

# **Template G**

**Functional Requirements Approach**

**Including Response Template**

**Instructions for RFP Response**

**RFP #: 03410-128-14**

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# 1. Functional Requirement Approach for Care Management Solution

The Vendor must provide a narrative overview of how the proposed System will meet the Care Management requirements. The following questions pertaining to Functional Requirements are a required portion of the RFP response and will be evaluated by the State of Vermont.

**Instructions:** Use these response sections to provide specific details of the proposed approach to meeting the functional requirements in each process area. Responses should, when necessary, reference requirements using the appropriate RFP Requirement Numbers from Template F - Functional Requirements.

Responses in this section must be highly focused on the Care Management-specific business processes and requirements and not simply provide generic or marketing descriptions of solution capabilities. Vermont also expects the Vendor to propose its approach for meeting the Functional Requirements included in Template F – RFP Functional Requirements.

Vendors should indicate how their proposed phased implementation may or may not impact functionality. Additionally, the Vendor should indicate exception handling processes where appropriate and any dependencies on existing systems or components of the new System to provide the specified functionality.

## 1.1 General Requirements Approach

### 1.1.1 Member, Authorized Representative, and Community Provider/Partner Portal

Significant System capabilities in this area include:

- Display a step-by-step form with branching logic to capture data elements for a new Portal account
- Validate information provided by a Member, Authorized Representative, and Community Provider/Partner when creating a new Portal account
- Grant and limit access to view and/or update information based on User role (Member, Authorized Representative, Community Provider/Partner) and program policy

The Vendor must describe its approach to providing a role-based Portal.

<Response>

### 1.1.2 Alerts and Notifications

Significant System capabilities in this area include:

- Generate Alerts and Notifications based on business rules and configurable by the User as necessary
- Allow Users to subscribe and unsubscribe to Alerts and Notifications, within program policy
- Present a User with a list of Alerts / Notifications

- Prompt a User when an action has been taken for Member-specific activities
- Automatically create alerts based on best practice (e.g., prenatal checkpoints), where applicable
- Allow Users to search for Alerts / Notifications

The Vendor must describe its approach to Alerts and Notifications.

<Response>

### 1.1.3 Consent Management

Significant System capabilities in this area include:

- Record Member's consent in order to share his/her information between two (2) or more agency programs and Community Providers/Partners
- Notify Users if Member's consent is not on file
- Allow a User to view basic Member information that is available without consent
- Provide security controls to limit entry of consent information to Users with appropriate access rights
- Display Member information, with Member consent on file, to Users with appropriate access rights
- Allow Users to capture verbal consent from a Member in order for:
  - Member to participate in program
  - Case Manager to speak to Member's Authorized Representative
- Create and send notifications to Users if:
  - Consent expiration date is approaching
  - Member has deceased
  - Member has moved outside of the State temporarily or permanently
- Attach a soft copy of the consent, which contains the Member's signature, to Member's record
- Allow Users to search for a Member's consent record

The Vendor must describe its approach to Consent Management.

<Response>

### 1.1.4 Workflow Management

Significant System capabilities in this area include:

- Save work in progress and notify a User that the data entry is saved
- Allow Users to electronically approve or deny documentation, where appropriate and within program policy
- Allow Users to electronically send documentation (e.g., referrals) through the organizational / program hierarchy for review, approval, and/or denial

The Vendor must describe its approach to Workflow Management.

<Response>

### 1.1.5 Document Management

Significant System capabilities in this area include:

- Store pre-approved, updateable letter templates that Users can customize as needed
- Provide optical character recognition to extract text from scanned documents
- Generate materials in both hard copy and electronic format

The Vendor must describe its approach to Document Management.

<Response>

### 1.1.6 General

Significant System capabilities in this area include:

- Provide decision support tools (e.g., links to program policies, clinical links)
- Populate appropriate data elements when provided in any approved electronic format
- Interact with other, identified systems to collect, track, and report on programs at various view levels (e.g., Member-level, Community Provider/Partner-level, aggregate-level)
- Provide a spellcheck function for all text
- Display a progress indicator on all forms that span more than one (1) screen
- Provide rules-based access control and display appropriate information as appropriate
- Display pertinent Member information on all Member screens
- Provide an easy-to-use and well-formatted print functionality for all forms, reports, documents, screens, etc.

The Vendor must describe its approach to General requirements.

<Response>

### 1.1.7 Centralized Mailing

Significant System capabilities in this area include:

- Generate mailing labels and/or print the address directly on envelopes
- Prepare hard copy materials for insertion in a wide variety of envelopes
- Maintain a system of recording:
  - Date mailing was returned and reason
  - Date re-mailed

The Vendor must describe its approach to Centralized Mailing.

<Response>

### 1.1.8 Scheduling

Significant System capabilities in this area include:

- Provide a structured and standard calendar form to create or modify a meeting invitation
- Alert meeting creator of scheduling conflicts based on attendee list
- Allow attendees to RSVP (e.g., accept, tentative, decline, new time proposed)
- Provide attendees the option to retrieve directions and display miles to the meeting location
- Allow meeting creator to export attendee list and responses in multiple file formats (e.g., .xls, .csv, .pdf)
- Allow meeting creator to grant other User(s) access to create, modify, or cancel meeting on behalf of creator
- Allow Members, Authorized Representatives, and Community Providers/Partners to view and respond to meeting invites via respective Portal accounts
- Access User's calendars outside of the System and sync appointments

The Vendor must describe its approach to Scheduling.

<Response>

## 1.2 Candidate Identification and Stratification Requirements Approach

### 1.2.1 Rules Management

Significant System capabilities in this area include:

- Provide step-by-step instructions on updating, adding, or deleting program-specific criterion and program-specific eligibility rules, to Users with appropriate access levels
- Display definitions associated with each criterion, within the same window
- Allow for capturing of multiple criteria sets to identify various population groups, based on program policy
- Allow for capturing of multiple sets of eligibility rules in order to determine program eligibility for various AHS care management programs
- Allow for flexibility in sequencing program-specific eligibility rules

The Vendor must describe its approach for Rules Management.

<Response>

### 1.2.2 Program Eligibility Determination

Significant System capabilities in this area include:

- Identify candidates that meet predefined program-specific criteria
- Accept data from multiple sources (e.g., claims, Electronic Medical Records) to validate a candidate's program eligibility

- Automatically screen candidates, in real-time, against applicable program eligibility rules
- Provide supporting information as to why a candidate was deemed ineligible
- Allow a User, with appropriate access rights, to override the System's eligibility determination
- Identify and flag candidates that have not been screened for eligibility
- Provide User with a step-by-step process for program-specific eligibility re-determination

The Vendor must describe its approach to Program Eligibility Determination.

<Response>

### **1.3 Member Outreach, Case Creation and Case Assignment Requirements Approach**

Significant System capabilities in this area include:

- Route program-eligible Member contact information to appropriate User for outreach
- Provide an efficient mechanism for Users to log each contact made, method used, and respective outcome
- Alert appropriate User if the responsible party for Member outreach has not acknowledged the case and taken action, within a predetermined timeframe that is based on program policy
- Allow User to add additional contacts to Member's case
- Allow User to send electronic communication to Members if an email address is available
- Provide an efficient mechanism for Users to document Member's decision to accept or decline services of any and all programs Member is eligible for
- Provide a standard method for Users to send a case through an appeals process
- Allows User to create a Member case record (e.g., Member has accepted program-specific services ) for each new case
- Automatically assign an appropriate Case Manager based on alignment of Case Manager's profile and Member's needs / profile
- Notify appropriate Case Manager of case assignment
- Provide an escalation process if the assigned Case Manager has not acknowledged the case assignment and taken action, based on program policy
- Access Case Manager schedules to avoid incorrect case assignment (e.g., Case Manager is on vacation)
- Allow System-assigned Case Manager to reassign case to another appropriate Case Manager
- Allow assigned Case Manager to assign additional Case Manager and/or Internal Unit to Member's case

The Vendor must describe its approach to Member Outreach and Case Assignment.

<Response>

## **1.4 Member Assessments and Plan of Care Requirements Approach**

Significant System capabilities in this area include:

- Use branching logic to determine assessment questions
- Display assessment questions in a logical order, while also allowing Users to move among questions where appropriate
- Identify and flag incomplete assessments that require follow-up
- Maintain an audit trail of all parties involved in conducting an assessment
- Provide nationally recognized screening and assessment tools to inform the Plan of Care
- Notify Case Manager when an assessment is due and/or needs to be redone
- Pre-populate and generate a logical, evidence-based, and integrated Plan of Care
- Provide an easy-to-read summary of a Member's Plan of Care that a User can print for or email to a Member's Primary Care Provider
- Allow Community Providers/Partners, with appropriate access rights, to comment on and add to a Member's Plan of Care via their respective Portal
- Display Member's authorized and referred services in Member's Plan of Care, and be able to monitor and update the status of services
- Display condition-specific Action Plan templates applicable to Member's Plan of Care
- Maintain an up-to-date repository of accepted and nationally recognized electronic education materials for both Users (e.g., coaching directives) and Members
- Support multi-language functionality, as defined by the State, for Action Plans and educational materials

The Vendor must describe its approach to Member Assessments and Plan of Care.

<Response>

## **1.5 Case Management Requirements Approach**

### **1.5.1 Care Coordination**

Significant System capabilities in this area include:

- Support care coordination across community health teams (including Home Health Agencies), Medicaid community providers, hospitals, Vermont agencies and departments and other stakeholders/providers to determine and document multidisciplinary needs and best approach to a Member's complex health and psycho-social care management
- Display the Internal Units that are involved in a Member's Plan of Care, along with the main point of contact's information (e.g., email, phone)
- Support both the in-state and out-of-state Concurrent Review process, which includes but is not limited to:

- Notifying appropriate User when a Member has been admitted to an out-of-state hospital or in-state hospital, within respective and predetermined timeframe, based on program policy
- Providing Users, with appropriate access levels, access to patient cases and the ability to send approval notifications to Case Manager
- Allowing Users, with appropriate access levels, to document case management notes and associate it with Member's case
- Providing ongoing feedback to Community Providers/Partners on what is being authorized

The Vendor must describe its approach to Care Coordination.

<Response>

### **1.5.2 Service and Treatment Plan Authorization Determination**

Significant System capabilities in this area include:

- Access to the Prior Authorization functionality in the Core MMIS system
- Support authorized Users in preparing and submitting Prior Authorization requests in the Core MMIS system
- Receive notifications on Prior Authorization request status (e.g., Pending, Denied, Approved, Modified) from the Core MMIS system

The Vendor must describe its approach to Service and Treatment Plan Authorization Determination.

<Response>

The State also requests that Vendors provide their approach on how they would support all the Authorize Service and Authorize Treatment Plan business processes, as defined by MITA 3.0. This is an optional requirement that will not impact a Vendor's chances if omitted.

<Response>

### **1.5.3 Case Management**

Significant System capabilities in this area include:

- Support case follow-up actions as needed to identify services delivered (claims payment information), issues impeding delivery of service and/or member's progress
- Update Case history with possible revisions including needs assessment, treatment plan, associated Community Provider/Partner list, case file information (e.g., contact dates and times)
- Provide a simple and efficient method for closing a Member's case
- Allow a User to set alerts / notifications for select Goals and/or Problems that may require follow-up, along with appropriate contact information, even after a case is 'closed'
- Monitor Member adherence to prescribed drugs

- Accept electronic Critical Incident reports
- Accept claims data in both ICD-9 and ICD-10 formats

The Vendor must describe its approach to Case Management.

<Response>

## **1.6 Referral Management and Transition Requirements Approach**

### **1.6.1 Referral Management**

Significant System capabilities in this area include:

- Create and route referrals electronically
- Acknowledge referrals, accept referrals, and track referral status
- Setup automated notifications related to the referral
- Modify or withdraw a referral
- Search for referrals

The Vendor must describe its approach to Referral Management.

<Response>

### **1.6.2 Case Transition**

Significant System capabilities in this area include:

- Provide a structured and standard method to initiate a referral
- Pre-populate and generate a referral based on available data (e.g., User information, Member information)
- Allow a User to enter freeform text to communicate notes / comments
- Allow a User to request referral acknowledgement
- Display a list of qualified Community Providers/Partners, that meet search criteria, for a User to send an electronic referral to on behalf of a Member
- Display a summary of information regarding submitted referrals
- Allow a User to modify and/or withdraw a referral

The Vendor must describe its approach to Case Transition.

<Response>

## **1.7 Population Health Management Requirements Approach**

Significant System capabilities in this area include:

- Pull various Panel reports using different parameters such as disease, population age range, provider, etc. on near real-time data, based on a preset schedule and on an ad-hoc basis
- Automatically assign Users, based on predetermined parameters such as geographic location, to work with Clinical Leads at Provider sites to address issues highlighted in Panel reports

- Allow a User to log contacts with Clinical Leads at Provider sites
- Allow a User to select and distribute, either electronically or hard copy, education materials based on program protocol
- Allow a User to document and update Program performance measures, based on an agreement with Clinical Lead for population or practice
- Track and maintain details for population health initiatives

The Vendor must describe its approach to Population Health Management.

<Response>

### **1.8 Registry Management Requirements Approach**

Significant System capabilities in this area include:

- Receive a Member's health outcome information from multiple registries
- Prepare updates for a specific registry (e.g., Immunization, Cancer)
- Track information, as needed, for measuring performance
- Create a patient health registry with information about Members who may be experiencing a clinical gap in adherence to clinical standards and barriers
- Provide access to up-to-date Community Provider/Partner registry data through MMIS and 2-1-1

The Vendor must describe its approach to Registry Management.

<Response>

### **1.9 Business Intelligence Shared Analytics and Reporting Requirements Approach**

Significant System capabilities in this area include:

- Pull reports in different file formats (e.g., .pdf, .xls, .csv)
- Allow different access levels of viewing and analyzing reports versus running queries
- Provide the ability to upload external data sets
- Produce charts, graphs, etc. in order to show progress and trends
- Provide reporting tools, such as but not limited to:
  - Statistical tools
  - Compare feature
  - Filter feature
  - Sort feature
- Allow a User to select specific metrics and to drill down to view more detailed information, where available

- Pull predefined reports on a User-set schedule and distribute to subscribed Users on a periodic basis
- Display a template for a User to specify report parameters
- Create and display a clinical metrics dashboard
- Generate reports to monitor quality and cost of care provided to Members.
- Produce multi-dimensional, flexible, ad hoc reports across business functions
- Collect, track, and report on individual Staff performance
- Allow a User, with appropriate access rights, to design a survey to be sent to Members, family members, and Community Providers/Partners. The survey instrument must be highly configurable depending on the needs of the surveyor
- Generate and display client, population and program dashboard reports based on claims and intervened data
- Generate client-centric dashboard reports to provide information on how a specific client relates to the overall characteristics of his or her population
  - Users must first access a client record
  - Affected by a client's profile and the presence of informed consent
- Generate additional dashboard reports for supervisors and managers to view the aggregate caseload of their case workers and to drill down to view analytics at the individual worker level
- Provide geographic mapping / hot spotting for predefined high-risk Members and populations (e.g., zip code mapping of high ED user)

The Vendor must describe its approach to Business Intelligence Shared Analytics and Reporting.

<Response>

### **1.10 *Single Payer Requirements Approach***

The Vermont legislature passed Act 48 in May, 2011. The law recognizes the fiscal and economic imperative for Vermont to undertake fundamental reform of its health care system. Act 48 puts Vermont on a path to a single payer system. The Vendor will be required to support Vermont's health reform plans to transition to a Statewide single payer health care system by 2017.

The Vendor must describe how it is positioned to support Vermont's health reform plans to transition to a Statewide single payer health care system by 2017.

<Response>

## 2. Functional Requirements Approach Assumptions

Document the assumptions the Vendor has made while responding to the Functional Requirements Approach in Sections 1.1 through 1.10 of this document in Table 1 below. These assumptions should include any assumptions that guided the responses, and will be considered in regards to specific approach responses, and the overall Proposal the Vendor provides.

The Vendor may add any additional rows to the table as necessary.

**Table 1** Functional Requirement Assumptions

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	RATIONALE
1.			
2.			
3.			
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