HUB Notification of Subcontracting Opportunities Related to RFP No. HHS0011152 for the Texas Health and Human Services Commission

Community First Health Plans, Inc. (Community First) is currently contracted with the Texas Health and Human Services Commission (HHSC) for STAR Medicaid, STAR Kids, and the Children's Health Insurance Program (CHIP) managed health care programs in Texas.

Community First is responding to HHSC's Request for Proposal (RFP) for the STAR Medicaid and CHIP Managed Care contract in the Bexar Service Delivery Area. Community First is interested in expanding its utilization of Historically Underutilized Business (HUB) vendors to provide services as outlined, subject to the HHSC contract award.

This notice constitutes the official notification supporting the RFP and provides specifics regarding the subcontracting opportunities below:

1. Advertising and Marketing Services
2. Dental Benefit Management
3. Disease Management
4. Management Information Services
5. Nurse Hotline and Call Center Triage Services
6. Pharmacy Benefit Management
7. Printing and Fulfillment Services
8. Promotional Items
9. Reinsurance Services
10. Translation Services
11. Vision Benefit Management

1. Advertising and Marketing Services

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes supplying creative advertising, public relations, social networking, interactive marketing, and interactive media for special events in a corporate setting. In addition, the Subcontractor must supply a wide range of creative development, promotions, web designs, and web development. Multiple languages are desirable. Experience in the health care industry is preferred.

- Information regarding the location to review:

  Please contact Community First Health Plans, Inc. for any additional specifications related to this request for service at:

  Community First Health Plans, Inc.
  Attn: STAR & CHIP HUB
  12238 Silicon Dr. #100
  San Antonio, Texas 78249

- Information about Bonding and Insurance Requirements (if applicable):

  The HUB must provide: (1) workers' compensation coverage for its employees; and (2) automobile coverage in at least the minimum Texas statutory amounts for all driving-related to subcontract services. Each Subcontractor must maintain the types of insurance needed and the amounts required to maintain the licenses currently held by the Subcontractor.

- Required qualifications and other contract requirements:

  Provide evidence of your valid Texas HUB Certification Number and a written description of your company's ability to demonstrate compliance with the scope of work for the subcontracting opportunity. In addition, your proposal should include, at a minimum, a description of the services you provide as it relates to the scope of services, pricing for such services, and a description of your service or delivery area.

- Description of how to respond to the subcontracting solicitation:

  Response to this notification of Subcontracting Opportunities from a certified HUB is due no later than 5:00 pm on December 21, 2022. The contact person is Gabriella Uranga, HUB Administrator. Ms. Uranga may be reached by email at: CommunityFirstHUB@cfhp.com or Community First Health Plans, Inc., 12238 Silicon Drive Suite 100, San Antonio, Texas 78249.

2. Dental Benefit Management

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes the administration of dental care for Members, including claims administration, claims payment, Member services, Provider contracting and credentialing, Provider services, utilization review, and any other specific dental services-related activities. The Subcontractor must be licensed by the Texas Department of Insurance as a single service (dental services) DMO or be certified by the Texas Medical Board as a 5.01(a) organization. The Subcontractor must have a comprehensive Provider network of licensed and qualified dental service providers and meet all access to care standards. All contracted Providers must be fully credentialed and re-credentialed following NCQA standards and timelines.

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3. Disease Management

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes providing a comprehensive disease management program for asthma, diabetes, and other chronic diseases. The disease management programs must include, at a minimum, health assessments, provision of age and culturally appropriate educational materials, telephonic coaching, health compliance assessments, and in-home health care visits. All services must be consistent with state statutes and regulations. The disease management subcontractor must have current NCQA and/or URAC accreditation for each disease management program. Accreditation by both NCQA and URAC is preferred. The Subcontractor must employ or contract with licensed clinicians to conduct in-home visits to members in active disease management, as required.

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- Required qualifications and other contract requirements:

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4. Management Information Services

This notice constitutes the official notification supporting the RFP and provides specific information regarding nine (9) subcontracting opportunities. **Vendor responses may be submitted for <u>one or more scope of work(s)</u> based on vendor qualifications, expertise and experience to meet the operational needs of the organization as outlined below:**

- Descriptions of the scope of work(s) to be subcontracted (in no particular order):

1. **Information Technology System:** A core platform to serve as the system of record for data on health plan Members (enrollment status, member demographics, and other insurance coverage), health plan benefits, Provider information, claims, and encounters. The system solution must deliver the flexibility and functionality to continuously improve performance and efficiency. Rule-based features and functions must offer added accuracy with a full suite of automated solutions to manage data and operations. The software solution must facilitate efficient and effective processing of eligibility, enrollment, and, disenrollment data, benefits packages, and third-party insurance received from HHSC and loaded into the core platform. The software solution must offer, timely, and accurate member data support major operational functions including Service Coordination and Utilization Management, and claims processing. Community First currently receives enrollment files from HHSC for Medicaid and CHIP, in an X12 834 format through secure delivery, which is automatically loaded within 24 hours of receipt. Our enrollment processes have the capability to handle both prospective and retroactive enrollment and recoup a Provider payment when a Member's disenrollment is retroactive. Member enrollment and eligibility updates are shared daily with other platforms and subcontractors, such as ID card fulfillment, Coordination of Benefits, and other Care or Service Coordination activities, through our Electronic Data Interchange (EDI) subsystem.

2. **Care and Service Coordination System:** A core platform (Population Health Management System) solution that integrates with the existing information technology system (described above) and the Member and Provider existing portal. Rules-based clinical workflow engines and business intelligence tools must allow for population and Member-based analysis. A web-based application design must allow for easy configuration and deployment of modules. Community First integrates systems and processes with HHSC and other entities to facilitate appropriate Member transitions. The system infrastructure must provide a holistic view of Member data in one central, secure repository for enhanced Person-Centered care coordination. The software solution must integrate Service Coordination with Disease and Utilization Management, including physical and Behavioral Health and functional and social needs, and track Long-Term Support Services (LTSS) Service Plans through the intake of HHSC validation and substantive response files via X12 278 format for Members. Community First's Population Health Management System, must provide a solution to support physical and Behavioral Health, and Utilization Management, including Prior Authorization, referral, concurrent review, and cost-savings management.

The Utilization Management module must provide advanced clinical decision support for the determination of medical necessity and appropriateness of care, as well as a review of care assessments, stay requests and procedures. The software solution configuration must offer an engine to generate required authorization and denial letters and notices with HIPAA-compliant Member-specific information.

3. **Member and Provider Portal and Website:**
   HIPAA-compliant **Member portal** solution must be available in both English and Spanish through tablets and Smart Phone Applications. Members must have the ability to access:
   - Individualized health summaries, including doctor visits, vaccinations, prescription drugs, lab results, and Service Plans
   - Referral history, including case management and disease management
   - Prior authorization requests, approvals, and denials
   - Eligibility information, consisting of claim details, provider location
   - Explanations of Benefits (EOB), ID cards and plan information, including Service Planning and authorizations (view, download, and print)
   - Educational information and resources on wellness, prevention, and Value-Added Services

   HIPAA-compliant Network **Provider portal** available through tablets and Smart Phone Applications. Network Providers must have the ability to access:
   - Reports supporting a wide range of requested data ranging from patient rosters, Emergency Department utilization, claims status and history, and final disposition
   - Secure notifications delivered by email and text when new messages are generated based on a variety of system-monitored events
   - Live chat functions that integrate a chat operator dashboard providing relevant information to the Provider for a prompt response and issue resolution
   - Member utilization management for acute care and Service coordination, claims history, prior authorizations, lab results, disease management, immunization records, service utilization, Service Plans, and gaps in care
   - Resources such as our Behavioral Health Toolkit for Primary Care Providers, which includes evidence-based screening tools and information on treatment and referrals

4. **Data Warehouse Solution:** The Data Warehouse solution must comprise business intelligence platforms that allow Community First to gather, understand, and visualize data. This service must offer solutions to support our data-driven culture and provide the ability to identify and act on trends internally. The data warehouse is the cornerstone of all data coming into Community First. The platform solution must include a SQL 2014 server with SQL Server Integration Services (SSIS) and SQL Server Reporting Services (SSRS). Dashboards must be available and interface with Microsoft's PowerBI and Syncfusion. The solution must have the ability to collect the data, accurately process the information, and aggregate and present the data across multiple technical platforms to provide Community First with superior operational, clinical, and financial outcomes. The solution must have the ability to accurately receive and process files in HIPPA-compliant formats including, 834, 837P, 837I, 835, 270/271, 276/277, and 997. The solution must

have the ability to interface with Texas Medicaid & Healthcare Partnership (TMHP) to receive and send text, flat, JSON, and XML files:

- **Gather Data:** SQL Server database engine (SQL RDBMS) and SQL Server Integration Services (SSIS) for extract, transform, and load (ETL) tasks
- **Store and Understand Data:** SQL Server Data Warehouse and SQL Server Analysis Services (SSAS) using tabular Models
- **Visualize Data:** Microsoft Power BI and SQL Server Reporting Services (SSRS)

5. **Interoperability Solution - Consumer Application Registry and CMS-compliant Responses to API Request as follows:**
   - **A.** API Request Consumer / Member Authentication. The software solution must validate the identity of the Member, as configured as follows:
     1. *Patient Access API*. The solution must confirm that the Consumer Application is within an Active Consumer Application Registry and requesting data for a Valid Member.
     2. *Provider Directory API*. The Data Access Rules do not require Consumer / Member authentication for the Provider Directory API.
     3. *Payer-to-Payer Data Exchange*. The solution will confirm that the Member information provided by a third-party payer which currently has a Member as an active enrollee, is a valid Member.
   - **B.** API Request Consumer Application Authentication. The solution must validate the identity of the requesting Consumer Application and its inclusion within an Active Consumer Application Registry as follows:
     1. *Patient Access API*. The solution must authenticate the Consumer Application ensuring it is within a Active Consumer Application Registry.
     2. *Provider Directory API*. This API end point will be hosted on Community First's webpage for access by any party, Member or otherwise, and therefore no additional authentication beyond initial configuration is required.
     3. *Payer-to-Payer Data Exchange*. The solution must authenticate the requesting payer's Consumer Application ensuring it is within an Active Consumer Application Registry.
   - **C.** Provision of Requested Data. Upon authentication of Member status and Consumer Application status, as described above the solution must provide a near real-time FHIR 4.0 response to a respective Consumer Application providing the requisite data (to the degree that such data is available to the solution) as follows:
     1. *Patient Access API*. The solution must provide the requested active Member Data back to the Data Commencement Date, in the required CPCDS and USCDI content and format.
     2. *Provider Directory API*. The solution must provide the requested provider network data to the requesting party in the format and specification required by CMS.
     3. *Payer-to-Payer Data Exchange*. The solution must provide the requested active or historical Member Data representing five (5) years of history, in the required CPCDS and USCDI content and format.

Reporting Services must be accessible to operational response and transactional history reporting through the platform solution offered.

6. **Paper Claims Processing Solution:** A mailroom and fax intake solution to have the claims submitted for data capture, eligibility, and Provider matching, claims routing, and 837 export. The required scope of work describes the requirements, timeline, and deliverables, required.

   Requirements:
   - Mailroom, open, prep, sort, and batch documents for scanning
   - Fax intake process retrieve Tiff and PDF attached image files from a designated SFTP location
   - Configure a loading process to retrieve the posted files and convert them to tiff images and will load them into the form ID process where the form types and document separations are identified.
   - Claims must flow through the workflow to data capture and 837 export.

   Data Capture and Validation:
   - Perform data capture services on the paper claim forms and any EOB or attachments received.
   - Screen claims for SNIP level validation as well as business rule compliance defined by Community First during initial implementation.
   - Claims with errors or deficiencies will be posted to a pended reject queue in the system where Community First staff may review pended reject documents and make corrections or trigger a rejection letter to the Provider.
   - Claims that lack required information or are rejected for other business requirements will be returned to Providers in a rejection letter or returned for Community First processing.

   Member Matching:
   - Establish Member matching process from claims utilizing a data file supplied by Community First
   - Use the Member file to validate the captured data for accuracy
   - Matched claims can be normalized against Member data based on business rules defined by Community First during initial implementation
   - Populate missing fields if information can be verified in supplied Member files as requested by Community First during initial implementation
   - Non-Matched claims will be placed in a Member match queue for Community First to review and either update, match, or reject.

   Provider Matching:
   - Configure a loading process to automatically retrieve and load submitted Provider files
   - Establish Provider matching processes and will match claim data against supplied Provider extract files
   - Implement best practices to configure matching algorithms and processes.
   - Matched claims will be normalized against Provider data.

- Non-Matched claims will post to a manual Provider match queue for review and either match, release, pend until the next Provider file load, or reject with a letter issued to Provider
- 837 Export; Must export each claim in 837 format
- Each 837 file will be exported in a ZIP file along with all corresponding claim images
- Archiving will store image files and related data for a minimum of 90 days at no additional cost
- Serve as an image repository and will store all image and data files for up to 10 years

7. **Electronic Payment Processing and Fund Transfer, and Generation of Explanation of Benefit and Explanation of Payment Statement(s) Solutions:**
The solution must provide payment automation services that improve administrative efficiency, meet regulatory requirements, and enable payers and providers to manage new eimbursement strategies. Electronic Explanation of Benefits (eEOB), must offer and electronically delivered version of the traditional explanation of benefits:

   - Allow members to go paperless and receive electronic EOB
   - Give members access to view EOB from any secure device
   - Search and retrieve EOBs from a 24-month EOB history
   - Reduce or eliminate printing and postage costs

   The core payment technology platform must enable the secure processing of electronic payments (EFT/ACH) and remittance information (ERA) for medical health plans and providers, as well as dental insurers. The product solution must:

   - Reimburse our Provider Network electronically
   - Deliver Provider remittances electronically on a secure web portal
   - Effectively drive value-based care results
   - Reduce administrative costs by eliminating manual payment processes
   - Comply with ever-changing regulations around Provider and Member payments

   We require a turnkey solution that features a multi-payer, fully electronic provider enrollment process, a provider self-service portal, and provider outreach services to drive maximum value and adoption while reducing administrative costs.

8. **Claims Submission Management Solution (Electronic of Paper):**
The solution must offer a claims management workflow allowing Providers to submit and track claims electronically or by paper, reducing calls to our call center and eliminating the need for fax and mail.

   - *Claim submission*: Submit individual claims through the Portal user interface or multiple claims via a batch file
   - *Claims correction*: Correct a claim that's already been submitted.
   - *Claim status*: Check to see if the claim has been adjudicated or if any additional documentation is needed

- *Overpayment and appeal*: Respond to a payer's request with appropriate documentation or initiate a denial appeal

9. Claims Editing System Solution:

The solution must offer key functionality:

- Edit content is the most robust and comprehensive in the industry
- Claims editing system must include edit content for professional as well as both inpatient and outpatient facility claims
- Medicaid edits are national and state-specific to Texas
- Software must interface with the core platform
- Supports unique contracts and payment models for all lines of business (Medicaid, Medicare, and Commercial)
- Offers speed to value with a three-month implementation

The solution must include opportunity detection, impact assessment, validation, and implementation:

- Data Surveillance and Analysis - review current procedural terminology (CPT) codes and J-codes to identify trends and possible leakage
- Market Intelligence - leverage industry intelligence robust edits based on trends seen across the local and statewide market
- Payment Policy Review - ensure existing policies are enforced through the editing process
- Post-Pay Recovery Analysis - analyze post-pay findings to include data mining, fraud, waste and abuse, and coordination of benefits to identify which can be moved upstream into the claims editing system

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- Required qualifications and other contracting requirements:

  Provide evidence of your valid Texas HUB Certification Number and a written description of your company's ability to demonstrate compliance with the scope of work(s) for the subcontracting opportunity submission(s). In addition, your proposal(s) should include, at a minimum, a description of the specific services you provide as it relates to each scope of services (9 scopes of services as outlined above), pricing for such services, and a comprehensive description of your service or delivery area.

- Description of how to respond to the subcontracting solicitation:

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  NOTE: Incomplete responses based on each scope of services submission(s), pricing for such services, and a description of your services or the delivery area will be considered non-responsive to this notification of subcontracting opportunities as outlined above.

5. Nurse Hotline and Call Center Triage Services

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes twenty-four hours, seven days a week, nurse advice line services. The Subcontractor must employ appropriately licensed clinical personnel to staff the advice line. Staff must be trained in all nurse advice line service areas, including addressing 72-hour emergency medicine supply issues and durable medical equipment processes. All calls must be documented, tracked, and answered to meet state contract performance standards regarding the maximum number of rings within which the call must be answered, maximum hold time allowed, and maximum call abandonment rate allowed. All staff answering the calls must be bilingual (English-Spanish), and all services must meet Cultural Competency requirements. URAC and/or NCQA accreditation is preferred.

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6. Pharmacy Benefit Management

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes the administration of pharmacy benefits together with adjudicating pharmacy claims, Member services, pharmacy network management, preferred drug list (PDL) and drug formulary management, clinical drug utilization review, quality assurance, cost-effective management, and other managed care pharmacy services. The Subcontractor's claims system must be capable of receiving and paying claims electronically in accordance with HIPAA-compliant standards. The Subcontractor must have a comprehensive network of licensed and qualified pharmacy service Providers and meet all access to care standards. All contracted pharmacies must be fully credentialed and re-credentialed following national and State standards and timelines.

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7. Printing and Fulfillment Services

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes supplying general and commercial digital printing for items such as custom business printing forms, letters, labels, brochures, business cards, ID cards, manuals, handbooks, directories, and newsletters. In addition, the Subcontractor must manage databases, distributions, and projects for printing services and be able to supply 100-10,000 items using the company logo and brand.

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8. Promotional Items

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes supplying services such as banners, signs, giveaways, work brochures, and the capability to provide 100-10,000 items using the company logo and brand. Upon request, proof of work should also be made available before job completion.

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9. Reinsurance

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes reinsurance coverage as required by the Health and Human Services Commission managed care contracts for applicable services. The Subcontractor must hold a current Life/Health insurance license issued by the Texas Department of Insurance and maintain the fidelity bond coverage required by statute and regulations under Texas law.

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10. Translation Services

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes supplying translation and interpretation services verbally and/or in writing, editing and proofing services, sign language interpreter, multilingual and multicultural services. Written correspondence could include business documents, such as letters, brochures, directories, promotional materials, and/or website information. Certified or accredited translators and interpreters desired.

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  Provide evidence of your valid Texas HUB Certification Number and a written description of your company's ability to demonstrate compliance with the scope of work for the subcontracting opportunity. In addition, your proposal should include, at a minimum, a description of the services you provide as it relates to the scope of services, pricing for such services, and a description of your service or delivery area.

- Description of how to respond to the subcontracting solicitation:

  Response to this notification of Subcontracting Opportunities from a certified HUB is due no later than 5:00 pm on December 21, 2022. The contact person is Gabriella Uranga, HUB Administrator. Ms. Uranga may be reached by email at: CommunityFirstHUB@cfhp.com or Community First Health Plans, Inc., 12238 Silicon Drive Suite 100, San Antonio, Texas 78249.

11. Vision Benefit Management

- Description of the scope of work to be subcontracted:

  The scope of work for this subcontracting opportunity includes the administration of vision care for Members, including claims administration, claims payment, Member services, Provider contracting and credentialing, Provider services, utilization review, and any other specific vision services related activities. The Subcontractor must be licensed by the Texas Department of Insurance as a single service (vision services), or be certified by the Texas Medical Board as a 5.01(a) organization. The Subcontractor must have a comprehensive network of licensed and qualified vision service Providers and meet all access to care standards. All contracted Providers must be fully credentialed and re-credentialed following NCQA standards and timelines.
- Information regarding the location to review:

  Please contact Community First Health Plans, Inc. for any additional specifications related to this request for service at:

  Community First Health Plans, Inc.
  Attn: STAR & CHIP HUB
  12238 Silicon Dr. #100
  San Antonio, Texas 78249

- Information about Bonding and Insurance Requirements (if applicable):

  The HUB must provide: (1) workers' compensation coverage for its employees; and (2) automobile coverage in at least the minimum Texas statutory amounts for all driving-related to subcontract services. Each Subcontractor must maintain the types of insurance needed and the amounts required to maintain the licenses currently held by the Subcontractor.

- Required qualifications and other contract requirements:

  Provide evidence of your valid Texas HUB Certification Number and a written description of your company's ability to demonstrate compliance with the scope of work for the subcontracting opportunity. In addition, your proposal should include, at a minimum, a description of the services you provide as it relates to the scope of services, pricing for such services, and a description of your service or delivery area.

- Description of how to respond to the subcontracting solicitation:

  Response to this notification of Subcontracting Opportunities from a certified HUB is due no later than 5:00 pm on December 21, 2022. The contact person is Gabriella Uranga, HUB Administrator. Ms. Uranga may be reached by email at: CommunityFirstHUB@cfhp.com or Community First Health Plans, Inc., 12238 Silicon Drive Suite 100, San Antonio, Texas 78249.