

REQUEST FOR INNOVATION (RFI)

September 22, 2010

All Interested Vendors,

This Request for Innovation is for planning purposes only and should not be construed as a Request for Proposal (RFP). This is not a solicitation for offers.

BACKGROUND

The State of Louisiana, Department of Health and Hospitals (DHH) operates an MMIS enterprise for the purpose of supporting our Medicaid Program by processing claims and making provider payments for eligible participants' medical claims. DHH contracts with a fiscal intermediary for Medicaid and enrolls and maintains data on approximately 32,450 qualified Medicaid providers in the MMIS.

PURPOSE AND SCOPE

Louisiana Medicaid is issuing this Request for Innovation (RFI) for the purpose of gathering solutions from vendors related to integration of state and federal initiatives into the existing MMIS and/or ultimately into a replacement MMIS.

We are particularly interested in receiving comments in the following areas:

- Coordinated Care Networks (CCN) – Louisiana's Proposed Managed Care program which includes a separate Enrollment Broker;
- Electronic Health Records (EHR)/Electronic Medical Records (EMR);
- Health Information Exchange (HIE);
- Health Insurance Exchanges – utilizing information found in a state MMIS program to meet these initiatives;
- Provider Incentive Payments and Meaningful Use;
- Fraud prevention, detection, and pursuit;
- Master Patient Index (MPI) – internal to DHH and external sister agencies;
- Electronic Case Management functionality including, but not limited to: an individual service plan which is populated by appropriate assessments: multiple levels of approvals: capabilities to be updated: made available to all service providers; allows data entry of case notes by all service providers; allows security access to caseloads; and provides audit trails of all transactions; and

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- Vendor responses shall include the method, process, resources needed, and timeline for design/customization, acquiring appropriate data sharing agreements, and implementation. Must interface with other programs, the existing MMIS and contemplate how it would interface with a future MMIS replacement. The response shall include the timeframe to collect and utilize any data elements related to the detection of waste, fraud, and/or abuse as required from any Federal health reform initiatives such as Section 1903(r)(1)(F) of the Social Security Act (42 U.S.C.1396b(r) (1)(F)). The system should meet Medicaid Information Technology Architecture (MITA) principles and guidelines. The responder shall also include information to identify:
 - If system would be a COTS with customization;
 - If system would be fully customized system;
 - Any Licensing requirements;
 - Any barriers to the state owning the system;
 - Any pros and cons of implementing prior to implementation of a replacement MMIS; and
 - Estimated costs should include: cost of the system, the design, development, and implementation phase, operation of the system and staffing/programmers cost.

“Qualified Vendors” for the purpose of this RFI are vendors with a minimum of one (1) year experience and at least one successfully completed similar project.

If your organization is interested in providing information on how Louisiana Medicaid can successfully meet the goal of addressing these initiatives with solutions that meet both Department standards and MITA principles and guidelines, please submit an electronic (WORD document preferred) copy, no longer than ten (10) pages (pages 11 and higher will be discarded) and in 10 pt Font or larger, to:

State of Louisiana
Department of Health and Hospitals
Janith Miller, Project Manager
Janith.miller@la.gov

Please note all responses are subject to Louisiana’s public records law.

All interested Vendors meeting the requirements specified in this RFI must respond no later than noon on October 6, 2010.

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VENDOR MUST PROVIDE THE FOLLOWING WITH THE RESPONSE

Date: _____

Organization: _____

Address: _____

Name of Authorized Contact: _____

Title of Authorized Contact: _____

Signature: _____ Email: _____

Telephone # (w/area code): _____ Fax #: _____