LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

Request for Quotes (RFQ) for Medicaid Call Center Services

BUREAU OF HEALTH SERVICES FINANCING
DEPARTMENT OF HEALTH AND HOSPITALS

GENERAL INFORMATION

Purpose

The Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) is seeking proposals outlining cost and qualifications to provide services from vendors that are capable of providing call center services to assist callers with matters related to Medicaid.

This is an expedited, informal process expected to result in an emergency contract in effect from May 1, 2016 through December 2017. By that date, DHH expects to have solicited a new call center contract through a formal Request for Proposal process. Any proposer and selected contractor for this emergency contract must be willing to extend the term an additional 6-12 months, or as otherwise determined by DHH, at the same rates. Any selected contractor must agree to a 90 day transition period and must cooperate in converting operations to the permanent contractor, even if not the incumbent.

DHH is under no obligation to award a contract from this RFQ, and an award will be solely at the discretion of DHH. No protests will be accepted.

Background

BHSF administers the state's Medicaid program that provides medical benefits to low-income individuals and families through fee-for-service and managed care ("Bayou Health") models. Executive Order No. JBE 16-01 expands Medical coverage for adults in Louisiana who are at or below 138% of the Federal Poverty Income Guidelines. Based upon thorough research, DHH anticipates that it will manage approximately 1,500,000 enrollees upon the full implementation of Medicaid expansion.

Existing Call Center Services and Call Volume

BHSF currently mans a Customer Service Unit that receives the following number of calls:

- o   Average Monthly Call Volume – 54,299
- o   Average Monthly IVR Volume – 100,200
- o   Average Monthly Telephone Applications – 2,502
- o   Average Monthly Telephone Renewal Requests – 527

It is anticipated that the volume of calls will increase significantly due to the addition of new enrollees who will be unfamiliar with the Medicaid application and enrollment process.

The selected vendor would be expected to handle the existing call volume plus the increased calls expected due to the expansion of Medicaid.

RESPONSE REQUIREMENTS

Highly Desirable Qualifications

- Vendor should demonstrate experience with managing a high-volume call center.

- Vendor should demonstrate the ability to begin this work by May 1, 2016. Vendor must certify that it will do so.
- Vendor should demonstrate the experience and expertise to implement methods of accessing and utilizing the many computer systems of BHSF (See Appendix A).
- Vendor should demonstrate the knowledge, experience, and expertise to train a large group of individuals to develop the specialized knowledge to navigate and use the systems as outlined in Appendix A.
- Vendor should demonstrate the expertise to analyze the requested reporting requirements, to develop a method of obtaining that data, and efficiently implement that plan.
- Vendor should demonstrate strong experience in maintaining computer network security.
- Vendor should submit a list of projects of the same size and scope outlined in this document.

Cost

Vendor's response must include a "per call received" rate, as outlined below, that encompasses all costs associated with the contract.

Rate One: 1 – 200,000 Calls Per Month
Rate Two: 200,001 – 300,000 Calls Per Month
Rate Three: 300,001 or More Calls Per Month

Calls are considered "received" for purposes of payment tier determination if resolved by a call agent or handled through IVR.

WORK TO BE PERFORMED

The selected vendor must provide the following call center services:

A. **Call Center Operations**
1. Operate the call center Monday through Friday, 7:00 AM to 5:00 PM Central Time, excluding state holidays.
2. Maintain a single toll-free number for the call center.
3. Provide an Interactive Voice Response (IVR) System and Automated Call Distribution (ACD) System solution to support the call center and provide callers with easy access to general information about Medicaid programs, allow callers to submit address and phone number changes, and allow callers to request a new Medicaid card. Access to the IVR 24 hours a day, seven days a week is mandatory.
4. Provide staff who:
   a. Can clearly communicate with callers and provide assistance that produces customer satisfaction.
   b. Are able to multi-task in order to properly document the call while engaging with the caller.
   c. Are already trained to provide a high level of customer service, including customer focus, phone skills, verbal communication, building relationships, people skills and problem solving.
5. At a minimum, provide assistance via telephone and web chats using BHSF systems (Appendix A) in order to:
   - Authenticate the identity of callers by Social Security Number and/or date of

birth and verify the name, address, and phone number at each contact;

- Check the status of an application on behalf of the applicant or authorized representative;
- Check the status of an application on behalf of a provider;
- Update demographic, person and case details;
- Issue a replacement Medicaid card;
- Address billing or claim issues;
- Assist with Third Party Liability (TPL) issues by researching multiple systems to determine Medicaid enrollment, private health insurance coverage type, and insurance carrier, and ensure accurate information regarding the coverage is added to the correct system, or that the appropriate health plan is notified.
- Handle additional call types as identified by BHSF.

6. Maintain the following daily average maximum wait times:
   - 5 minutes in the first 3 months of operation
   - 3 minutes after the first 3 months of operation
7. Maintain a daily average abandoned call rate of not more than 5%.
8. Ensure that the daily average of incoming calls receiving a busy signal does not exceed 1%.
9. Maintain a process to handle more complex calls that includes escalating to a supervisor or second level of support. The supervisor or second level support must be able to respond to complex and emergent matters. If the complexity of the call exceeds the ability of the second level support staff to respond, the call may be sent to BHSF. For those calls, the Vendor will not receive the per call rate and those calls will not count toward the total number of calls per month, but the calls will be factored into other performance level agreements.
10. Provide at least two Spanish/English and two Vietnamese/English customer center representatives or demonstrate an alternative method to sufficiently accommodate program customers and add personnel to accommodate future specific language needs.
11. Make provisions for hearing impaired callers through technology.
12. Use BHSF's Electronic Case Record (ECR) to document all case activity and call details.
13. Until 10/31/2016, route all callers requesting assistance with applying or renewing coverage to the Louisiana Medicaid Application and Renewal Assistance Call Center.
14. Route all calls concerning the Bayou Health program to the appropriate health plan or the Louisiana Medicaid Enrollment Broker Call Center, as defined by BHSF.
15. Notify BHSF of any planned system outage at least 24 hours in advance. Notify BHSF within one hour if an unexpected system outage occurs.
16. Effective 11/01/2016, assist callers with completing a new Medicaid Application or completing a Medicaid renewal application using the Medicaid Online Application System.
17. Effective 11/01/2016, assist callers with questions about IRS Form 1095-B.
18. Develop and implement a plan to sustain call center performance levels in situations where there is high call volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), and low staff availability due to staff participating in training, staff illnesses and vacations.
19. Attend meetings with BHSF personnel as necessary and requested by BHSF.
20. Maintain confidentiality and privacy at all times in accordance with state and federal regulations and BHSF policy.

21. Conduct customer satisfaction surveys as required by DHH.

B. Call and Web Chat Monitoring
1. Record all calls and retain the recordings for a period of no less than three years. Recordings must be made available to BHSF for review upon request, within 3 business days of request.
2. Maintain transcripts of all web chats for a period of no less than three years. Transcripts must be made available to BHSF for review upon request, within 3 business days of request.
3. Establish a quality assurance team that will review a statistically valid sample of recorded calls and score them. Scores will be used in the evaluation of call center agents and will be shared with BHSF per reporting requirements.

C. Systems Requirements
1. Establish connectivity to BHSF's systems (See Appendix A) from its call center location such that all agents are able to access the following systems required to fulfill customer service requirements:
   - MEDS;
   - ECR;
   - BHSF Application Suite;
   - Online Application System and Paper Application Tool;
   - Medicaid Resource System/MAS;
   - LAMI; and
   - MMIS.
2. Design and maintain a system call center agents can use to track, monitor, and route calls as required.

D. Reporting Requirements
1. For the first three months of operation, submit daily reports to BHSF showing daily key operational statistics, including:
   - Total number of calls received per day delineated by type or "wrap up" code
   - Percentage of calls related to eligibility matters
   - Percentage of calls related to non-eligibility matters
   - Average handling time of calls
   - Average abandonment rate
   - Average wait time for callers
   - Total number of calls received through the IVR
   - Total number of web chats
   - Types of web chats
   - Average handling time for web chats
   - Average wait times for web chats
   - Total number of agents/day
   - Scores for call agents referenced in Section II.3

2. Beginning in the fourth month of operations, submit monthly reports to BHSF by the 5th of the month showing key operational statistics, including:
   - Total number of calls received per day delineated by type or "wrap up" code
   - Percentage of calls related to eligibility matters
   - Percentage of calls related to non-eligibility matters
   - Average handling time of calls

- Average abandonment rate
- Average wait time for callers
- Total number of calls received through the IVR
- Total number of web chats
- Types of web chats
- Average handling time for web chats
- Average wait times for web chats
- Total number of agents/day
- Scores for call agents referenced in Section II.3

3. Report templates must be approved by BHSF.
4. Vendor must submit other reports as required by BHSF.
5. Vendor must have the ability to customize the reports to fits the needs of BHSF.

E. Call Center Agent Training
- Call center agents must undergo intensive training for a period of time to be specified by BHSF to obtain a detailed knowledge of Medicaid policy and procedures.
- BHSF will provide to the Vendor training on the BHSF Systems, policies, and procedures necessary to fulfill the duties of the contract. Training will be provided using a train-the trainer model at the call center location with travel and lodging expenses for the BHSF trainers to be paid by the Vendor. Information to be provided in the training is outlined in Appendix B.
- BHSF will also provide on-going training via a train-the-trainer model as needed to ensure that call agents are kept abreast of changes through a combination of:
  - Web-based training materials;
  - Work aids;
  - Instructor-led Webinars; and
  - Self-paced, Web-based training modules.

ADMINSTRATIVE INFORMATION

The provisions of the Louisiana Public Records Act (La. R.S. 44.1 et. seq.) apply to this RFQ. Pursuant to this Act, all proceedings, records, contracts, and other public documents relating to this RFQ shall be open to public inspection. Respondents are reminded that while trade secrets and other proprietary information submitted in conjunction with this RFQ 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.

RFQ Coordinator

1. Written questions will be permitted if submitted by 12:00 p.m. on the last business day before proposals are due. DHH will respond by 4:30 p.m. that day. Questions and proposals must be directed to the RFQ coordinator listed below:

   Stacy Guidry
   stacy.guidry@la.gov

2. All communications relating to this RFQ must be directed to the DHH RFQ Coordinator named above. All communications between respondents and other DHH staff members concerning this RFQ shall be strictly prohibited.

All responses must be received at the e-mail address listed above by 4:30 pm CDT, March 30, 2016. Proposals received after this time will not be eligible for consideration.

Appendix A: BHSF Systems

Medicaid Eligibility Data System (**MEDS**): MEDS is the management information system for BHSF that maintains records of individuals eligible for Medicaid. The system supports eligibility data for all current Medicaid programs and transmits the eligibility information to the Medicaid Management Information System (MMIS).

Medicaid Management Information System (**MMIS**): system used to look up Third Party Liability (TPL)/verify Bayou Health plans/used when MEDS is down

Electronic Case Record (ECR): the system used where we can view all documents related to a case/make all case record documentation – you may refer to the BHSF Procedures Manual for more detailed information

Application Suite (App Suite): single access point for information related to the work of staff – Includes the below:

> **Application Management**: allows for the assignment of applications/renewals.
>
> **Tracking and Mailer System (TRAMS)**: allows for documenting whether enrollee wishes to register to vote and generates registration form upon request.

Paper Application Tool (PATv2): system used to complete corrections/resubmits/renewals.

Online Application (OLA): system used to submit applications/renewals.

Medicaid Resource System (MAS): software application designed to assist the analyst in determining resource eligibility for Medicaid applicants/enrollees.

State Online Query (SOLQ): This system is to provide access to and obtain various information regarding RSDI and SSI benefits. It provides information on appeal status, Medicaid Part A and Part B, and can be used to verify an individual's social security number.

Louisiana Automated Management Information (LAMI): The Louisiana Department of Children and Family Services uses this system to input eligibility for FITAP recipients and to issue their monthly electronic benefits.

Territory Batch Query (TBQ): Interface with CMS provides Medicare Parts A, B and D information on a daily basis.

Buy-In: The Medicaid program pays Medicare premiums for select groups of Medicaid eligible. This program is known as "Buy-in". The Buy-In system reads the data, compares the new information with the Buy-In files and determines what action is needed.

1095B Portal: Provides access to 1095B notices mailed to aid in addressing incoming calls and allows reprinting of forms.

State Income and Eligibility Verification System (SIEVS): Provides access to federal tax and income information.

Appendix B: Training Content

Medicaid Policy Overview
- Children and families programs
- Disability-related programs
- Long-term care programs
- HIPAA policies
- BHSF confidentiality policies

Medicaid Procedures Overview
- Application processing
- Renewal processing
- Requests for Information
- Letters sent to clients to update pseudo numbers
- Decision notices/appeal rights
- Closure notices/appeal rights

Bayou Health/Covered Services/Billing Issues
- Overview of Bayou Health
- How to determine MCO to which an enrollee is assigned
- Understanding Bayou Health populations, including mandatory, voluntary, and excluded populations
- Available dental services
- Covered physical, behavioral health, and transportation services information
- Locating of providers
- Retroactive reimbursement requests
- Coordination of Medicare benefits and Third Party Liability
- Claims processing issues
- Medicaid buy-in issues
- Medicaid premium programs
- Premiums assistance program

Systems
ECR
- Reviewing information
- Adding case entries
- Updating case information
- Scanning the ECR for idea of recent history
- Scanning and uploading documents
- Assigning metadata to documents

MEDS
- Setting up a case
- Search techniques
- Understanding modules and what is contained in each module
- Entering demographic updates
- Issuing Medicaid cards
- Editing information
- Understanding interfaces between MEDS and external systems, including MMIS, enrollment broker system, and LAMI

Application Suite
- Conducting demographic updates and card requests
- Retrieve document, assign metadata and upload to ECR
- Creation of change requests

- Update Application Center Directory
- Application workload and workflow management
- Use of TRAMS module for documenting whether enrollee wishes to register to vote and can generate registration form upon request

Paper Application Tool/Online Application System
- Submit telephone applications or renewals
- Check status of applications or renewal
- Review information submitted in an application or renewal
- Resubmit upon notification of change
- Search pending or complete applications
- Search status of applications

Ancillary Systems
Purpose and use of additional systems, including:
- SOLQ
- LAMI
- TBQ
- Buy-In
- 1095B - Labor Wise
- MMIS
- Self-service portal

Call guidelines
- Understand rules surrounding disclosure of information and the types of information that can be given to different parties
- Request callers provide info rather than asking them to verify
- Guidelines for proper documentation of systems

Annual Web-based Trainings
HIPAA
National Voter Registration Act
SIEVS
SOLQ