Statewide Data System ITN #2024-01
Q&A

04-16-2024 Q&A

1. **Can you describe what the expectations are for the 2 million+ existing records if you decide to move forward with a vendor other than your current vendor? Are you expecting to perform a record migration?**

   ANSWER: Yes, if we move forward with a new vendor, we will perform a record migration. HSMN and/or the vendor will need to have a position dedicated to facilitating this process. We may use the opportunity to provide a quality check on the exported data set to identify potential duplicates and work to clean the data prior to importing into a new system. One way to handle this would be to export the data, identify duplicates, merge duplicates in the current data system, then re-export the "cleaned" data for import into a new data system.

04-14-2024 Q&A

1. **Can you provide further details on how you plan to score the ITN proposals?**

   ANSWER: The HSMN ITN Review Team will be meeting on April 23, 2024, to finalize the 2024-01 ITN Scoring Rubric. The scoring rubric will be posted at www.HealthyStartFlorida.com in the notices section.

2. **Is there a budget or budget range that you can share for this project?**

   ANSWER: As stated in answer 12 on the Q&A on 4-11-24, we are unsure of the costs for this project because it is a significant upgrade from our current system. We are relying on the vendors to inform us of the estimated costs.

3. **Would a DocuSign signature suffice on documents, or does it have to be a wet signature for the ITN response?**

   ANSWER: Yes, DocuSign, Adobe Sign or any comparable digital signature will be accepted on ITN responses, as long as the digital signature is notarized as required on Exhibit C page 39 of the ITN document.

4. **Can you describe what the expectations are for the 2 million+ existing records if you decide to move forward with a vendor other than your current vendor? Are you expecting to perform a record migration?**

   ANSWER: This is an important and complicated question. We will respond to this in more detail in the next round of Q&A the week of April 15.

5. **Is there a desire to digitize the DOH Prenatal and Infant Risk Screening form? If so, what steps would need to be taken to accomplish this? If it is already digitized, what system is it completed in?**

   ANSWER: The Florida Universal Infant Screen is already electronic and operational statewide. The data comes to our data system vendor through a file transfer from DOH on a secure FTP and the information is uploaded into the data system on a daily basis. DOH is piloting an electronic Universal Prenatal Screen in six areas and plans to go statewide sometime after July 1, 2024. The current expectation is a daily upload to our data system. DOH would prefer a future upload of every 15 minutes if feasible. The actual frequency per day may be negotiable.

   We will work with DOH and the selected vendor to ensure that all DOH Prenatal and Infant Screens are accurately transferred into the new data system. HSMN will coordinate the necessary meetings between the selected vendor and DOH to facilitate the ongoing process, file types, formats, and timeframes.

6. **Referral automation is listed numerous times throughout the ITN as "must haves". Can you clarify what is currently automated today vs what you expect to have automated in the future?**

ANSWER: We used the word "automatic" when we meant the CI&R worker or Healthy Start home visitor does not do anything to enter a new record or data, but the process is completed by the data system vendor, so the data/record appears in the various tickler lists "automatically" from a case worker's perspective. We would prefer that these types of processes be programmed by the vendor to be automated for consistency and accuracy as opposed to manual processes; however, we understand there may always be some manual part of the processes for the vendor to provide oversight for quality control. Below are the ITN sections that use the word "auto/automatically" and the respective clarifications.

Process	Current	Future
ITN pg. 14, #3: "health plan auto referrals"	We meant the CI&R worker does not do anything to enter a new record or data, but the process is completed by the data system vendor, so the data/record appears in the various tickler lists "automatically" from a case worker's perspective.	No change
ITN pg. 15, 3.d. CI&R: "The system automatically analyses incoming data files to remove any duplicate records, and then matches existing records within the system." "creating 11,813 automatic referrals."	Same response as above.	No change
ITN pg. 16, 4.h. CI&R: "CI&R records that are closed as "*Unable to Locate*" must be automatically forwarded to a designated home visiting program through the Provider Portal."	Same answer as above except the records appear in a tickler list for the Healthy Families program to conduct additional outreach.	Continuation of this process is subject to approval from the Florida Dept. of Health.
ITN pg. 16, 5.b. Healthy Start Home Visiting Portal: "Referrals from CI&R auto populate on the incoming referral alerts/tickler notification list."	Same answer as the previous example.	No change.
ITN pg. 18, 5.h.x. This should be under CI&R, not Home Visiting: "Ability to send auto referrals to Medicaid health plans within the data system when client states she is not aware of the health plan resources."	In CI&R, there is a list of tasks/questions for the worker to complete. If the worker checks the box that the client is unaware of resources available to her from her health plan, the system "automatically" sends a notice to the health plan by placing a link to the record on a tickler list for health plans to conduct outreach. The CI&R worker does not do anything other than check the box.	No change.

7. **Do you have a QA process where staff review or audit the automation of referrals today? If so, can you please describe what that process looks like.**

ANSWER: HSMN does not conduct quality checks on the vendor automation. Healthy Start Coalition, CI&R staff and Healthy Start Home Visitors monitor the number of referrals coming in and notify HSMN staff when there is a significant deviation from the normal averages. Our current data system vendor also notifies HSMN staff when there is a significant deviation from the normal averages or when there are changes to the number of screens from DOH.

Local advisory councils hosted by the Coalitions also review CI&R data reports at least quarterly to provide QA on trends.

Coalition also complete QA reviews and record reviews based on their contractual obligations to DOH and adherence to the HSSGs. Monthly, Quarterly and Annual reports are submitted by the Coalitions to HSMN.

8. **If referrals are not automated today, do you have a team or staff members who send and receive referrals?**

ANSWER: CI&R receives some referrals that are not "automated" from data system file uploads. These direct referrals come from phone calls, emails, website contact forms and faxes from community partners like DCF, hospitals, 211, etc. and also include self-referrals when families call CI&R directly. In these cases, the CI&R worker searches the data system for a current or past record before creating a new record and then conducts the intake.

Referrals to community resources are currently documented in our data system. The worker updates the outcome of the referral at future encounters based on the client's self-report. We would welcome innovative ideas on integrating closed loop referrals with community resources.

Our data system currently serves as a closed loop referral system for referrals to and from health plans and home visiting providers so we can create reports by health plan and home visiting provider partners. We are open to innovative ideas for handling these referrals as well as long as the needed reports can be generated.

9. **Have you considered the possibility of using your current system and adding an integration for additional functionality like billing and referrals?**

ANSWER: The current system has Medicaid billing functionality. We expect vendors other than our current vendor to submit proposals to develop a new, separate system for HSMN. HSMN has found that building the processes for billing Medicaid and health plans is much more cost efficient than contracting separating for a third party administrator. We are open to innovative ideas that are cost effective.

We would welcome innovative ideas on integrating closed loop referrals with community resources.

04-11-2024 Q&A

10. **Are there deadlines that need to be met for specific program/portal reporting?**

ANSWER: For development timelines, we are relying on the vendor to inform us what are feasible timelines. We would like to have the system ready for full deployment by April 1, 2025 to allow us time to train our statewide workforce for full implementation by July 1, 2025.

We will work with the selected vendor to assist with the prioritization for the order of development of the various program/portals.

We will continue to run the current system during the development phase to meet specific program reporting requirements for the various funders/contracts.

11. **Will you be keeping Go Beyond software?**

ANSWER: We expect other vendors to submit proposals to develop a new, separate system for HSMN and not plan to build off of the current Go Beyond Well Family System application. Go Beyond is also eligible to respond to this ITN.

12. **What is your budget for this project?**

    ANSWER: We are unsure of the costs for this project because it is a significant upgrade from our current system. We are relying on the vendors to inform us on the costs.

13. **What is your funding model?**

    ANSWER: We are primarily utilizing funds from HSMN's contract with AHCA. We also have other partnerships that are available to support the project.

14. **What is the plan to support this project from an internal resource standpoint?**

    ANSWER: The main point of contact will be the HSMN Project Manager who will dedicate most of her time to this project. Leadership staff are available to meet with the selected vendor at least weekly and likely more frequently early on to assist with scoping. The internal development team that is poised to assist includes: the Project Manager, Chief Executive Officer, Chief Operations Officer, Chief Program Officer, Director of State Grants, Director of Contracts and Grants, TEAM Dad Program Manager, and the Doula Program Manager. We also have an established user group that may provide input at various points in the process when needed.

15. **How many partner agencies are you contracting with to provide services, for each partner which programs are they running (NFP, HFA, HS e**

    ANSWER: We contract with 32 Healthy Start Coalitions and one county health department. Of these 33 contracts:

    - _14__Coalitions run CIR & Healthy Start home visiting programs
    - _15__Coalitions run CIR, Healthy Start home visiting, and doula programs
    - __2_ Coalitions run CIR, Healthy Start home visiting, and CAPTA programs
    - __2_ Coalitions run CIR, Healthy Start home visiting, CAPTA and doula programs
    - 33 TOTAL

16. **Requirement 5.h.v. Specific Curriculums - How is the curriculum delivered today? Does the solution need to store the curriculum electronically or only allow providers to document the delivery of the curriculum in the solution.**

    ANSWER: The home visiting curriculum for Healthy Start, CAPTA, and TEAM Dad are delivered by home visitors using their manuals and client handouts. Home visitors currently document the delivery of the curriculum by checking boxes next to each topic. The system does not need to store the curriculum electronically. However, screening forms, intakes and assessments will need to be programmed to document electronically in the system.

17. **Requirement 5.h.x - How does Medicaid receive this information now, is it via automated SFTP?**

    ANSWER: AHCA sends 834 Client Data (Daily/Monthly, X12 files) SFTP inbound. Also, the AHCA 270/271 queries, 837p/835 Client data (Weekly/Monthly, X12 files, FLMMIS Web Portal) inbound/outbound files, and WHS Client Data (DAT files, Monthly, SFTP inbound/outbound) are transferred via semi-automated SFTP processed.

18. **Requirement 7 - would the users for requirement 7 Medicaid and Health Plan Claims/Billing Portal be the same users as Requirement 6 Medicaid Health Plan Portal**

ANSWER: No, these are not the same users. Coalition and HSMN staff use the Health Plan Claims/Billing Portal to search and view claims submitted on their behalf. This portal is used for researching the status of paid, denied, and resubmitted claims. Coalitions can also view their contract caps and remaining balances of their annual contract amount and fiscal claims reports.

Users of the Medicaid Health Plan Portal are Health Plan case management staff and supervisors. They send referrals to Coordinated Intake and Referral using the referral form within the portal. They can also search CI&R and Healthy Start records for their members. They can view services provided and the home visiting program their members are referred to. The portal alerts the Health Plan staff if any of their members need additional information or outreach from the plan on benefits available to them. Reports are available for their health plan members.

19. **Requirement 10 Healthy Start Doula Program Portal: How many providers and staff are delivering that program now.**

    ANSWER: The doula program has not launched yet.

20. **Exhibit A, 19 - Approximate users 1,750, in the Requirements if all the sections of users is added together it would be more than 3,044 users plus those for the Doula program. Which number is correct?**

    ANSWER: Many of the current system users have access to multiple portals/programs. The portal/program sections list the total number of users with access to that individual portal/program. The number provided in Exhibit A, #19 - is an estimated total number of systemwide users. The 1,750 previously estimated users could end up closer to 2,000 with the addition of the most recent T.E.A.M. Dad and Healthy Start Doula programs.

21. **Exhibit A, 23 - Does the system need to include e-fax capabilities**

    ANSWER: No.

22. **Authoritative Factors, #4 - PCI compliance is included, does the network process Credit Card payments now for co-pays or service?:**

    ANSWER: We do not process any credit card payments from clients.

23. **Authoritative Factors, #16 - Does the solution need to be FedRAMP certified**

    ANSWER: HSMN does not require FedRAMP or StateRAMP certification for the data system or vendor. However, being FedRAMP and/or StateRAMP certified provides increased confidence in the security of the solution provider. Additional points will be given to respondents that have achieved and maintain HITRUST Certification.

24. **Do you expect the number of users of the system to grow in year one or subsequent years of the contract, like the Doula program says it is growing for instance?**

    ANSWER: Coordinated Intake and Referral, Healthy Start home visiting, CAPTA, and TEAM Dad should remain stable as our funding has not changed for these programs in the upcoming fiscal year. We are subject to legislative appropriations each year, but not anticipate any decreases. Doula users should continue to increase.

25. **How many NPI numbers are used on claim submissions to insurance payers?**

    ANSWER: HSMN has one NPI and Medicaid number for billing for AHCA and the health plans for doula services.

26. **What is the average monthly collections from insurance:**
    1. **Dollar amount?** ANSWER**:** Avg**.** $4 million per month in Medicaid claims to AHCA. Doula services with individual health plans have not begun yet.
    2. **Transaction count?** ANSWER: Approximately 2,200 average monthly Medicaid claim transactions

27. **Will you be handling the posting and denial management of claims? Or do you want this included as a service/automation?**

ANSWER: We would like claim status posting included as a service/automation. If a claim is denied, we would like to provide Coalitions an opportunity to see the results so they may update any incorrect service documentation for resubmission of that claim. If the claim is denied due to an issue that could be corrected by an automated process, then we would like that included as a service.

04-04-2024 Q&A

General:

1. **Would you like to have EHR (Electronic Health Record) integrated into the system for billing?**
ANSWER: All records and billing are built into our data system. We do not coordinate administration with another third-party vendor for billing. The statewide data system will include a case management system and the ability for our vendor to provide billing for us by sweeping the system on a regular basis for billable claims and submitting those on our behalf either to the Agency for HealthCare Administration or to Medicaid Health Plans, depending on the program. All electronic exchanges of information from and to our system must follow the HIPAA Electronic Data Interchange (EDI) rules.

2. **The users identified in the ITN document, are those clients or staff? The number of users per program, are those numbers meant to be added together or are they listed as a total and then broken down by user type?**
ANSWER**:** Clients do not have access to our data system. All users referenced in the ITN document are staff users. Refer to page 14 of the ITN for more details on the various users of the case management and billing system. The total users for each program are provided and then broken down by user type. For each program portal, the larger number represents the total number of users, and the different types of users are listed with the number of each user type provided. The user type numbers should add up to the program total.

3. **Was the Data Flow Diagram that was referenced as one of the questions posted, and was it tagged for ease of reference?**
ANSWER: The Data Flow Diagram was posted under the Notices category on the FAHSC website where the ITN is located.

03-27-2024 Q&A

General:

4. **Page 33. Infographic says 3rd trimester or at Enrollment but there are no other ICC services listed.**
ANSWER: The infographic on page 33 of the ITN was created to highlight and explain the One Key Question® component of the Interconception Care Curriculum (ICC) for the Healthy Start Program. This question will identify the specific reproductive life plan and education to be completed with the client. A complete description of Interconception Care services and requirements for client participation can be found in the Healthy Start Standards and Guidelines Chapter 9 using the following link: https://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/chapter-9-interconception-education-3-2019.pdf

5. **Are they no longer serving a woman that has a loss?**

ANSWER: Yes, Interconception Care services are provided to women with a loss. The Healthy Start Standards and Guidelines (HSSGs – Chapter 9) for Interconception Care services as mentioned above may be provided to Healthy Start prenatal participants during their pregnancy or up to 8-weeks postpartum, mothers of infant/child participants, and women who have experienced a loss or had a child placed out of the home and therefore have no infant/child to which to code services.

6. **Page 17-g. Record type include prenatal, infant, and postnatal: Nothing is mentioned about ICC record unless that is postnatal, but HSSG says postnatal is up to 2 months after delivery.**
ANSWER: Paragraph 5.g. on page 17 of the ITN has been amended to include Interconception Care as a record type.

7. **Page 14-15-3. CIR there is no mention of ICC Phone services.**
ANSWER: Interconception Care Phone services are not specifically mentioned in the Coordinated Intake and Referral (CI&R) section of the ITN. However, an alert or notification will be needed to identify clients that were NOT referred to a home visiting program and are within the last trimester of pregnancy calculated using the Expected Due Date (EDD). This notification should populate a list of these clients to notify the CI&R case worker to contact and provide Interconception Care services over the phone (ICC Phone Services). This is an example of the alerts/ticklers referred to in item g., page 15.

8. **Are ICC Phone services being eliminated?**
ANSWER: No, Interconception Care Phone (ICCP) services are not being eliminated. ICCP services will be provided through the Coordinated Intake and Referral (CI&R) Program to women within their third trimester that did NOT receive a referral to a home visiting provider. ICC Phone services are allowable for billable claims for Medicaid participants through the AHCA contract for services.

9. **On page 21 of 39. Item 12(l)(i) seems to belong one category up with "Merging and deleting duplicates" as sub-item (i) along with items (ii), (iii), (iv) as its sub-items. Will you please clarify?**
ANSWER: The ITN has been updated to ensure item 12 is clear.

10. **On page 26 of 29, item 24 under Technical Factors states that hardware tokens are used for system authentication. The current data system uses neither hardware nor software tokens for authentication. Is the new requirement to be hardware token devices distributed to all users statewide? Or will soft tokens be acceptable, such as an authenticator app on the individual user's mobile device?**
ANSWER: The list of questions/answers provided on pages 24-28 were developed during the most recent Security Risk Assessment for Healthy Start MomCare Network. There may have been a misunderstanding of the definition of hardware tokens or the system environment. A soft token (MFA with a code or through an App) will be acceptable to authenticate users to log into the data system. It would be preferred that access to the servers that house the system data be secured using a hard token. We will consider any security authentication protocol that complies with HIPAA and HITRUST standards.

11. **Could you describe at a high-level the program portals you currently have in process?**
ANSWER: We will be posting a data flow diagram to illustrate the various program portals and the flow of data through the system.