

LOUISIANA



**DEPARTMENT OF
HEALTH
AND HOSPITALS**

REQUEST FOR INFORMATION (RFI) related to Disease Management and Disease Management Services

BUREAU OF HEALTH SERVICES FINANCING

DEPARTMENT OF HEALTH AND HOSPITALS

RFI #305PUR-DHHRFI-DM-MVA

Response Due Date/Time: 8-29-2014/4:00 PM CDT

Release Date: July 30, 2014

PURPOSE

The Louisiana Department of Health and Hospitals (DHH) is seeking information regarding vendors that are capable of providing full Disease Management services to a targeted high need, high cost population to assist Louisiana in improving outcomes and reducing costs for Medicaid recipients with chronic diseases. The services shall include: identification of eligible participants, participant outreach and engagement, direction, coordination, monitoring and tracking of disease management and disease management related services. The key objective for this disease management program is to improve coordination of care and health outcomes that will result in a reduction in the overall cost of services needed. The Department is interested in obtaining information regarding disease management options to improve the management and quality of care for our Medicaid fee-for-service (FFS) population that can be operationalized and savings achieved within twelve months. The Department is seeking information regarding:

- Disease management and care coordination approaches.
- Experience with coordination of disease management services, including experience coordinating care on behalf of Medicaid and other public health care programs such as CHIP.
- Recommendations regarding populations and types of services for inclusion in the proposed delivery model(s) with the objective of promoting continuity of care and improved health outcomes.

DHH is issuing this Request for Information (RFI) for planning purposes only with the intent to gather information required to implement a care management model. The RFI should not be construed as a solicitation for services or a request for proposals (RFP), nor should it be construed as an obligation on the part of the State to purchase services. This RFI is not a means of pre-qualifying vendors for any subsequently issued RFP related to this RFI.

Participation in this RFI is voluntary and all costs incurred are at the expense of the submitter as DHH will not pay for any costs related to the preparation and submission of a response to the RFI. All submissions in response to this RFI will become the sole property of the State.

DHH is also providing an opportunity in which a responder may specify their availability and interest in providing an in-person demonstration of their response to DHH. It is within DHH's sole discretion to permit the in-person demonstration.

The provisions of the Louisiana Public Records Act (La. R.S. 44.1 et. seq.) apply to this RFI. Pursuant to this Act, all proceedings, records, contracts, and other public documents relating to this RFI shall be open to public inspection. Respondents are reminded that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, protections must be claimed by the respondent at the time of submission of its response. Respondents should refer to the Louisiana Public Records Act for further clarification.

GENERAL INFORMATION

Background

The mission of the Department of Health and Hospitals (DHH) is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the state of Louisiana.

DHH is dedicated to fulfilling its mission through direct provision of quality services, public and private sector partnerships, and the utilization of available resources in the most effective manner. DHH includes the Bureau of Health Services Financing (BHSF), which is the single state Medicaid agency for Louisiana and administers the Medicaid program for the state of Louisiana under the general supervision of DHH's secretary.

Existing Delivery System for Disease Management Services

In 2012, Louisiana implemented Bayou Health, which is a managed care delivery model designed to improve health outcomes and contain costs through coordination of acute care services for approximately 902,000 Medicaid enrollees. The Bayou Health plans also provide targeted case management and disease management to the recipients enrolled in their respective plans. Populations currently excluded from participating in Bayou Health include: 1) Medicare dual eligible(s); 2) individuals residing in nursing facilities and intermediate care facilities and group homes for individuals with intellectual and developmental disabilities; individuals enrolled in Medicaid 1915(c) Home and Community Based Services (HCBS) waivers, and children and youth ages three to twenty-one who are on a registry to receive HCBS waiver services. **These excluded populations do not currently have the benefit of disease management programs and would be the targeted population for any proposed Disease Management Services until the planned transition of the population to a risk-bearing managed care delivery model between October 2015 and January 2016.**

RESPONSE REQUIREMENTS

The response to this RFI should include your areas of expertise and any experience in managing the population in other states and the results of prior experiences in coordinating disease management services. These results should include improved provider qualifications, improved coordination and administration, improved recipient outcomes and cost avoidance for the state within the timeframe referenced above. The responder is encouraged to be as detailed as possible and invited to suggest and comment on any other related issues not specifically outlined below.

Responders are requested to describe their approach to providing Medicaid disease management and disease management related services, include the following:

- What services and/or populations does the vendor have experience with?

- What current FFS populations in Louisiana Medicaid would the vendor target? Current populations including recipient volumes are as follows:
 - Medicare Dual Eligibles (full benefit): 100,225
 - HCBS Waivers (non-duals): 6,774
 - Chisholm class: 5,948
 - recipients in NF, ICF/DD,s and Group Homes: 25,130
- What diseases and/or chronic conditions would be addressed?
- What aspects of medical care are affected and how are medical costs reduced?
- If a care management program is proposed, how many individuals will be included within the program? What is the minimum number of participants required to achieve enough savings to cover the cost of program administration?
- How will targeted recipients be identified (e.g., through claims data, referrals from physicians, nurses, family, or friends; and/or calls by beneficiaries to member services)?
- To what extent does the proposed project utilize “predictive modeling” or other technology to identify individuals for enrollment in care management?
- What mobile applications or innovations in patient engagement will be used to communicate with enrolled patients?
- What interventions will take place, what is the intensity (e.g. telephonic or face-to-face) and frequency of the interventions, and who will perform them?
- What is the role of the provider in the program?
- What evidence, including clinical outcome measures and studies, demonstrates the effectiveness of the proposed project?
- What steps are necessary to implement your proposal?
- How quickly could the proposal be implemented following the execution of a contract?
- Estimate the amount of savings achieved or expected by January 2016. What is the return on investment? Provide or describe the methodology that you will utilize to estimate cost savings.
- What is the shortest time period needed for program implementation before savings begin to be realized?
- Are the cost savings one time, annual, or recurring?
- Please provide estimates of “up-front” costs necessary to implement the program. How can these costs be built into pricing models, to minimize up-front program expenditures by the state?
- Describe your experience and successes with managing medical cost savings programs or projects in Louisiana or other states.
- Describe the population health improvements if any that you have been able to show in other states or Louisiana (e.g. HEDIS or other metrics)
- If applicable, please provide estimated cost savings other states obtained through implementation of the proposed model or models. Provide any other clarifications or considerations that could help the state in determining the feasibility and parameters for implementing a disease management program for the Medicaid FFS population.

Administrative Information

RFI Coordinator

1. Requests for copies of the RFI and written questions or inquiries must be directed to the RFI coordinator listed below:

Libby Gonzales
Mail Bin #24
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821-9030

2. All communications relating to this RFI must be directed to the DHH RFI Coordinator person named above. All communications between respondents and other DHH staff members concerning this RFI shall be strictly prohibited.
3. This RFI is available in PDF format at the following web links:
<http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm>

All responses must be received at the address listed below by 4:00 pm CDT, August 29th 2014. Proposals received after this time will not be eligible for consideration. If you would like to schedule a meeting with the Department to discuss and/or present your solution following electronic submission, please provide the information requested on the next page.

If delivered by hand or courier:

Libby Gonzales
Department of Health and Hospitals
628 N. 4th Street – Office 759
Baton Rouge, LA 70802

If delivered via US Mail:

Libby Gonzales
Mail Bin #24
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821-9030

REQUEST FOR MEETING WITH BHSF TO DISCUSS RESPONSE TO RFI

Date: _____

Organization: _____

Proposed Solution: _____

Address: _____

Name of Authorized Contact: _____

Title of Authorized Contact: _____

Email: _____

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

Scheduling Contact Name: _____

Email Address: _____

Phone Number: _____

Contact person day of the meeting: _____

Contact's cellular phone number: _____

Attendee's Name, Organization, Title:
