



THE HSC HEALTH CARE SYSTEM



Health Services for Children with Special Needs, Inc. (HSCSN)  
REQUEST FOR PROPOSAL—Medicaid Laboratory Program  
June 14, 2018



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## Overview: Health Services for Children with Special Needs, Inc.

Health Services for Children with Special Needs, Inc. (HSCSN) serves children and young adults up to age 26 who live in Washington, D.C. and receive Supplemental Security Income (SSI). We focus on young people with special health care needs, providing access to comprehensive, family-centered health care through a network of community-based services to give them the attention and level of care to help make their lives as full as possible.

Our services include individualized care coordination, behavioral health services, support programs and respite care, and for our enrollees we arrange for, or provide comprehensive, medically necessary services including:

- Individual care coordination
- Inpatient and outpatient care
- Emergency care
- Health education
- Home health
- Hospice care
- Preventative care
- Rehabilitative therapy
- Respite care and day treatment
- Transportation for medical appointments
- Parent/Caregiver support groups

HSCSN’s coordinated care program is based on two underlying principles:

- **Family-Centered Care:** HSCSN recognizes the importance of active family participation in the health management and decision-making process for each enrollee. Our care managers work with families as equal partners in planning and providing care.
- **Choice:** HSCSN recognizes that the ability to choose their physician is important to our enrollees. The enrollee’s right to choose providers within our network is preserved and protected.

HSCSN is one component of the HSC Health Care System, a nonprofit health care organization committed to serving people with complex health care needs and eliminating barriers to health services. The HSC Health Care System combines the resources of a health plan, pediatric hospital, home health agency and nonprofit foundation to serve and empower families with complex health care needs.

### The Population

Condition	% of Members
Asthma	22%
Autism Spectrum	14%
Intellectual Disabilities	4%
Developmental Disabilities	23%
ADHD	24%
Cerebral Palsy	5%
Epilepsy	7%
Blood Disorders	5%
Sickle Cell	2%



Condition	% of Members
Hypertension	2%
Chromosomal Abnormalities	4%
Bronchopulmonary Dysplasia	2%
Respiratory Failure	1%
Mental Health	51%
ADHD	24%
Depression	6%
Affective Psychosis	4%
Morbid Obesity	1%
Diabetes	1%
Cancer	1%
HIV/AIDS	1%
Immune Disorders	1%

## Request for Proposal—Medicaid Laboratory Services Program

HSCSN is seeking qualified vendors to respond to this Fee-for-Service Request for Proposal (RFP) Contract. A qualified vendor is one who can demonstrate the delivery of the highest quality covered services in an efficient and effective manner while ensuring accountability, innovation, value, and positive enrollee experiences, while also maintaining the highest performance standards of the Fee-for-Service Contract. After the first year of the award and subsequent collection of utilization/encounter data, HSCSN wants to be prepared to convert the contract to one of risk.

### Bidders Interested in Consideration by HSCSN

To be considered, interested Bidders must electronically submit:

1. A non-binding Letter of Intent (LOI) to HSCSN that:
  - a. States your organization’s intent to submit a proposal in response to this RFP.
  - b. Includes the name of the individual the Bidder designates as the primary contact for HSCSN throughout the RFP process, as well as an email address, phone number, and mailing address for the designated primary contact.

A non-binding letter of intent (LOI) must be submitted via email to [RFPResponses@hschealth.org](mailto:RFPResponses@hschealth.org) by 4:00 PM ET on June 19, 2018. Bidders who do not submit an LOI by this deadline will not be considered.

2. Questions regarding this RFP from interested Bidders must be received by 4:00 PM ET on June 26, 2018 at [RFPResponses@hschealth.org](mailto:RFPResponses@hschealth.org). All questions and answers will then be shared with all qualified Bidders.



3. Full and complete answers to all questions listed in this RFP, along with all required supporting documents, must be submitted in print form, plus electronic format on an included USB drive, to:

Office of the Director of Vendor Management  
Health Services for Children with Special Needs, Inc.  
1101 Vermont Ave NW  
  
12<sup>th</sup> Floor  
Washington, DC 20005

All responses must be received by **4:00 PM ET on July 9, 2018**. Responses received after this deadline will not be considered.

HSCSN intends to contract with one laboratory vendor that demonstrates their experience and understanding of our program and the impact they will have on the lives of our program recipients.

Any email must be sent to [RFPResponses@hshealth.org](mailto:RFPResponses@hshealth.org) with "Delivery Receipt Requested" to be considered as having been received by HSCSN.

## 1. Bidder Overview

- 1.1. Provide your full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which your organization is incorporated or otherwise organized to do business, year in which the your organization first organized to do business, and whether the name and form of organization has changed since first organized.
- 1.2. Provide your organization's office location responsible for performance pursuant to contract award with HSCSN.
- 1.3. Submit 2015, 2016, and 2017 audited consolidated financial statements and 2018 YTD consolidated financial statements for your organization.
- 1.4. List any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of your organization.  
*or*  
State that no such condition is known to exist.
- 1.5. List any contracts that have been terminated with your organization during the past five (5) years.
- 1.6. Submit a description of no more than 1500 words explaining your organization's experience managing laboratory services benefits for children in Medicaid managed care programs or any other special needs or complex care populations. Include your experience managing laboratory services for children with special needs.
- 1.7. Submit a description of no more than 1500 words explaining how your organization adds value to laboratory services, particularly addressing innovation that can help HSCSN enhance services, improve utilization and quality, and manage costs.

- 1.8. Provide a summary of your organization, including management and history. Describe how your organization's experience demonstrates the ability to meet the the requirements in this RFP. Include:
  - a. An overview of no more than 1500 words explaining your organization, including;
    1. History and experience in laboratory services
    2. Company background and primary lines of business
    3. Ownership and subsidiaries
    4. Headquarters and satellite locations
    5. Number of employees
    6. Major government and private sector clients, including specific product lines of business
- 1.9. Provide substantiation that your organization has the capacity to perform all the tasks and duties described in this RFP.
- 1.10. How do your services meet the needs of Family-Centered Care/Medical Homes?
- 1.11. Contractor must attest that they have read and understand the District of Columbia's Child and Adolescent Supplemental Security Income Program (CASSIP) ([Addendum A](#)) Requirements, and attests it will comply with all items therein.

## 2. Bidder Business Capability

- 2.1. List the names and positions of your team that will be assigned to the contract and the office(s) from which they are based.
- 2.2. Insurance requirements are as follows:
  - a. Vendor shall procure and maintain throughout the term of the Agreement commercial general liability insurance in commercially reasonable amounts, but in any event not less the \$1 million per occurrence and \$2 million in the annual aggregate. Copy of insurance will be provided to HSCSN.
    1. Such coverage shall be with carriers reasonably acceptable to HSCSN.
    2. In addition, Vendor shall ensure that all providers in its network maintain professional liability insurance coverage of not less than \$1 million per occurrence and \$3 million in the annual aggregate.
    3. In the event such coverage is claims made type coverage, all providers shall be required to procure tail coverage for the longest reporting period available.
    4. Vendor shall provide HSCSN with evidence of such coverages on request and shall provide HSCSN with prior written notice of any cancellation or material reduction(s) of any such coverage.
    5. Vendor shall promptly provide a certificate of insurance and/or of annual renewal upon request by HSCSN.
  - b. As Vendor will have electronic access to HSCSN's network, Vendor shall procure and maintain throughout the term of the Agreement cyber-liability insurance in commercially reasonable amounts, but in any event not less than \$5 million per occurrence and \$10 million in the annual aggregate.
  - c. If a product or service, in the opinion of HSCSN, represents an unusual or exceptional risk, additional insurance for that product or service may be required, including, but not limited to, Workers' Compensation and Employers Liability Coverage.

- 2.3. Provide any applicable accreditations for your organization.
- 2.4. If awarded this contract, you must be able to provide evidence that you have liquid funds (i.e., cash/cash equivalents) on hand to cover three (3) months of claims payments.
- 2.5. Describe your HIPAA compliance program and include any related policies and procedures.
- 2.6. Describe how your organization is aligned with NCQA standards.
- 2.7. Describe how your organization is aligned with and can support HSCSN's Triple Aim Goals.
- 2.8. Describe your programs to protect PHI/PII and HIPAA related requirements.
- 2.9. Describe your ability to produce SOC 1 Type II and SOC 2 Type II reports.
- 2.10. Submit an implementation plan of no more than 1500-words for how, if awarded, your organization will implement the services described in the RFP. Include in the plan:
  - a. A comprehensive plan for the provision of transitional services to enrollees and providers
  - b. A precise description of staff responsibilities for implementing the contract
  - c. A comprehensive description of the following:
    6. Initiation of services to enrollees
    7. Methods to ensure high quality and accessibility of covered services
    8. Methods to ensure transparency in all aspects of medical necessity
    9. Sample policies and procedures for ongoing monitoring and evaluation of covered services, care coordination, and case management
    10. Plan for evaluating the impact of covered services on enrollee health outcomes
    11. Costs or estimated costs of services
  - d. A description of the resources from HSCSN that your organization requires to carry out the implementation plan
  - e. A description of the designated implementation planning group, which shall direct implementation of all required functions and shall be responsible for developing and carrying out the Implementation Plan. The implementation planning group shall be comprised of enrollees who possess:
    1. Experience in serving Child and Adolescent Supplemental Security Income Program (CASSIP) Eligible Enrollees
    2. Experience with managed care, laboratory services, patient interaction, Medicaid managed care, behavioral health care, EPSDT, the District's health system, and with all other functions they will be responsible for implementing
- 2.11. Provide a copy of your most recent audited financial statement.
- 2.12. The Contractor shall submit for review and approval a copy of the implementation plan to HSCSN within five (5) business days after the date of award. (Do we want this plan to include a budget?)
- 2.13. The Contractor shall be required to fully cooperate with HSCSN and its representative in its Readiness Review, which shall be conducted prior to implementation of the Contract.
- 2.14. Additional information shall be required from the Contractor as part of the Readiness Review.
- 2.15. Explain how you accept daily enrollment files that update downstream vendor systems so providers know who is an active HSCSN enrollee.

- 2.16. Describe how you will provide complete and timely claims data to HSCSN to be imported into HSCSN's data warehouse environment for claims reporting.
  - a. Claims information should have all data elements available in the 837 standard file format (view these standards at this link: [https://www.ihs.gov/hipaa/835\\_837/newsletter4/](https://www.ihs.gov/hipaa/835_837/newsletter4/)).
  - b. Data must be delivered to HSC's system on the first working day of every month
    1. If the Bidder has a plan for delivering data regularly throughout the month, HSCSN would be interested in considering that as an alternative. (Is this how you want this information?)
- 2.17. Describe how you will process individual eligibility requests and responses in 270 and 271 standard formats (view these standards at this link: [270/271 Health Care Eligibility Benefit Inquiry and Response](#)) to identify eligibility for an individual.
  - d. Bidder must be capable of this processing on an as-needed basis.
  - e. Bidder's processing solution must avoid the need for HSC to send full eligibility files (to whom?) on a regular basis.
- 2.18. Submit a copy of your Business Continuity and Disaster Recovery Plan. Include:
  - a. Processes to back up the systems and restore in the event of a system failure
  - b. The manual process in place in the event of a system failure
  - c. Plan for cyberattacks and procedure for communicating to HSCSN when such attacks occur
- 2.19. Provide your membership counts for the last eighteen (18) months.
- 2.20. Submit copies of your fee schedules:
  - a. For enrollees
  - b. For laboratory services providers
- 2.21. Provide a list of existing benefits you provide to enrollees.
- 2.22. Provide your monthly number of claims payments for the last three (3) years, and for the current year to date.
- 2.23. Provide your call center stats, including monthly call volume, for the last eighteen (18) months.
- 2.24. Describe your dashboards for metrics.
  - a. Include screenshots of all key dashboard elements.
- 2.25. Submit copies of your Utilization Management policies and procedures.
- 2.26. Submit a complete list of your Utilization Management denials for the last eighteen (18) months.
- 2.27. Submit a complete list of the complaints and grievances you have received for the last eighteen (18) months.
- 2.28. Do you sub-contract laboratory services to anyone else?
  - a. List your subcontractors and the specific work they do for you.

### 3. Laboratory Program Description

- 3.1. Describe the range of laboratory studies available through your organization.
- 3.2. Describe how your organization works with primary care and other physician offices to pick up and process outpatient laboratory studies.
- 3.3. Describe your available outpatient laboratory centers in the District of Columbia. Include:
  - a. Locations
  - b. Office hours
  - c. Ability to meet the needs of a pediatric population



- d. Special services for:
  - 1. Young children
  - 2. Individuals with intellectual and/or developmental disabilities
- 3.4. Describe the relationships within the District of Columbia that your organization has with:
  - a. Hospitals
  - b. Federally-Qualified Health Centers
  - c. Large physician groups
- 3.5. Describe your physician portal for accessing patient laboratory data.
- 3.6. Describe your payer portal for accessing:
  - a. Member laboratory data
  - b. Member utilization data
- 3.7. Describe your reporting capabilities (both at individual level and population level) for:
  - a. Blood lead levels
  - b. HIV
  - c. Sexually transmitted diseases
  - d. Pregnancy
- 3.8. We do not currently require prior authorization for any laboratory studies. **Studies? Or Services?**
  - a. Do you offer a prior authorization process for any high cost testing?
- 3.9. Describe pricing for labs.
- 3.10. List and describe your fees, such as administrative fees.

#### 4. Enrollee Communications

- 4.1. Describe the availability of language interpretation services to meet the needs of non-English-speaking clients, both over in-person and over the telephone, emphasizing your experience with Medicaid populations.
  - a. Interpretive services must be available in:
    - 1. Korean
    - 2. Chinese
    - 3. Amharic
    - 4. English
    - 5. French
    - 6. Spanish
    - 7. Vietnamese
  - b. TTY and TTD service must be available.

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#### 5. Requirements

- 5.1. Contractor shall have all the necessary operational infrastructure and staff required to provide laboratory services as specified herein.

- 5.2. Contractor shall have an in-house clinical team (RN) to work with case managers and other authorized personnel to support enrollee care plans for escalated or urgent needs and quality control improvements.
- 5.3. Contractor must be HITRUST CSF Certified and within 18 months of the contract, will be URAC accredited.

## 6. Program Description **do we need to integrate any of these into section 3?**

- 6.1. Describe your laboratory services system and explain how it provides for, at a minimum, the following:
  - a. Eligibility Verification
  - b. Provider Network Management
  - c. Customer Contact and Complaints Tracking
  - d. Scheduling and Cancellation of Appointments
  - e. Claims Processing and Payment
  - f. Data Analysis and Reporting
- 6.2. Describe how providers request authorization.
- 6.3. Describe your authorization and coordination process.
- 6.4. Describe your process for expediting the coordination of laboratory services in an urgent or same-day situation.
- 6.5. Describe your process for responding to an incoming call from an enrollee.
  - a. Do you have a separate process for managing calls from the Health Plan?
- 6.6. Explain the credentialing/licensing process of the laboratory services providers in your network. Include in your description:
  - a. Minimum requirements to be included in the network
  - b. Your review and re-verification process
  - c. The contracting and fee schedule process you use with providers
  - d. Criminal background checks
- 6.7. Describe your process for data interchange, including:
  - a. Eligibility files
  - b. Claim/encounter files
  - c. Compliance with HIPPA Privacy and Security regulations
- 6.8. Describe your reporting and data analytic capabilities for:
  - a. Monthly reports
  - b. Ad-Hoc reports
  - c. Trend analysis to monitor costs, quality, and enrollee utilization patterns
- 6.9. The contractor will provide to HSCSN **(how often?)** reports on:
  - a. Grievances
  - b. Timeliness
  - c. Number of appointments requested
  - d. Number of appointments where enrollee is no call/no show

- e. Number of appointments cancelled
- f. Call center reports
- g. Daily service
- h. Predefined ad hoc reports upon request

Attach samples of each of these reports.

- 6.10. Describe your implementation process, including any requirement for team members to be certified.

## 7. Local Presence and Qualified Small Business Support

- 7.1. Describe your local presence in the District.
- 7.2. How will you work to assist HSCSN to meet our required 35% dedicated contract dollars to qualified small businesses in the District, as certified by the Director of Small Business and Local Development?
- a. Describe the processes you will use to identify and employ these qualified small businesses.
  - b. List the qualified small businesses you already employ, especially those providing services within the District.

## 8. Enrollee Communications **do we need to integrate any of these into section 4?**

- 8.1. Describe your customer service/call center capabilities, emphasizing your experience with Medicaid populations.
- a. Interpretive services must be available in:
    - 1. Korean
    - 2. Chinese
    - 3. Amharic
    - 4. English
    - 5. French
    - 6. Spanish
    - 7. Vietnamese
  - b. TTY and TTD service must be available.
- 8.2. Describe your recommended enrollee education programs. Also address:
- a. How you will inform enrollees about their benefits and how you can demonstrate your organization's outreach efforts?
  - b. How can you demonstrate the success of your outreach efforts?
- 8.3. Provide examples of enrollee materials such as welcome letters, education materials, etc.
- a. Describe how you would work with HSCSN to develop a welcome letter or educational materials.
- 8.4. Describe your Cultural Competency Program.
- a. Attach a copy of your cultural competency program policy and procedure.
- 8.5. The Contractor shall make all enrollee materials available and all in the following languages:

- a. Korean
- b. Chinese
- c. Amharic
- d. English
- e. French
- f. Spanish
- g. Vietnamese

## 9. Quality

- 9.1. Describe your quality program.
  - a. Attach a copy of your quality program policy and procedures.

## 10. Utilization Management

- 10.1. Describe your approach to Utilization Management, including but not limited to:
  - a. Innovations and automation
  - b. Processes for consistently monitoring compliance with utilization policies and procedures
  - c. Mechanisms to detect and document overutilization and underutilization
  - d. Processes and resources used to develop and regularly review utilization review criteria

## Addendum A: HSCSN Laboratory Vendor Requirements

### Covered Services

#### *EPSTD-Related Covered Services*

1. Laboratory tests including assessment of blood lead levels
2. To be considered timely, all EPSDT screens, laboratory tests, and immunizations shall take place within twenty (20) calendar days of their scheduled due dates for children under the age of two (2) and within thirty (30) calendar days of their due dates for children over the age of two (2).

#### *Other Covered Services*

1. Laboratory and X-ray services described in [42 C.F.R. § 440.30](#).
2. Tuberculosis-related services described in [Section 1902\(z\)\(2\) of the Social Security Act, 42 U.S.C. § 1396a\(z\)](#) for Enrollees determined to be infected with tuberculosis and whose condition is identified either by a member of Contractor's Provider Network, or any other health care Provider examining the Enrollee. Such services consist of prescription drugs, physician services and hospital outpatient services, laboratory and x ray services necessary to confirm the existence of infection, clinic services and FQHC services, Case Management services, and services (other than room and board) designed by the treating health professional or entity to encourage completion of treatment regimens by outpatients, including services to observe directly the intake of prescribed drugs.
3. Contractor shall ensure that its PCPs provide a written and oral explanation of EPSDT services to Enrollees including pregnant women, parent(s) and/or guardian(s), child custodians and *sui juris* teenagers. This explanation shall occur on the first (1<sup>st</sup>) visit, and annually thereafter, and include distribution of a pocket-size card with the schedule for screens, laboratory tests and immunizations. The importance of the preventive aspects of the service and the benefits of early developmental and anticipatory guidance services should be emphasized for children under age three (3) to their caregivers.

### Laboratory Providers

1. Contractor shall demonstrate that it has sufficient laboratory Providers within thirty (30) minutes Travel Time from Enrollees' residence. Laboratory Providers shall have either a Clinical Laboratory Improvement Amendment (CLIA) certificate of registration or a CLIA certificate of waiver.

### Blood Lead Levels Among Children Under the Age of Six (6)

1. In accordance with the District's Childhood Lead Poisoning Screening and Reporting Legislative Review Emergency Act of 2002, [D.C. Official Code § 7-871.03 \(2006\)](#), Contractor shall report, and require that its subcontractors, including contracted laboratories, report results of all blood lead screening tests to DHCF and the Childhood Lead Poisoning Prevention Program within seventy-two (72) hours after identification.
2. Contractor shall refer a child so identified for assessment of developmental delay, and shall coordinate services required to treat the exposed child with lead inspection and abatement services.
3. Contractor shall submit a monthly report to DHCF regarding Child Lead Blood Levels in a format to be specified by DHCF.

## Addendum B: Utilization Data

### Accession

Year 2017	Total Accessions	
	Herndon, VA	Burlington, NC
Jan	3,300	1,089,790
Feb	3,167	1,084,837
Mar	3,499	1,061,939
Apr	3,126	1,075,557
May	3,399	1,157,298
Jun	3,446	1,138,222
Jul	3,359	1,120,761
Aug	3,537	1,249,089
Sep	3,491	1,155,258
Oct	3,504	1,222,477
Nov	3,271	1,161,963
Dec	3,172	1,110,112

### Member Call Volumes

Calls Received 2017	Calls Answered 2017
6,329,296	5,592,304