**ISSUE # 17 – HIPAA COMPLIANCE**

The State is seeking guidance regarding the issue of HIPAA Compliance. Any information that the vendor community can supply regarding this issue may be utilized by the State to develop the final HIPAA Compliance requirements. The State seeks input regarding the following issues:

- o what approach should be taken for compliance with the standard EDI transaction sets,
- o what approach should be taken to address the use of local codes (which make up a substantial percent of codes billed in Oklahoma),
- o what approach should be taken to address the use of the NPI,
- o should a provider re-enrollment process be conducted prior to the start of operations in order to ensure the correct enumeration of the provider community,
- o should crosswalks and conversions of claims history be performed,
- o what approach should be taken to address the issue of privacy,
- o what approach should be taken to address the issue of security, and
- o so forth?

**ISSUE # 18 – Oklahoma Based Computer Site**

The State is considering requiring the contractor to site their equipment and operate the entire MMIS from a local Oklahoma site. What issues would this present to the contractor in terms of staffing, costs, logistics, and so forth?