

REQUEST FOR INFORMATION



Medicaid Managed Care Rules Implementation Strategy RFI

RFI Number 2017-003

County of San Mateo Behavioral Health and
Recovery Services Division

Release Date: February 5, 2018

Responses must be Received
by 4:00 p.m. Pacific Standard Time
on March 2, 2018

**REQUEST FOR INFORMATION
FOR
MEDICAID MANAGED CARE RULES
IMPLEMENTATION STRATEGY RFI**

Interested respondents must register online with the County at
<http://www.smchealth.org/bhrs/rfp>

Note regarding the Public Records Act:

Government Code Sections 6250 *et seq.*, the California Public Record Act, defines a public record as any writing containing information relating to the conduct of the public business. The Public Record Act provides that public records shall be disclosed upon written request and that any citizen has a right to inspect any public record unless the document is exempted from disclosure.

Be advised that any contract that eventually arises from this Request For Information is a public record in its entirety. Also, all information submitted in response to this Request For Information is itself a public record **without exception**. Submission of any materials in response to this Request For Information constitutes a waiver by the submitting party of any claim that the information is protected from disclosure. By submitting materials, (1) you are consenting to release of such materials by the County if requested under the Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless the County for release of such information.

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SECTION I – GENERAL INFORMATION

A. STATEMENT OF INTENT

San Mateo County is conducting research through the Request for Information (RFI) process to solicit information for possible solutions for implementation strategies related to the new Medicaid Managed Care Rules effective July 1, 2017 and July 1, 2018. This RFI contains preliminary information to serve as a platform for discussion with the provider community. The information in this RFI is in no way final nor does it represent what may be contained in a future RFP. This RFI does not constitute a commitment to issue an RFP, award a contract, or pay any costs incurred in the preparation of a response to this request.

Potential vendors may respond to all or part of this RFI.

New Medicaid Managed Care Rules were chaptered into California law with some portions effective July 1, 2017 and most provisions effective July 1, 2018. This has resulted in the need for San Mateo County Behavioral Health and Recovery Services (BHRS) to seek the input of vendors for various activities related to the implementation of said rules.

The goals of the new rules are to reform system delivery and improve quality of care, strengthen the beneficiary experience of care and beneficiary protections, strengthen program integrity by improving accountability and transparency, and alignment of managed care requirements with other health coverage programs.

Key components of the rules yet to be implemented include 42 CFR Part 438:

- Section 438.62 – Continued Services to Enrollees;
- Section 438.68 – Network Adequacy
- Section 438.206 – Availability of Services,
- Section 438.207 – Assurances of Adequate Capacity
- Section 438.71 – Beneficiary Support System
- Sections 438.602(b) and 438.608(b) – Screening and Enrollment
- Section 438.340 – Quality Strategy
- Sections 438.350-364 – External Quality Review Requirements: and,
- Section 438.818 – Encounter Data.

Services to be implemented after 2018 include:

- Section 438.66(e) – Annual Program Assessment Reports
- Section 438.358 – Activities Related to External Quality Review: and,
- Section 438.334 – Quality Rating System.

The County will need contract assistance with implementation of the services necessary to carry out the rules. Services will include but not be limited to: updating and maintaining provider directories, provider network assessment, policy and procedure review and updates, creation and updates of data dashboards, assessment of and recommendation for quality management strategy and unit staffing, billing compliance auditing, assessing clinical services for fidelity to service models and recommendations for standardization, scoring procedure for measuring program quality, various types of data analysis, testing and training on different topics such as inter-rater reliability.

SECTION II – SCOPE OF CONCEPT

A. DESCRIPTION

Where applicable, the legal citation has been provided for the expected activity. Please refer to the attached 42 CFR for details on requirements when specific sections are referenced.

For the Final Managed Care Rule:

<https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered>

Federal Guidance on the Final Managed Care Rule:

<https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html>

For the Final Parity Rule:

<https://www.federalregister.gov/documents/2016/03/30/2016-06876/medicaid-and-childrens-health-insurance-programs-mental-health-parity-and-addiction-equity-act-of>

Federal Guidance on the Final Parity Rule:

<https://www.medicaid.gov/medicaid/benefits/bhs/index.html>

California Department of Health Care Services Resource Site:

<http://www.dhcs.ca.gov/formsandpubs/Pages/FinalRule.aspx>

Project Management:

- 1) Provide Project Manager for the implementation of the Medicaid Managed Care Rules at BHRS. Duties to include:
 - a. Creation of project plan;
 - b. Establishment of milestones;

- c. Interaction with all team members;
- d. Propose overall timeline and budget including the assignment and allocation of specific staff supporting the project.

Grievances and Appeals System:

- 1) Conduct investigations of grievances and appeals in compliance with timelines required by 42 CFR Subpart F § 438.402, 438.408, 438.424
- 2) Provide written documentation of investigation to BHRS Compliance Officer within timelines required by regulation and as specified by the Compliance Officer to assure adequate time for all necessary requirements to be met within the timelines.

Network Adequacy & Provider Network Management 42 CFR § 438.206, 438.207, 438.66, 438.68

- 1) Assess network adequacy to include availability and accessibility of services while meeting time and distance standards;
- 2) Provide performance reporting on network adequacy;
- 3) Assess ability of network providers to communicate with limited English proficient enrollees in their preferred language;
- 4) Assess ability of providers to provide physical access, etc.;
- 5) Assess availability of triage lines or screening systems, as well as use of telemedicine, e-visits, and/or other evolving and innovative technology solutions;
- 6) Contractor will provide assessments in a detailed report to BHRS.

External Quality Review (EQR) 42 CFR § 438.364

- 1) Provide assistance with preparation for expanded EQR requirements including performance measurement data for collected measures and implemented performance improvement plans (PIPS).
- 2) Inclusion of recommendations for targeting the goals and objectives of the comprehensive quality strategy (see next item).

Quality Strategy and Quality Rating System 42 CFR § 438.340, 438.334

- 1) Assess current quality strategy to include the new, required elements of 42 CFR.
- 2) As part of this activity, Contractor will assess current BHRS Quality Management/Quality Improvement strategy and make recommendations that support unit specific and organization-wide quality activities.

Policies and Procedures

- 1) Contractor will develop new and/or update relevant policies as required in 42 CFR § 438.608.
- 2) Contractor will routinely update existing BHRS policies and procedures as necessary to reflect current regulatory changes so that BHRS policies and procedures remain up to date.

- 3) All policies and procedures will be submitted to the BHRS Quality Improvement Committee prior to implementation for review and approval.

Credentialing and Compliance

- 1) Provide credentialing of MediCal providers under contract with BHRS.
- 2) Conduct site visits/certification of MediCal providers and sites.

Billing

- 1) Conduct one-time compliance auditing of MediCal billing including retrospective review of three years;
- 2) Provide software product for said billing auditing;
- 3) Provide training on software;
- 4) Provide ongoing software support.

Clinical Management

- 1) Conduct assessment of clinical service models at all adult and youth clinics;
- 2) Recommend strategies to create fidelity to selected model(s);
- 3) Create roll-out plan for models to all clinics.

Interrater Reliability

- 1) Provide testing and training on interrater reliability for all clinicians including Call Center and clinics for intake of new clients or for new service requests based on eligibility criteria, care guidelines and medical necessity.
- 2) To include chart reviews and review of data from the Milliman Care Guidelines.
- 3) Make recommendations to improve interrater reliability of staff making organizational determinations on requests for service.

Utilization Management/Utilization Review:

- 1) Conduct retrospective utilization review of services provided to clients:
 - a. Contractor will review 10 charts/clinician; 30 clinicians/quarter for appropriate utilization;
 - b. Contractor will provide report quantifying the number of charts meeting BHRS utilization standards.
- 2) Conduct parity review:
 - a. Categorizing services provided into classifications that allow comparison with the medical/surgical services equivalent in an effort to determine parity with said services.
- 3) Assess Utilization Management Program to determine compliance with UM Program Policy and any current work plan.
 - a. Draft a report illustrating the results of the review and provide recommendations to achieve compliance.

Risk Assessments:

- 1) Conduct assessment of BHRS business processes to determine any potential areas of risk using standard practices in risk assessment.
- 2) Draft a report of the findings of the assessment, including identifying and explaining the risk, why it is a risk, and the potential consequences of failing to address the risk; and include recommendations to eliminate or control the risk.

B. ENVIRONMENT/POPULATION

San Mateo County Behavioral Health and Recovery Services (BHRS) provides a broad spectrum of services for children, youth, families, adults and older adults for the prevention, early intervention and treatment of mental illness and/or substance use conditions. We are committed to supporting treatment of the whole person to achieve wellness and recovery, and promoting the physical and behavioral health of individuals, families and communities we serve.

We strive to provide client-centered, multi-culturally competent, language accessible services through our integrated system of mental health clinicians, psychiatrists, alcohol and drug counselors, peers, family partners and other professionals through county clinics, community based service organizations and our private practitioner network.

We offer outpatient, inpatient, residential, rehabilitation, and detoxification and medicated assisted treatment and other services for individuals who are eligible for MediCal (we are the mental health and substance use plan for MediCal beneficiaries residing in San Mateo County), Medicare, members of the Health Plan of San Mateo and in some instances, individuals with private insurance. We also assist uninsured and undocumented residents of San Mateo County and people of any age in a major crisis.

SECTION III – RFI QUESTIONS

Provide the following information as part of your response to this RFI:

A. GENERAL PROVIDER INFORMATION

- Contact Information - Name of the primary point of contact for the response, position title, and include e-mail address and phone number.
- Key Staff - Identify other key individuals who collaborated on the RFI response.
- Qualifications of your Organization – Include a statement of the extent of experience and history providing the services requested or similar services. With the history, include the length of time in business, and any experience working with public agencies.
- Professional Qualifications – If applicable, list the professional qualifications held by your agency and/or personnel.

B. IMPLEMENTATION METHODOLOGY AND PLAN

Provide an explanation of the method to be used to carry out your proposal. Using the questions below, provide details on the philosophy or service model you would use. Provide details on the staffing necessary to complete the deliverables, including staff qualifications and level of training. Please include the process by which your proposal will monitor the quality and evaluation of your deliverables, and include a proposed budget.

Philosophy/Service Model

- Describe your philosophy and/or the service model you would utilize to meet deliverables.
- Do you foresee any difficulties or logistical issues with meeting required deliverables?
- Staffing and Training
- How many positions/hours would be needed to complete the deliverables? Provide estimates for both one-time and on-going items

Quality/Program Evaluation

- What would be your proposed method of evaluation for these deliverables?

Budget

- What would be the proposed budget for the required deliverables? Include budget for one-time and on-going items.

Other Information/Considerations

- Please include any further information in your proposal that you believe is important to know during the review of your submission that has not been previously captured in this outline.

SECTION IV – GENERAL TERMS AND CONDITIONS

Registration

All potential respondents must register online at: <http://www.smchealth.org/bhrs/rfp> to receive potential important updates about the RFI process and responses to questions received.

Read all Instructions. Read the entire RFI and all enclosures (if any) before preparing your response.

Questions and Responses Process. Submit all questions relating to this RFI to:

Susann Reed, Contract Manager
sreed@smcgov.org

All questions must be received no later than 4:00 p.m. on February 14, 2018. Responses to questions will be posted online at: <http://www.smchealth.org/bhrs/rfp>.

If changes to the RFI are warranted, they will be posted to the <http://www.smchealth.org/bhrs/rfp> website. It is the responsibility of each respondent to check the website for changes and/or clarifications to the RFI prior to submitting a response.

Miscellaneous. This RFI is not a commitment or contract of any kind. The County reserves the right to pursue any and/or all ideas generated by this RFI.

SECTION V – RFI SUBMISSION PROCEDURE

A. SUBMISSION PROCEDURES

Responses: Responses to this RFI must be received no later than 4:00 p.m. March 2, 2018. Responses will not be accepted after this date and time.

Submission Due Date: Responses may be sent electronically or via mail. Address responses to:

Susann Reed, Contract Manager
San Mateo County, Behavioral Health & Recovery Services
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403

E-mail: sreed@smcgov.org