Lakeshore Regional Entity and Mid-State Health Network
Prepaid Inpatient Health Plans
Managed Care Software Solution
Request for Proposals

RELEASED: Monday, May 9th, 2016   **PROPOSALS DUE:** 8 p.m. EST, Wed., June 8, 2016

Introduction and Overview of Proposal Request

Two Michigan Prepaid Inpatient Health Plans (PIHPs) -- Lakeshore Regional Entity (LRE), located in Muskegon, Michigan, and Mid-State Health Network (MSHN) with main offices in Lansing, Michigan -- each hold Medicaid Specialty Supports & Services contracts with the Michigan Department of Health and Human Services. LRE is responsible for a 7-county region in Western Michigan, and MSHN a 21-county region in Central Michigan. Each organization is a "provider-sponsored health plan", and is responsible for ensuring the provision of services through their sponsoring Community Mental Health Service Programs (CMHSPs). The CMHSPs and private provider agencies offer recovery services, supports and prevention education to Medicaid-eligible members that have an intellectual and/or developmental disability, severe emotional disturbance, mental illness, and/or substance use disorders for over a half million eligible citizens.

LRE and MSHN are jointly seeking proposals from proven behavioral health software vendors capable of providing managed care solutions that meet the administrative and fiduciary responsibilities of each region. This will include the ability to provide some provider-level EMR functionality for substance use disorder providers who rely on regional systems to record and report services. This procurement is unique in that it is primarily for a managed care system. While some electronic medical record vendors have some of these functions built in, it goes beyond a provider-level EMR. For these health plans, key functions include, but are not limited to:
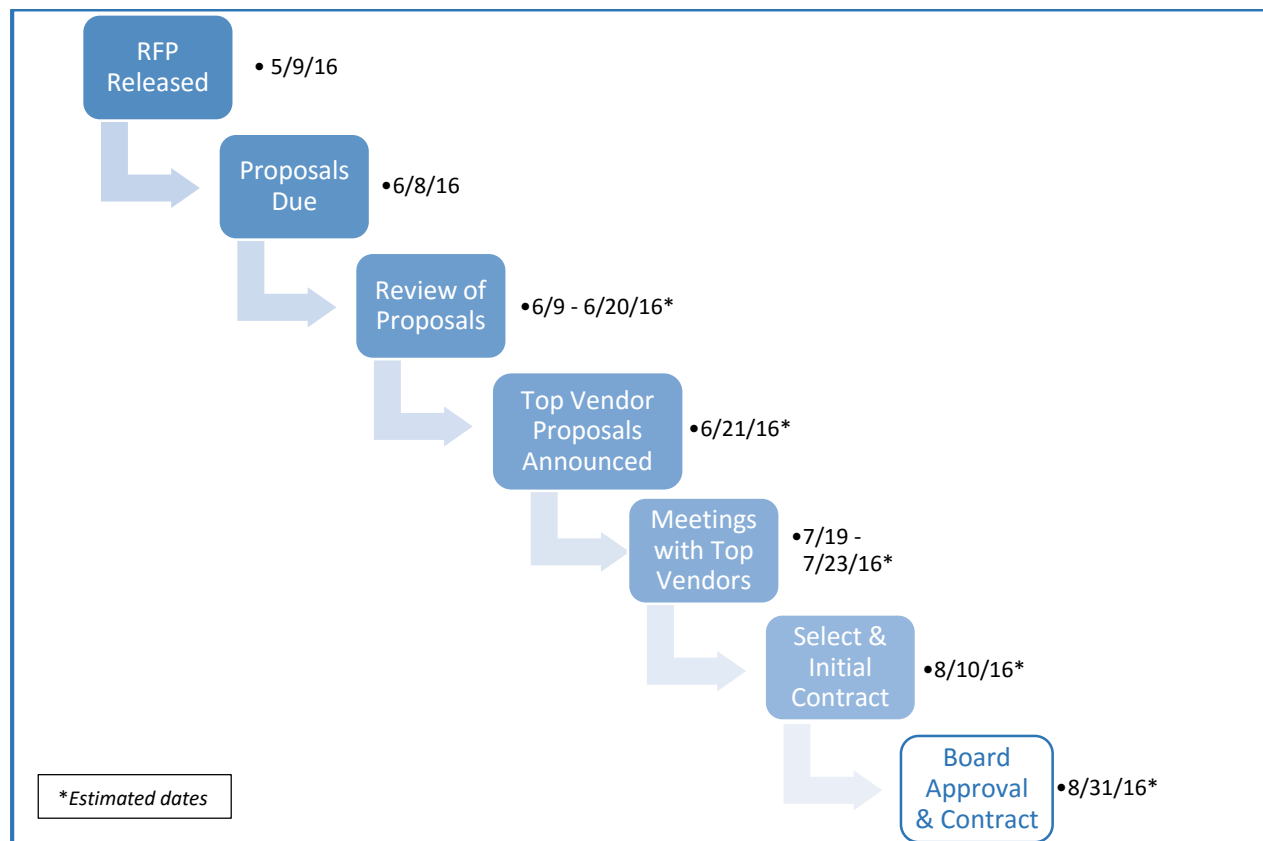
- Contract management and interconnectivity of a provider network
- Initiation of authorizations
- Ability to receive outcome data for services provided
- Claims adjudication, rejection and remittance
- Utilization management and review,
- Provider credentialing, background checks, and source verification
- Quality assurance and Compliance
- Regional crisis capacity
- Needs assessment and network adequacy
- Population health management tools and reports
- Data mining and reporting functionality

Lakeshore Regional Entity and Mid-State Health Network have agreed to a joint procurement process in an effort to efficiently evaluate potential solutions. While both organizations will work together to produce this Request for Proposals (RFP) and jointly attend vendor demonstrations of capabilities, each

organization will discretely score, evaluate and select their own solution. The organizations will have separate contracts with vendors to provide the Managed Care Software Solution.

LRE and MSHN have jointly retained **TBD Solutions LLC**, a West Michigan consulting firm, to disseminate the RFP and coordinate vendor proposals, vendor meetings and all associated communications. TBD Solutions LLC is the sole point of coordination, and will work as agents representing both Lakeshore Regional Entity and Mid-State Health Network throughout this process up through selection. (Negotiations on final agreements/contracts will be coordinated separately by Lakeshore Regional Entity and Mid-State Health Network).

The timelines from RFP to contract award are as follows:

RFP Released • 5/9/16

Proposals Due •6/8/16

Review of Proposals •6/9 - 6/20/16*

Top Vendor Proposals Announced •6/21/16*

Meetings with Top Vendors •7/19 - 7/23/16*

Select & Initial Contract •8/10/16*

Board Approval & Contract •8/31/16*

*Estimated dates

Proposals will be evaluated based on criteria outlined in this RFP, and the top 1-to-6 proposals will be identified by Lakeshore Regional Entity and Mid-State Health Network. To ensure a highly efficient and effective process, a minimum 3-hour demonstration will be allotted to vendors that submit a top proposal. The outline of topics to review in the demonstration and expected timelines will accompany the announcement of top proposals.

All questions, comments or concerns pertaining to this RFP and subsequent processes may be directed to:

> Jason Radmacher & Derek DeLange
> Email: administration@tbdsolutions.com   Phone: (877) 823-7348

Questions deemed relevant to other vendors will be answered and forwarded to all RFP recipients. Such transparency is compulsory to ensure respondents are afforded the same information, and an equitable opportunity to modify proposals accordingly.

Proposal Requirements

The LRE & MSHN Managed Care Software proposal requirements have four distinct criteria:

1) Provision of requested Company Information
2) Completion of the Requirements Spreadsheet (see Exhibit A for more information)
3) Relevant information about proposed software and/or services deemed important by the vendor
4) Estimated costs broken down for the solution, to include all modules and services to meet the requirements

Company Information

Please provide the following information pertaining to your company:

- Current legal name of company including any existing d/b/a's
- The year the company was founded
- The year the company began offering behavioral healthcare software
- Location of the company's headquarters
- Affirmation that the company is not barred from providing software solutions that would house records pertaining to Medicaid services (e.g. The company must not be in the US Department of Health & Human Services Exclusions Database, nor have any pending or current judgements that would call into question business practices, ethics or any concern that would cast a bad light on LRE or MSHN)
- Identification of any pending or on-going litigation against the company.
- Identification of any external breaches or theft of protected healthcare information not associated with an authorized user of the system in the past 2 years.
- Current number of supported organizations using the company's clinical and/or practice management software
- Number of current healthcare coordination customers (Health Plans such as PIHPs, Public Health Departments, insurance companies, Community Mental Health Service Programs, Residential Provider Agencies, etc.)
- Number of current behavioral healthcare customers in Michigan
- Number of new healthcare customers since January 1st, 2014.
- The number of employees working directly for the company (should not include subcontractors, resellers or other vendors)
- Provide at least two references from organizations that perform *similar* services as LRE & MSHN, and clarify whether a site-visit to any customer could be accommodated
- Identify whether the proposed solution would be provided as software-as-a-service, hosted on-site by the LRE or MSHN Information Technology Departments, or if both possibilities are offered

Note: *For the purposes of this RFP, "behavioral healthcare" is defined as organizations providing services to treat mental illness, substance use disorders, and/or services and supports to individuals with developmental disabilities.*

Requirements Spreadsheet

"Exhibit A" includes a spreadsheet of requirements (in Microsoft Excel) developed by the executive leadership and staff of LRE and MSHN. To effectively screen potential solutions, it is vital that this spreadsheet is thoroughly completed. It is broken out by functional areas. For each requirement, vendors will identify if that feature is:

1) **Included in app**: Included in base software package with no additional cost
2) **Configurable by the user**: Configurable within the base software package by administrative users, or through the vendor for an additional fee
3) **Customizable by vendor**: Not included in the base software package, but readily available through customization of the application
4) **Supported via 3rd party**: Not in the base software package, but supports 3rd-party tools (e.g. "Dashboard functionality not included, but natively supports iDashboard").
5) **Not included or supported**: The requirement does not exist in the software, and the vendor would not deem this a reasonable customization now or in the future

<u>Additional Comments</u>

Provide responses where necessary to provide additional insight or explanation.

Relevant Information

After completing the spreadsheet, the vendor should consider any other information about their products or services that LRE and/or MSHN may find useful in considering the vendor proposal. *At a minimum*, this should include:

1) The vendor's template implementation plan with expected timelines and milestones that LRE & MSHN could expect from contract award to becoming fully operational in the use of the software.
2) The training format and plan used by the vendor (e.g. on-site vs. off-site, train-the-trainer and/or computer-based vs. vendor-only, etc.)
3) A list of available, on-line reports that the system has in the base software package, and contrasted against Exhibit B – "LRE & MSHN: Required Reports".
4) Clear response to IT considerations in Exhibit C – "Information Technology Disclosures"

This may also include studies, brochures, testimonials, or links to online-resources beneficial in evaluating their proposed solution.

Estimates of Costs

The vendor estimation of costs should be done from the "Total Cost of Ownership" perspective. The thoroughness of disclosure for estimated costs is a key consideration of the proposal review team. This shall include, but is not limited to, the following:

1) Purchase price of the solution, to include additional costs for licensing and/or recommended hardware as required
   a) Costs for licensing should identify how costs are determined (e.g. licensed per installation, processor, concurrent connection, named user, etc.)
2) Hourly basis for software customization
3) Cost of annual support/maintenance/licensing/subscription fees
4) Costs for data translation to migrate necessary information from existing data repositories and systems to the Managed Care Software Platform.
5) Cost for implementation and training
6) Any additional cost information not previously identified

It is understood that, as governmental entities, LRE & MSHN are not subject to sales tax within the State of Michigan, nor Federal Excise taxes. A copy of the tax exemption certificate will be made available to the vendor selected to provide the solution.

Estimated costs shall be valid for 180-days, and should not change for any reason other than the clarification of requirements, or as otherwise agreed upon between LRE & MSHN and the selected vendor. Selected finalists will clarify their estimates of cost into final quote in accordance with the vendor's standard agreement practices.

Organization of Proposal

The vendor company name should be included in each filename sent to TBD Solutions LLC. Each of the proposals should be formatted as follows:

1) Cover/transmittal letter
2) Section 1: Company Information
3) Section 2: Completed Requirements Spreadsheet (see Exhibit A)
4) Section 3: Vendor's Relevant Information (see Exhibits B & C)
5) Section 4: Estimates of Costs
6) Section 5: Sample Contract Template
7) Section 6: Other materials/attachments

Proposal Submission Details

All proposal documents must be converted to Portable Document Format (PDF – preferred option), Microsoft Word or Microsoft Excel as appropriate, and submitted electronically via email.

Send proposals to: administration@tbdsolutions.com
Acknowledgement of receipt will be provided

Maximum size of email with attachments: 15 megabytes
(Please divide attachments between multiple emails if larger than 15 MB)

<p style="text-align:center">**SUBMISSION DEADLINE**:</p>

<p style="text-align:center">Proposal must be <u>received</u> by 8 p.m. EST on Wednesday, June 8th, 2016.</p>

<p style="text-align:center">**NOTE: Proposals submitted after the deadline will not be accepted.**</p>

This RFP, as well as all submitted documents, specifications and correspondence submitted to TBD Solutions in response to this RFP, become the property of Lakeshore Regional Entity and Mid-State Health Network. The proprietary materials submitted will not be shared between competing vendors responding to this RFP at any time for any reason.

Selection Criteria

Lakeshore Regional Entity's and Mid-State Health Network's screening of proposals is to identify the best companies capable of meeting the unique needs of each organization as demonstrated in their proposal. Selection of the top vendors will be made based on:

1) Completion of all required responses.
2) Ability to meet requirements.
3) The strength of the organization's/company's stability, experiences, capabilities, and references.
4) Overall estimates of cost and the reasonableness of implementation timelines.

Limitations

Right of Refusal

Both Lakeshore Regional Entity and Mid-State Health Network reserve the right to accept any or all alternative proposals and to award the contract to other than the lowest bidder. Lakeshore Regional Entity and Mid-State Health Network may also waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by Lakeshore Regional Entity or Mid-State Health Network, at its sole discretion, to be in its best interests.

Vendor-incurred Costs

Neither Lakeshore Regional Entity nor Mid-State Health Network are liable for any costs incurred by bidders/companies prior to the issuance of a contract.

Freedom of Information Act (FOIA)

Information submitted in response to this RFP is subject to the Freedom of Information Act. The proposal(s) that best meets the needs of Lakeshore Regional Entity and Mid-State Health Network will be made available for review upon selection. Non-proprietary information contained in proposals will be made available by written request.

Vendors that wish to withhold certain areas of their proposals from a FOIA request must clearly identify which parts of their proposal are proprietary and justify why (e.g. intellectual property, information that would unfairly advantage competitors, etc.). Identification of the entire proposal as proprietary is not acceptable.

Exhibit A

LRE & MSHN Requirements Spreadsheet: Please electronically complete the Microsoft Excel Spreadsheet titled:
"LRE_MSHN_ManagedCareSoftware_RFP_Requirements_09May2016.xlsx"

Exhibit B
LRE & MSHN: Required Reports

Behavior Treatment Report	Quarterly	Strengthen data reporting definitions, develop regional group for review.
Critical Incident and Risk Event Report	Monthly	Required per State of Michigan
CMHSP Report Card	Update Quarterly	Assures performance of members around compliance, audits, claims, data timeliness and other key indicators.
Report Cards – Annual Performance	Annual	Develop further – draft Report Card has been developed and is under review.
Timeliness Reports— data submission by CMH - MMBPIS, CIRE, POC (Evaluates CMHSP compliance with reporting timelines)	Monthly	Measures timeliness reporting by CMHSP.
Compliance Report	Semi-annual	Based on information in the Compliance log
Data Accuracy Report	Monthly	This is an enhancement of existing reports with inclusion of the BH-TEDS data.
Dashboard Reports	Ongoing - current	Draft has been developed, will be reported and available to Board and stakeholders. Includes data regarding Medicaid open cases, individuals served, inpatient rates, and inpatient length of stays.
Paid Claims Triangle	Monthly	Currently assessing report specifications. Should show number of admissions, authorizations, estimates of services per month, and claims paid per month (see IBNR report)

Incurred but not Reported (IBNR)	Monthly	Want to begin with community inpatient first then expand to other services, based on auth data from CMHs.
Services against Authorizations Report	Monthly	This report will coalesce with development of an integrated MCO data system.
High Service Utilization Report	Monthly	Individuals who have higher than expected service utilization, or other identifiable outliers.
Bi-Direction Exchange of Information with MHPs: e.g., Joint Care Management Plan	Ongoing	FY 2016 is a process year in preparation for FY 2017
Inpatient Utilization Reports	Quarterly	Identifies inpatient service utilization and hospital length of stay data.
Service Utilization Trends	Periodic	Looks at regional patterns of service utilization, identifying high and low outliers.
Fraud, Waste and Abuse Report	Quarterly	Screening for potential abuse of Medicaid services.
Customer Service Report	Monthly	A quarterly report of the number of calls received by the customer services function, and the information from the Customer Service log
Grievance / Appeals/Fair Hearings Report	Quarterly	Continue – grievance, appeal and hearing data will be maintained directly by LRE or MSHN.
Productivity Report	Quarterly	This report will require that the Detailed Administration and Services Report be developed.
CMHSP Detailed Administration and Services Report by Fund Source	Monthly	PIHPs need timely reporting on expenses broken out between administration (7 categories) and services. Almost a structural measure - % of FTE; could look at this by committee.

YSS & MHSIP Satisfaction Survey	Annual	State of Michigan annual requirement. Present data to Consumer Advisory Council, providers, and Board based on Assertive Community Treatment and Home Based Services.
SUD Satisfaction Survey	Annual	Summary of survey results for annual SUD service satisfaction
Network Capacity Report	Annual	Completed annually; TBD Solutions completed in 2015
Substance Abuse Reports Priority Population Waiting List & Injecting Drug Users 90% Capacity	Quarterly	Required per State of Michigan
Annual Site Review	Annual per CMHSP	Report of site reviews completed and those to be accomplished.
Site Review Comparison Report	Annual	Ability to analyze variances between providers
Medicaid Verification Report	Quarterly/ Semi-Annual or As-needed	Ability to confirm variances in Medicaid funding for those who are or have become eligible. Also includes Medicaid mismatches.
Performance Improvement Project – lab testing for persons on certain antipsychotic medications.	Ongoing	Continue – currently in process of evaluating data completeness and accuracy. First data comparison will be from September 2015.
Sentinel Event Report Monitoring –Both MH & SUD	Ongoing	Required per State of Michigan
SUD OROSC & Specialized Reports for Grant-based Programming	Monthly, As-needed	Required per State of Michigan
Michigan Mission-based Performance Indicator System (MMBPIS Reports)	Quarterly	Required per State of Michigan
Services/Encounters Report	Monthly	As part of our dashboard reporting, a monthly report that summarizes services provided in the region, and by CMHSP.

QAPIP Evaluation and Assessment	Annual	Allows for creation of annual report based on State of Michigan annually identified Quality Assurance Performance Improvement Project
State of Michigan Behavioral Health Treatment Episode Data Set - Completeness	Monthly	Status of each file submitted by CMHSP, and a summary of error messages. MDHHS and PIHP error messages are reported.
QI File /Demographic	Monthly	Required per State of Michigan
Encounter File Status by Line	Monthly	Report provided to CMHSP on status of each claim line and QI reporting line.
Encounter File Status Summary Report	Monthly	Summary report provided to CMHSP via email, detailed report available via secure LRE server. Also provide information on claims that received no MDHHS response.
Encounter Volumes – Lines and Consumer Counts	Monthly	Shows number of encounters and consumer counts by funding source, population
Encounter Timeliness and Completeness	Monthly	Timeliness of delegated adjudication and submission.
HAB Waiver Recoupment Report	Monthly	Waiver consumers without service activity are identified 2 weeks prior to final reporting, allowing CMHSP to resolve at local level and maximize appropriate payment.
Bucket Report – Monthly report on year to date spending of CMHSP member agencies.	Monthly	Spend amounts by all funding sources at CMHSPs – Medicaid DAB, TANF, HM, HSW, Autism, MIChild, etc. Reported monthly to Board of the PIHP.
Financial Statements	Monthly	Reported to the Board of the PIHP
Medicaid Utilization Net Cost (MUNC) Reporting	Annual	Required by State of Michigan
HAB Waiver Enrollments and Payments	Monthly	PIHP reviews data with CMHSP to assure all regional HSW "slots" are filled with eligible members, thereby assuring appropriate revenue assignment per members.

HSW Recertification Reports	Bi-Monthly	PIHP sends to CMHSPs to assist in managing annual recertification. Reports are available to CMHSPs on state system.
Autism Payment Reports	Monthly	Reports provided to CMHSPs to assure payment is received for eligible consumers, and to track due dates.
Autism Quarterly Report	Quarterly	For purpose of updating information.
Autism Capacity Survey	Quarterly	PIHP coordinates responses from CMHSPs to MDHHS requirement, identifying service capacity.
Autism Recertification Report	Quarterly	CMHSP has access to this data on state website, but PIHP produces report to monitor timelines.
Autism Variance Report	Monthly	There is a need to develop a more real time method to identify variance between services authorized and services provided.
Identify Shared Members with Medicaid Health Plans	Monthly	Currently working with several health plan to identify data specifications.
Psychiatric Inpatient Follow Up	Ongoing (KPI in ICDP)	Monitored via MMBPIS so ICDP report (which is slightly different - this is HEDIS measure - this is 7 and 14 days and additional codes included) is not utilized currently; consider for use in collaboration with MHPs in the future because it will provide a more realistic view
Children Access to Primary Care	Ongoing (KPI in ICDP)	Regional Committees to define how often they want to review this
Adult Access to Primary Care	Ongoing (KPI in ICDP)	Regional committees to define how often they want to review this
RAS – Consumer Recovery Measurement Tool	Annual	Measuring recovery in the SUD population

Diabetes Screening	Ongoing (KPI in ICDP)	Similar to performance improvement project measure; this measure only focuses on persons with schizophrenia and bipolar disorder; plan to use this measure once PIP is completed
Cardiovascular Screening	Ongoing (KPI in ICDP)	
Litigation Report	Annual	Per State of Michigan requirements
Daily Admissions, Discharges	Daily	Ability to match names of clients (SUD) with most recent primary insurance record based on admit or discharge date. Should also provide list of admissions by age distribution, and those with no discharge yet associated.
Billed Treatment	As needed	All treatments billed to the PIHP by primary and supplemental funding sources. Can be run by provider, CPT code, County, or by County & CPT code.
SUD Performance Indicators	Quarterly	Per State of Michigan requirements: Ability to summarize and drill down into each of the summary categories.
Recidivism	As needed	Ability to track recidivism rates by person served, clinician and provider
SUD Penetration Rate by County	As needed	Per State of Michigan requirements
Step-down Services	As needed	Ability to see a person transition from various services (admission, transfer, discharge)

Exhibit C

Information Technology Disclosures

Section I: Lakeshore Regional Entity & Mid-State Health Network: Current Software Inventories & Compatibility Needs

- Microsoft Windows Operating System (currently supported versions 8.1 & 10)
- Microsoft Office Suite (2013, 2016)
- Microsoft Health Vault
- Intacct Cloud-Based Financial Software
- Microsoft Windows Servers, SQL Server, and Office 365 E3 Licenses
- Apple iPads, iPhones
- Other mobile technologies (Microsoft or Android OS)
- Box.com File Management System
- Microsoft Azure
- Microsoft SQL Server
- Netsmart CareNet Substance Use Disorder EMR Software (MSHN)

Section II: Vendor Information Technology Guidelines/Disclosures

Category	Description	Notes	Vendor Response
IT	Vendor has proven interoperability with Accounting Systems	Intacct Cloud-Based Financial Software provides the accounting system for LRE	
IT	Vendor has proven interoperability with acting as or interfacing with employee time tracking system.	Tools to track employee activities (e.g. time reporting)	

IT	System infrastructure requirements: Vendor must explain what is required for client connectivity. What software, network and telecommunications are needed for their solution?	Should include information on mobility requirements/supports, minimum bandwidth, etc. Must include specifications for client devices (laptops, PCs, tablets, phones), and minimum bandwidth capacity.	
IT	System Availability, and the upgrade/maintenance cycle	System must have 99.7% uptime during business hours. Vendor should describe its upgrade and maintenance cycle, and how downtime will be mitigated	
IT	Vendor provide cost comparisons for both Software as a Service (SaaS) and locally hosted solution (if offered)	If both are offered, the vendor should recommend which approach is preferred and any cost advantages	
IT	Ability to control user access at several different levels. Senior supervisors, managers or directors should be allowed to do administrator-level activities within some subsystems.	Vendor should demonstrate how they perform user access within their solution	
IT	Whitelist/blacklist mobile devices authorized to access the EHR	Could be used to support BYOD and must guarantee safeguards against paged memory or cookies that would hold unsecured PHI on the device	
IT	Vendor should explain what type of on-site/organizational staff are required to operate the system	System administrators, data specialists/forms designers, network security specialists, trainers, etc.	
IT	Meets Federal Certification Criteria	As applicable, meets Meaningful Use Stage 1 & 2 certified, assurance of Stage 3 certification in 2016, HIPAA-compliant, etc.	
IT	Offline Data Repository	Vendor must provide a data repository that staff can use to do custom reporting or in-	

depth examination of data that does not impact the functionality of the live system. This should be as real-time as possible (no older than a snapshot of the previous day). If the vendor does not offer this functionality, they must demonstrate the depth of their data mining tools offered on the live system, and assure no impacts to its functionality.

IT	Data redundancy and security	Vendors must describe how they reasonably assure the security of access to their data systems, the means by which data redundancy occurs, and how systems are monitored to ensure their protection, and how intrusion attempts are detected. Multiple data centers housing redundant information is preferred. If applicable, provide locations (states/cities) of multiple data centers and service standards for moving from primary to secondary data center.
IT	Interoperability with other key systems	Vendor should support interoperability with other behavioral health data systems such as FAS, Child and Family Assessment Scales (CAFAS), the interconnectivity to provider EHRs -- currently includes Netsmart, Streamline, E-Clinical (locally developed solution).
IT	Utilizes a relational database management system RDBMS)	Vendor should describe the RDBMS used in the solution (Oracle, IBM DB2 or Informix, MySQL, PostGRE, Microsoft SQL Server, Microsoft Azure, etc.). If a commercial RDBMS is not used, vendor to explain how they manage database normalization.