

<b>STATE OF NORTH CAROLINA</b>  <b>Department of Health and Human Services</b>  <b>Office of Procurement and Contract Services</b>	<b>REQUEST FOR INFORMATION NO.</b> 30-180356 – Managed Care Ombudsman Program
	Due Date/Time: <b>June 27, 2018 at 2:00 PM ET</b>
<b>Refer ALL Inquiries to:</b> Ken Dahlin Telephone No. 919-855-4054 Fax No.: 919-733-5957	Issue Date: <b>June 6, 2018</b> Commodity: 948-07 – Health Administrative Services
E-Mail: ken.dahlin@dhhs.nc.gov	Using Agency Name: NC Department of Health and Human Services, Division of Health Benefits (DHB)

This Ombudsman Program Request for Information (RFI) is available electronically on the NC Interactive Purchasing System (IPS) at <https://www.ips.state.nc.us/ips/>.

**The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.** The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation, such as a Request for Proposal (RFP).

Responses to Section III of this RFI will be received until **2:00 PM ET, June 27, 2018**.

#### **EXECUTION**

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

**TO SUBMIT A RESPONSE:** It is the responsibility of the Respondent to have the RFI in this office by the specified date and time of opening. Address the envelope and clearly note the RFI number as shown below.

<b><u>DELIVERED BY US POSTAL SERVICE</u></b>	<b><u>DELIVERED BY ANY OTHER MEANS</u></b>
<b>RFI NO.</b> 30-180356 NC Department of Health and Human Services Office of Procurement and Contract Services Attn: Ken Dahlin Hoey Building, Dorothea Dix Campus 2008 Mail Service Center Raleigh, NC 27699-2008	<b>RFI NO.</b> 30-180356 NC Department of Health and Human Services Office of Procurement and Contract Services Attn: Ken Dahlin Hoey Building, Dorothea Dix Campus 801 Ruggles Drive Raleigh, NC 27603

## **Section I: Response Content, Instructions and Confidentiality**

### **A. Instructions for Developing Responses**

1. Review all Sections of this RFI. Due to various deadlines, the Department will not have the opportunity to respond to questions about this RFI prior to the Due Dates.
2. Respondents are requested to prepare responses in a straightforward and detailed manner. Responses are to be submitted to the Department according to the instructions found on the cover page of the RFI and this section.
3. When responding, include the RFI's question numbers, subsections, and other identifiers to allow the Department to clearly understand the specific items being addressed. While the Department encourages Respondents to respond to all questions and items within this RFI, there is no obligation to do so. The Department reserves the right to contact any respondent and request additional information. Therefore, include the contact information for the individual(s) best suited to engage with the Department.

### **B. Instructions for Submitting Responses to Section IV: Questions for Respondents**

1. When submitting a response, include pages **1-9** of the RFI, with the EXECUTION SECTION on Page 1 completed and signed.
2. Number of Copies

The following copies are required to be provided to the Department as part of responses to Section III of this RFI:

- i. One (1) signed, original executed response;
- ii. Three (3) copies of the signed, original executed response;
- iii. One (1) electronic copy of the signed, original executed response on CD, DVD, or flash drive marked ***RFI 30-180356***, and
- iv. One (1) electronic copy of the signed, original executed response redacted in accordance with Chapter 132 of the North Carolina General Statutes (NCGS), the Public Records Act, on a separate CD, DVD, or flash drive marked ***RFI 30-180356 - Redacted***. For the purposes of this RFI, "redaction" means to edit a document by obscuring or removing information that is considered confidential and proprietary by the Respondent and meets the definition of Confidential Information set forth in NCGS §132-1.2. If the response does not contain Confidential Information, Respondent should submit a signed statement to that effect on ***RFI 30-180356 - Redacted***.

The electronic copies of the response must not be password protected.

### **C. Confidentiality**

1. As provided for in the North Carolina Administrative code (NCAC), including but not limited to 01 NCAC 05B .0210, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature, except as deemed necessary to develop a complete contractual document. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for the procurement no longer exists. Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS Chapter 132, **must be clearly marked as such and reflected in the redacted copy submitted on *RFI 30-180356 - Redacted***. By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential meet the requirements of NCGS Chapter 132. The Respondent must

identify the legal grounds for asserting that the information is confidential, including the citation to state law.

2. Except as provided in Section I.C.1 of this RFI, pursuant to NCGS §132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless exempt from disclosure by statute, including, but not limited to, NCGS §132-1.2. Redacted copies provided by Respondents to the Department may be released in response to public record requests without notification to the Respondent.

## **Section II. Rights and Obligations**

### **A. Rights to Submitted Materials**

All responses, inquiries or correspondence relating to or in reference to this RFI, and all documentation submitted by the various Respondents shall become the property of the Department when received. Ideas, approaches, and options presented by Respondents may be used in whole or in part by the State in developing a Request for Proposal (RFP) should the Department decide to proceed with an RFP. Further, combinations of ideas from various Respondents may also become part of an RFP, based on consideration of various RFI submissions and the needs of the Department, which may differ from any respondent's experience in other places.

### **B. Obligations of the State**

The Department may choose to issue a RFP for the procurement of an Ombudsman Program. However, this RFI is not a guarantee that a RFP will be issued for any or all of the services referenced herein, about which ideas and approaches are being sought. Unless included in the redacted version, information sent in by Respondents for this RFI will remain confidential until after the award of the RFP or until the State makes a decision not to issue a RFP.

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### **Section III. Introduction**

#### **A. Purpose**

In September 2015, the General Assembly enacted Session Law 2015-245,<sup>1</sup> directing the transition of Medicaid from a predominantly fee-for-service structure to a predominantly managed care structure. As the North Carolina Department of Health and Human Services (Department) prepares to transition to Medicaid managed care, it will work with stakeholders and experts to refine program design and implementation approach.

The purpose of the Ombudsman Program Request for Information (RFI) is for the Department to solicit feedback from organizations that may potentially serve as or collaborate with the Ombudsman Program as well as other interested stakeholders on options and considerations related to the design and implementation of the program.

#### **B. Background**

The Department seeks to implement Medicaid managed care in a way that advances high-value care, improves population health, engages and supports beneficiaries and providers, and establishes a sustainable program with predictable costs.

The Department expects to begin enrolling beneficiaries in new managed care entities called Prepaid Health Plans (PHPs) in 2019. Over time, the Department expects that approximately ninety percent (90%) of beneficiaries will ultimately be required to enroll in a PHP. This managed care approach is new to North Carolina Medicaid.<sup>2</sup> The PHPs are comprehensive managed care plans designed to provide whole-person centered, well-coordinated care through a network of providers that address medical and non-medical drivers of health. There are limited exceptions to managed care enrollment for certain populations that may be better served outside of managed care. To support managed care enrollment, the Department will contract with an independent, third-party Enrollment Broker (EB) to ensure that applicants and Medicaid and NC Health Choice beneficiaries understand the benefits in managed care and receive choice counseling as needed to select a PHP.

Under this new Managed Care, beneficiaries will continue to interact with existing entities such as their county Department of Social Services (DSS) office and, for individuals with behavioral health needs, their Local Management Entity/Managed Care Organization (LME/MCO). With the addition of the newly formed PHPs and the EB, the Department recognizes that some beneficiaries may have difficulty understanding how the Managed Care system works and will need additional support with navigating the fee-for-service and transformed managed care delivery systems to effectively access the services they need.

The Department wants to ensure that beneficiaries and their legal representatives can obtain the information they need, get answers to questions or problems resolved in a timely and efficient manner, and, when necessary, be equipped to effectively advocate for themselves through the grievance and appeals system. To achieve this goal, the Department will develop an Ombudsman Program,<sup>3</sup> administered by an entity external to the Department, the PHPs and the EB, to provide effective and meaningful assistance to beneficiaries and their legal representatives. The Department envisions the Ombudsman Program as a centralized, “no wrong door” information, assistance, issue resolution, and referral resource that works collaboratively with other entities across the Medicaid fee-for-service and managed care delivery systems including State agencies, community-based advocacy and legal services organizations to support beneficiaries’ access to care. If efforts helping beneficiaries access care or informally resolve issues are unsuccessful, the Ombudsman Program will, when

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<sup>1</sup> Session Law 2015-245 has been amended by Session Law 2016-121, Section 11H.17. (a) of Session Law 2017-57, and Part 4 of Session Law 2017-186.

<sup>2</sup> The Department currently has a managed care delivery system for behavioral health and intellectual and developmental disabilities through local management entities/managed care organizations (LME/MCOs). Fee-for-service as used throughout the document refers primarily to physical health services. Physical health services are managed through DHHS’s Primary Care Case Management (PCCM) program.

<sup>3</sup> This program is distinct from, but will collaborate with, the Department’s State Long-Term Care Ombudsman Program, which assists residents of long term care facilities in exercising their rights and attempts to resolve grievances between residents, families and facilities.

requested, assist beneficiaries with initiation of the grievance/appeals process. The Ombudsman Program will provide appropriate follow-up to ensure beneficiary issues were properly addressed.

1. Populations Served

The Department intends for the Ombudsman Program to assist Medicaid and NC Health Choice beneficiaries accessing services across the fee-for-service and managed care delivery systems including children under twenty-one years of age who are eligible for Early Periodic Screening, Diagnostic and Treatment (EPSDT) and beneficiaries receiving services from the Local Management Entities/Managed Care Organizations (LME/MCOs).

2. Core Program Functions

The Department recognizes that the level of assistance the Ombudsman Program may provide will vary depending on the needs of the beneficiary. Beneficiaries may need basic information on coverage options under their managed care plan, or may want to formally appeal a decision by the plan, EB, or the Department. Operating as a part of the Medicaid and NC Health Choice beneficiary support system, the Ombudsman Program will serve as an advocate performing functions that will complement, but not duplicate, the roles and responsibilities of existing or future entities in North Carolina (e.g., PHPs, EB, State Long-Term Care Ombudsman). The Ombudsman Program is not intended to act as a provider support system. While the Ombudsman Program will not provide beneficiaries or their legal representatives with assistance in preparing for fair hearings or legal representation, the Department is considering the following key functions/roles for the program:

Function	Ombudsman Program Role
<b>Information and Education</b>	<p><b>Provide information and education on:</b></p> <ul style="list-style-type: none"> <li>• Program benefits, coverage, access, and waiver eligibility criteria (e.g., Community Alternative Program for Children, Innovations Waiver);</li> <li>• Beneficiary rights and responsibilities;</li> <li>• Grievance, appeals and fair hearing processes;</li> <li>• Populations required to transition to managed care and the timing for the transition;</li> <li>• Navigating the Medicaid and NC Health Choice programs including fee-for-service and the managed care delivery systems; and</li> <li>• Understanding managed care and its impacts on beneficiaries’ health care delivery.</li> </ul>
<b>Referrals and Follow Up</b>	<p><b>Provide a high quality, well-coordinated referral system (includes warm hand-offs and closed loop follow up) to alternative pathways for:</b></p> <ul style="list-style-type: none"> <li>• Resolving issues that can only be addressed by a specific entity (e.g., applying for Medicaid); and</li> <li>• Obtaining assistance, consultation or representation with legal issues relative to the beneficiary’s health care needs.</li> </ul>
<b>Issue Resolution</b>	<ul style="list-style-type: none"> <li>• Serve as an advocate to assist the beneficiary with issue and complaint resolution through one-on-one assistance; and</li> <li>• When unable to resolve an issue, coordinate efforts with the Department and other entities operating across the Medicaid delivery systems.</li> </ul>
<b>Trend Monitoring</b>	<ul style="list-style-type: none"> <li>• Strategic referral tracking and reporting;</li> <li>• Monitor and report trends in delivery system performance (e.g., PHP, EB);</li> <li>• Monitor trends in beneficiary concerns; and</li> <li>• Provide feedback to the Department.</li> </ul>

3. Program Organization

The Ombudsman Program must be available to beneficiaries by a toll-free telephone line, fax, mail, secure email, and online access during normal State business days and hours, and at other times as designated by

the Department that best serve program needs. The Ombudsman Program must provide face-to-face beneficiary contact as needed. The Ombudsman Program will engage in outreach and engagement activities independently and in collaboration with the EB and PHPs that vary in frequency, type, location, and method e.g., face-to-face, webinars based on the needs of beneficiaries during open enrollment, phased regional rollout and/or phase in of special populations.

The Ombudsman Program must be staffed with culturally competent individuals who have demonstrated experience serving health care consumers, with in-depth knowledge of all aspects of the Medicaid and NC Health Choice programs and community-based services. Key personnel including beneficiary advocates, legal staff, and program managers must possess advanced knowledge of North Carolina’s physical, behavioral health, substance use, and pharmacy service systems to address beneficiary concerns in most cases in a single contact; understand complex and sensitive treatment needs to provide the meaningful “no wrong door” service that the Department envisions, and provide a comprehensive set of services and assistance that goes beyond a call center that can provide good customer service.

4. Collaboration with Advocacy and Community-based Organizations

The Department recognizes that North Carolina has a knowledgeable consumer advocacy community that provides assistance to Medicaid and NC Health Choice beneficiaries for different issues impacting their lives. The Department envisions implementing the Ombudsman Program in a limited manner that will allow the program to collaboratively work with and leverage the collective experience and expertise of other community-based organizations providing advocacy services and assistance to beneficiaries. For instance, should a beneficiary present with an issue that may require legal representation, the Department expects the Ombudsman Program to make referrals to those organizations that have experience providing legal assistance relative to the beneficiaries’ specific health care issue.

The Department expects the Ombudsman Program to work in close collaboration with other advocacy and community-based organizations when necessary to refer a beneficiary for assistance the program cannot resolve while verifying through established mechanisms that referrals are acted on and the beneficiaries’ concerns are sufficiently addressed.

The Department recognizes that collaboration by advocacy and community-based organizations with the Ombudsman Program may present potential impacts, and the Department seeks assistance to identify strategies to address those impacts in a manner that encourages active engagement with the Ombudsman Program in a variety of ways including as a partner, collaborator, or a referral.

Level of Participation	Collaboration Effort
Partner Organization	<ul style="list-style-type: none"> <li>• Formal agreement with the Department</li> <li>• Receive direct referrals</li> <li>• Ensure beneficiary receives pertinent requested information</li> <li>• Coordinate with Ombudsman to follow up within identified timeframes to ensure beneficiary issues are resolved and individuals are satisfied</li> <li>• Effective exchange of electronic information</li> <li>• Provide follow up through closure of issue</li> <li>• Partner in joint planning</li> </ul>
Collaborator Organization	<ul style="list-style-type: none"> <li>• Receive direct referrals</li> <li>• Ensure beneficiary receives pertinent requested information</li> <li>• Effective exchange of electronic information</li> <li>• Provide follow up through closure of issue</li> </ul>
Referral Organization	<ul style="list-style-type: none"> <li>• Receive direct referrals</li> <li>• Ensure beneficiary receives pertinent requested information</li> <li>• Provide follow up through closure of issue</li> </ul>

The intent of the Ombudsman Program is not to replace, but rather complement existing organizations in their current roles to create a robust system of support for beneficiaries throughout the transformation of the Medicaid and NC Health Choice programs.

5. Implementation

Minimally, the Department anticipates beginning the Ombudsman Program six (6) months prior to the launch of the first phase of Managed Care.

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## **Section IV. Questions for Respondents**

### **A. Information on Respondents**

The Department seeks to understand the interest and perspective of Respondents to this RFI. Provide the following information:

1. Describe the type of entity (e.g., community-based, legal aid, consumer advocacy)?
2. Describe the services and supports currently provided to Medicaid and NC Health Choice beneficiaries? Other populations in North Carolina?
3. Describe Respondent's interest in supporting/collaborating with North Carolina's Ombudsman Program as any of the following?
  - i. Partner Organization (formal Memorandum of Agreement)
  - ii. Collaborator Organization
  - iii. Referral Organization
  - iv. Other (please describe)

### **B. Program Design, Approach, Requirements, and Supports**

The Department seeks information and feedback from stakeholders related to the following:

1. The Department's proposed design and scope for the Ombudsman Program that functions as a "no wrong door" centralized information, assistance, issue resolution, and referral resource for Medicaid and NC Health Choice beneficiaries and their legal representatives in the fee-for-service and managed care delivery systems;
2. Proposed approach for implementing the Ombudsman Program approximately six (6) months prior to the first phase of managed care rollout;
3. Requirements necessary to ensure meaningful assistance is provided to beneficiaries and their legal representative;
4. Methods to ensure effective collaboration when partnering with other entities on issue resolution;
5. Effective methods of outreach to bring awareness of program and strengthen its recognition in the beneficiary community;
6. Performance measures and feedback methods to measure program effectiveness;
7. Meaningful ways the Department can encourage and support the advocacy community in its engagement and collaboration with the Ombudsman Program; and
8. Additional comments for the State to consider related to the development of an Ombudsman Program.

### **C. Statement of Interest**

To indicate interest to bid to participate with North Carolina's Ombudsman Program, potential Ombudsman vendors are required to return a completed, non-binding Statement of Interest as found in Appendix A.

**Appendix A, Ombudsman Program RFI**

**North Carolina Medicaid and NC Health Choice Ombudsman Program Non-Binding Statement of Interest  
for Potential Ombudsman Program Respondents Only**

**RESPONSE TO THIS DOCUMENT IS REQUIRED FOR RESPONDENTS WHO ARE POTENTIAL  
Ombudsman Program Bidders**

Provide answers to the following questions to indicate Respondent's non-binding interest to participate in North Carolina Medicaid and NC Health Choice as an Ombudsman Program.

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1. Provide the full and legal name of the entity interested in bidding to be a potential Ombudsman Program
  2. Describe Respondent's interest in becoming an Ombudsman Program.
  3. Describe services currently provided, if any, to the North Carolina Medicaid and NC Health Choice populations.

I understand the purpose of the Request for Information (RFI) and this Statement of Interest is to survey the market for information described therein and not to award a contract. Information obtained through the RFI and Non-Binding Statement of Interest processes may be used to develop a contract solicitation document.

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<Authorized Signature>

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<Typed Name of Signee>

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<Title>

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<Company>

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<Date Signed>