

# REQUEST FOR INFORMATION

**Milwaukee County Department of Family Care  
Managed Care Organization**



**Third Party Administrator**

**August 8, 2014**

**RESPONSES MUST BE RECEIVED BY:**

**September 5, 2014**

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## **1. Introduction**

This Request for Information (RFI) is issued on behalf of Milwaukee County Department of Family Care (MCDFC), a Managed Care Organization (MCO) for the Department of Family Care.

MCDFC is a Managed Care Organization, which has a contract with the Department of Health Services to provide, manage, and administer a benefit package under the Medicaid Waiver Program called Family Care. MCDFC is seeking information regarding Third Party Administrator services.

MCDFC has contracted with the Department of Health Services (DHS) since 2000 to operate a Managed Care Organization (MCO) in Milwaukee County through Wisconsin's Family Care Program, adding Racine and Kenosha County's to their service area in 2012, and Walworth, Washington, Waukesha, Ozaukee, and Sheboygan effective May 2013.

## **2. Background and Purpose of RFI**

The purpose of this Request for Information (RFI) is to invite organizations to submit information on comprehensive strategies for cost effective adjudication and payment of claims for services provided to enrolled members of the MCO. MCDFC intends to share this information with internal and external stakeholders and use the result of this process to explore solutions available in the marketplace for third party administration services.

This RFI is not a solicitation and responding to this RFI does not imply or ensure any future contract or relationship with Milwaukee County. The results of this information gathering process may be used to aid MCDFC in the development of a Request for Proposals (RFP) that could lead to the selection of a vendor to provide third party administration services.

MCDFC may also reach out to additional TPA's that they would like to request additional information from.

## **3. Request for Information Response**

Please organize responses into clearly delineated sections, as shown below. Your response to the requested information in each of the following sections and subsections should be clearly labeled with the corresponding bolded headings and subheadings.

Responses should be submitted as a Microsoft Word Document. The response should be well organized and each page marked by a page number and the name of the responding vendor. Font size and style throughout submission should be 12-point font.

### **(a) TPA Executive Summary**

Provide the following background information:

1. Organization and size of the respondent, location and type of offices (headquarters, regional, etc.) Include location of the office(s) from which services will be provided.
2. Number of years providing TPA services.
3. Total number of firms for whom third party administrator services are provided including how many of the total are government based and the level of government. If any other department of Milwaukee County is served, please be very specific.
4. Amount and nature of experience with Medicaid claims, Medicare coinsurance, Family Care and other managed care health plan claims processing.

5. Amount and nature of experience with non-medical claims processing.

**(b) TPA State Mandated Requirements**

MCDFC’s Contract with DHS sets forth the minimum requirements for any MCO or TPA processing claims for Family Care. Please refer to the site below regarding requirements and processes that must be met by MCO’s and TPA’s claims administration. The document you access is strictly informational pertaining to TPA requirements and does not imply you need to respond to the State for an RFP.

<http://www.dhs.wisconsin.gov/mltc/2013/2013Contract.htm>

1. Do you currently meet these requirements?
2. If you do not currently meet the requirements, please indicate which requirements you do not currently meet and when you will be compliant.

**(c) Claim Volume Capacity**

**Monthly Volume of Family Care Claims Processed**

<b>Average Monthly Claims Volume</b>			
Year End	2012	2013	2014 (to date)
Claims			

**(d) Claim Processing Time Requirements**

Per MCDFC’s contract with DHS, the MCO is required to pay at least 90% of clean claims from authorized providers for services in the LTC benefit package that receive advance authorization from the MCO within 30 days of receipt of claim, and 99% within 90 days, except to the extent authorized providers have agreed to later payment. The MCO is also required not to delay payment to authorized providers pending authorized provider collection of third party liability (TPL) unless the MCO has an agreement with their authorized provider to collect TPL.

Additionally, MCO has entered into agreements with certain providers to pay claims within shorter periods of time, for example, 7 days, when cash flow is essential to maintain services to members.

1. How will the TPA assure MCDFC these deadlines are met?
2. What is your current turnaround time of Claims Processing? Provide turnaround time with additional details pertaining to claim submission and payment types, etc.
3. There are times when holidays may interfere in standard payments distributions schedules. What is your process to adjust payment schedules and notify MCDFC and providers?

**(e) Claim Submission Types**

1. % of Paper Submission
2. % of EDI Submission
3. % of Other (please describe)

## **(f) Pricing and Payment of Claims**

1. Describe your experience and the process used for pricing and calculation of payment to the provider for the following types of payments: Medicaid, Medicare (all forms), Family Care, fee- for-service, discount, and per-diem.
2. Describe your experience with pricing and claims adjudication for non-medical services such as residential services, adult day care, moving expense, snow removal, etc.:
3. Describe your standard schedule and timeline for payments of claims.
4. Describe any relationship with a clearinghouse in your provision of TPA services to the MCDFC MCO.
5. What is your ability to by-pass an established system in order to address special circumstances as they arise?
6. Describe your standard arrangements to fund claims to be paid.
  - % of Payments Direct Deposited
  - % of Payments Paper Checks

## **(g) Claim Appeals**

MCDFC is required to establish procedures for handling appeals from providers of denied and/or partially paid claims.

1. Describe your process for claims appeal review and resolution.

## **(h) Claims Management and Administration**

Describe your processes and policies for the following:

1. High dollar claims processing.
2. HIPAA and HITECH compliance.
3. Cost containment measures utilized in your claims adjudication process.
4. Processing of non-standard transactions
5. Retroactive claim adjustments.
6. Ability to pay claims by batch, special processing of low dollar/high volume claims or any other special processing procedures.
7. Capacity and procedures for coordination of benefits.
8. Quality assurance practices for verification of payment calculations.
9. Online activity and history available directly to the MCO staff.
10. Processing and Payment of any cross-over claims. (Medicare and Other Types)
11. Encounter reporting to State and Federal Agencies.
12. Reports, dashboards, tools currently available and ability to develop additional if requested.

## (i) Customer Service

1. Describe the general business customer service department (i.e. for providers) the number of staff in the department, call volumes, average answer time, abandonment rate, as well as any results from satisfaction surveys.
2. Describe the model you use to provide customer service to TPA clients. Positions and responsibilities, expectations, processes, policies, etc.

## 4. Method of Procuring Services

Upon receipt and review of responses to this RFI there is a potential for release of an RFP. If an RFP is released it will be advertised and released according to County Policy.

## 5. Vendor Response and Timeline

The manager for this RFI is:

Brian Scharfenberger, Business Systems Project Manager  
Milwaukee County Department of Family Care  
901 North 9<sup>th</sup> Street, Suite 307C  
Milwaukee, WI 53233  
414-287-7427  
Email: [brian.scharfenberger@milwaukeecountywi.gov](mailto:brian.scharfenberger@milwaukeecountywi.gov)

Respondents are expected to raise any questions they have concerning the RFI and appendices (if any) during this process. If a Respondent discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFI, the Respondent must immediately notify the RFI Manager of such error and request modification or clarification.

Respondents must submit their questions via email to [Brian.scharfenberger@milwaukeecountywi.gov](mailto:Brian.scharfenberger@milwaukeecountywi.gov) on or before **4:00 PM on Monday, August 18, 2014**, please reference this RFI in the subject line of the email. All questions must cite the appropriate RFI section and page number. It is the intent of MCDFC to post questions received with their answers on or before **Thursday August 21, 2014**.

Questions and MCDFC responses/clarifications will be posted on <http://county.milwaukee.gov/bop>. Respondents are encouraged to check the website frequently for posted addenda.

The RFI dates are outlined in the table below titled **RFI Schedule** below and are subject to change. In the event that MCDFC finds it necessary to change any of the specific dates and times in the calendar of events, it will do so by issuing an addendum to this RFI, which will be posted at: <http://county.milwaukee.gov/bop>

RFI Schedule	
	Completion Dates
RFI issued	Friday, August 8, 2014
Written question submission deadline	Monday, August 18, 2014
Written Q&A posted to: <a href="http://county.milwaukee.gov/bop">http://county.milwaukee.gov/bop</a>	Thursday, August 21, 2014
<b>RFI Electronic Responses due</b>	<b>Friday, September 5, 2014</b>

## 6. Submitting a Response

All responses **must be received** by the RFI Manager via email as an attachment to: [brian.scharfenberger@milwaukeecountywi.gov](mailto:brian.scharfenberger@milwaukeecountywi.gov). Response must be received **no later than 4:00 PM CST on September 5th, 2014**. Late responses will be rejected.

Responses must be submitted in Microsoft Word (.doc or .docx) documents adhering to the following specifications:

- Cover page including:
  - Name of organization/entity
  - Street address
  - City, State ZIP
  - Name, phone number, and e-mail of contact person
- One-inch (1") margins
- 12 point font
- Single spaced
- Response shall be no longer than 9 pages, excluding the cover sheet.

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Respondent to develop and submit its response. The Respondent is entirely responsible for any costs incurred during the RFI process, including site visits for discussions, face-to-face interviews, presentations or negotiations for any subsequent contract.

Responses submitted by an agency become the property of Milwaukee County at the point of submission. Responses will become public information, and will be subject to open records laws.