

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

**REQUEST FOR QUALIFICATIONS (RFQ)**

**Medicaid Preventive Care and Education Organization (MPCEO).**

<b>RFQ Title:</b>	<b>Medicaid MPCEO</b>
<b>RFQ Publication Date:</b>	
<b>Application Due Date</b>	
<b>Estimated Notice to Award Date:</b>	
<b>Estimated Implementation Date:</b>	
<b>Deliver Applications via E-mail to:</b>	

Table of Contents

SECTION 1 – DEFINITIONS ..... 3

SECTION 2 – PURPOSE AND BACKGROUND..... 4

    Purpose ..... 4

    Background ..... 4

SECTION 3 – POPULATIONS TO BE SERVED ..... 5

SECTION 4 – SERVICE AREAS ..... 5

SECTION 5 – SERVICE REQUIREMENTS..... 5

SECTION 6 - REQUIRED PLANS ..... 6

SECTION 7 - HEALTH INFORMATION TECHNOLOGY (HIT) REQUIREMENTS. .... 7

SECTION 8 - ENROLLEE RELATIONS ..... 7

SECTION 9 – STAFFING AND TRAINING REQUIREMENTS ..... 7

SECTION 10 – Readiness Timeline ..... 8

SECTION 12 – REIMBURSEMENT ..... 8

SECTION 13 – APPLICATION CONTENT AND REQUIREMENTS..... 9

SECTION 14 – RFQ EVALUATION AND SELECTION PROCESS..... 10

Appendix A: RFQ Checklist

Appendix B: RFQ Application Cover Sheet

## SECTION 1 – DEFINITIONS

**Patient Portal** is a secure online website that gives patients convenient, 24-hour access to educational preventive health information from anywhere with an Internet connection. Using a secure username and password, patients can view health information and personal health risk assessments.

**Personal Health Consultants** are non-clinical members, such as Community Health Workers, that are part of a multi-disciplinary team that includes clinical direction as well as peer support individuals, who can strategically engage with individuals to help significantly improve their health through behavior change, assistance with accessing the health care system, navigating health coverage and other public benefits, and addressing other health related social needs.

**Preventive care services** include primary and secondary prevention services including but not limited to:

- Childhood immunizations
- Well child visits
- Adult preventive visits
- Flu shots
- COVID boosters
- Mammography
- Cervical Cancer screening
- Pre-natal visit
- Depression Screening
- Prostate cancer screening

**Preventive Care Gap Closure** is when a member with whom the MPCEO has interacted receives one of the above services for which the member was due according to guidelines.

**Protected Health Information (PHI)** is individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

**Qualifying Interaction** is a documented verbal face-to-face or telephonic exchange with an attributed member during which the member's health and social needs are discussed with steps established to address those needs.

**Medical Programs** means the various health coverage programs that HFS operates pursuant to the Public Aid Code, the Children's Health Insurance Program Act and the Covering All Kids Health Insurance Act and includes Health Benefits for Immigrant Seniors and Health Benefits for Immigrant Adults.

## SECTION 2 – PURPOSE AND BACKGROUND

### Purpose

The Illinois Department of Healthcare and Family Services (HFS) is issuing this Request for Qualifications (RFQ) to solicit proposals from interested providers to operate a Medicaid Preventive Care and Education Organization (MPCEO). HFS is tasked by state law with establishing and implementation of Section 12-4.56. Managed Primary Care Demonstration Project contained in Public Act 102-0699. The goal of the project is to increase ownership of Medicaid enrollees in their health and well-being through greater healthcare knowledge, accessing preventive services and increased engagement with their Primary Care Providers (PCPs), other health care providers and health plans.

### Background

While preventive care services are covered by Medicaid for all full-benefit customers, whether enrolled in managed care or fee-for-service models, the health outcome of Illinois Medicaid members indicate that many customers are not receiving necessary and highly effective preventive care. Preventive care services can prevent serious diseases through immunization and vaccination (influenza, pertussis, tuberculosis, COVID-19, tetanus, rubella, etc.), and screenings to detect chronic illnesses early so that treatment can begin. Further, through health education and outreach with a foundation in health behavior change theory (e.g Health Belief Model, Transtheoretical Model (Stages of Change), etc., enrollees can take greater control of their health and avail themselves of Medicaid covered services that are available in their communities. Health education or outreach strategies promote the need for individuals to become engaged in their health care and prioritize prevention among all of the other factors affecting daily life. Preventive care services can improve overall individual and population health outcomes, improve the ability of the individual to engage in meaningful economic and social activities, and lower health care costs.

While Americans use preventive services at approximately half the recommended rates, access and utilization of preventive health care differs across racial and ethnic groups, among adolescents, and for individuals with mental illness or disabilities, among others. The Agency for Health Care Research and Quality (AHRQ) in an August 2018 article, [Achieving Health Equity in Preventive Services: Systematic Evidence Review](#)<sup>1</sup>, states that socioeconomically disadvantaged populations, underserved rural populations, sexual and gender minority populations, and/or others subject to discrimination have poorer health outcomes attributed to being socially disadvantaged, which results in being underserved in the full spectrum of health care. The existence of health disparities in the United States is a well-known and documented fact.

---

<sup>1</sup> <https://effectivehealthcare.ahrq.gov/products/health-equity-preventive/protocol>

### **SECTION 3 – POPULATIONS TO BE SERVED**

Responding entities must describe their capacity to serve Medicaid members enrolled in either Fee-for-Service Medicaid or Medicaid Managed Care, and how they will coordinate with Managed Care Organizations (MCOs). Entities should explain how they will identify and work with Medicaid members who live in the community (non-institutional settings) who may be rising risk individuals, including but not limited to:

- Frequent utilizers of emergency department care
- Beneficiaries of have not received recommended preventive services
- Patients with chronic conditions who have not utilized primary care in the past 12 months
- Immigrants and non-citizens who are Limited English Proficient and enrolled in Health Benefits for Immigrant Adults/Seniors
- Patients who are homeless or at risk of homelessness
- Other special populations as identified by the responding entity

### **SECTION 4 – SERVICE AREAS**

The Department has identified the following service areas in which it seeks to identify vendors to provide MPCE services.

- The Zip Codes in South Cook County listed in Exhibit B and Will County (approximately 400,000 Medical Programs enrollees)
- The following counties in far southern Illinois: Williamson, Union, Johnson, Pope, Hardin, Alexander, Pulaski and Massac (approximately 47,000 Medical Programs enrollees)
- Lake and Kane County (approximately 283,500 Medical Programs enrollees)

Responding entities may apply to provide services in one or more of the above areas. The Department will award a contract to one entity in each area. The same responding entity may be awarded a contract in multiple areas. HFS reserves the right to not award a contract in any of these areas. HFS reserves the right to determine how many individuals to enroll into the program in each area.

### **SECTION 5 – SERVICE REQUIREMENTS**

Responding entities must describe their capabilities, experience, and approach to providing the following services:

5.1 Patient navigators to manage patient care. Navigators are used to ensure individuals with an identified health or social need are connected to the right provider to meet that need. This is required to be done in coordination with the person's PCP and/or health plan.

5.2 Data collection strategy and methodology for identifying rising-risk individuals in conjunction with the Department and/or managed care organizations, using claims data and other sources, such as SDOH assessment data to engage these individuals and work to alter and improve their course of care.

5.3 Person-centric preventive health care plans. Preventive health care plans will be developed after a health behavior risk factor screening/assessment and identify all needs with an emphasis on needed preventive services and health related social needs. Collaboration with MCO Care Coordination teams is required to provide a comprehensive and coordinated approach to achieving the goals identified in the preventive health care plan.

5.4 Community Health Workers/Personal health care consultants who engage in outreach and relationship building to promote health maintenance between medical office visits. Discuss how personal health consultants will form relationships with enrollees who need assistance with maintenance of health and compliance with care plans. Personal health consultants will provide health education, motivational interviewing for health behaviors along with home monitoring, home safety inspections to identify health risks in the home, and other health assessments. Personal health consultants are also responsible for

care navigation, and assuring patients who are due for preventive services access them (e.g. mammograms, immunizations, cholesterol screening, etc).

5.6 A patient portal that connects enrollees with an online virtual health hub that provides patients with access to wellness self-guided education, health seminars, a video library, and additional health and wellness resources, as well as the ability to request further education or make connection with a patient navigator.

5.7 Physical locations where enrollees can access the resources available through the portal either at local Community Based Organizations, community health and human services centers or at kiosks or other electronically accessible means strategically located in publicly accessible locations that are safe and secure and likely to reach the target populations.

5.8 A call center with sufficient staff and technology to receive calls from enrollees and to interact with medical homes and facilitate service offerings.

5.9 MPCEOs shall ensure that Medicaid MPCE services are provided with cultural humility and shall ensure that staff are trained annually in topics that enhance their cultural proficiency. Explain how you train and ensure that this requirement is met.

5.10 MMPCs shall have a mechanism to provide language access services for sign and other languages, including offering oral interpretation and written translation services, to communicate with customers when needed.

5.11 MPCEOs shall provide quarterly report on patient demographics and utilization, unduplicated patients. Explain how you will track and report # of SDOH screenings completed, # of patient visits (in-person and telehealth), # of unduplicated patients and the age distribution, gender, race, ethnicity and zip codes served. Describe how you will track not only referrals provided but referrals resulting in patient completion.

## **SECTION 6 - REQUIRED PLANS**

MPCEOs must establish and maintain the following operational plans. Operational plans must be available for review and approval by the Department or its designee upon request. Explain your approach to meeting the following requirements.

6.1 Disaster Recovery Plan: The Disaster Recovery Plan shall detail the steps the MPCEO will take in the event of an outage or failure of HFS' or MPCEO's data, communications system(s), or technical support system(s), and the steps the MPCEO shall take to notify and continue to serve customers in the event the MPCEO's place of business experiences a significant event (e.g., pandemic, fire, flood, electrical systems, act of God) that forces the MPCEO to relocate on a temporary or permanent basis. The Disaster Recovery Plan should note any changes to operations the MPCEO has implemented or intends to monitor and implement related to the COVID-19 public health emergency.

6.2 Program Plan: The Program Plan shall establish and maintain the policies and procedures to be used by staff in the administration of the programs and services required pursuant to this RFQ.

6.3 Continuous Quality Improvement (CQI) Plan: The CQI Plan shall demonstrate the ability to internally assess the operation's strengths and weaknesses, and implement required corrections, with the ability to track responsiveness to referrals, particularly the timeliness of response to crisis referrals from CARES. The MPCEOs shall establish mechanisms to involve families and customers directly in the CQI process and shall integrate their feedback into the MPCEO's Plan.

6.4 Community Outreach and Engagement Plan: The Community Outreach and Engagement Plan shall detail how the MPCEO will establish and maintain collaborative working relationships with hard to reach and disengaged enrollees and their PCPs and health plans. The Community Outreach and

Engagement Plan shall also outline the MPCEO's planned efforts to educate stakeholders in the service area about the services and programs offered by the MPCEO.

**6.5 Staffing and Training Plan:** The Staffing and Training Plan shall outline the MPCEO's plans for recruiting, hiring, and maintaining staff who are reflective and representative of the diversity of the communities served by the MPCEO. Describe the qualifications you require for various positions that interact with enrollees or providers. The plan must include caseload targets for Personal Health Consultants.

## **SECTION 7 - HEALTH INFORMATION TECHNOLOGY (HIT) REQUIREMENTS.**

Explain your experience and capabilities to do the following in a secure HIPAA compliant manner:

- 7.1 Receive files from HFS of enrollees in the service area and data elements to identify and help locate them and their PCPs and health plan.
- 7.2 Exchange data in both directions with health plans related to the duties described in this solicitation.
- 7.3 Create reports on services rendered to share with HFS.
- 7.4 Establish baselines and track improvement of quality metrics related to preventive services and other metrics.
- 7.5 Create Patient profiles that include demographic information, care plans, services provided and other data relevant to the goals of this solicitation.
- 7.6 Analyze claims data to identify patients at risk of health deterioration due to lack of engagement and preventive care.

## **SECTION 8 - ENROLLEE RELATIONS**

8.1 MPCEOs must establish and maintain an internal grievance process specific to their customers for tracking and resolving customer complaints related to the MPCEO, its staff, or any service providers or supports involved in the customer's care. Complaints about services providers must be forwarded to the appropriate grievance and appeal processes for the provider as directed by HFS. Describe your experience and approach to meeting this requirement.

8.2 MPCEOs shall establish a Community Stakeholder Council, comprised of customers served and community stakeholders from across the area they serve, whose purpose is to advise and provide feedback to the MPCEO on the implementation of its services. MPCEOs shall provide information on the meeting schedule and location/call-in information to HFS at least 14 days in advance of the scheduled council meeting. The Community Stakeholder Council shall:

- Be open to participation from all stakeholders.
- Be reflective and representative of the cultural, ethnic, and geographic composition of the area.
- Meet on a standardized meeting schedule that meets no less frequently than once every quarter.

## **SECTION 9 – STAFFING AND TRAINING REQUIREMENTS**

Affirm that you will meet the following requirements.

9.1 MPCEOs shall hire and retain staff that are reflective and representative of the diversity of the communities the MPCEO is responsible for serving.

9.2 Each MPCEO must employ a Chief Medical Officer licensed to practice medicine in Illinois.

9.3 All staff must clear a criminal background check before delivering services to any customer.

9.4 Training Requirements. Affirm that you will provide staff with training in these content areas.

- Mandated reporter responsibilities, including those under the Abused and Neglected Child Reporting Act (325 ILCS 5), the Elder Abuse and Neglect Act (320 ILCS 20), and DHS Rule 50 (59 Ill. Admin. Code 50).
- Confidentiality and privacy laws and rules, including but not limited to: Mental Health and Developmental Disabilities Code (405 ILCS 5), Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110), Health Insurance Portability and Accountability Act (HIPAA), and 89 Ill. Admin Code 431 regarding Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services.
- Identification of symptoms of trauma and the use of trauma informed intervention, and,

### **SECTION 10 – Readiness Timeline**

Entities submitting proposals should identify the timeline between contract execution and ability to deliver services.

### **Section 11—Ownership and Minority Participation.**

The Department requires a Minority Owned Business for these awards. "Minority-owned business" means a business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it. Please provide the following information.

1. Please list the owners, their shares of ownership and the racial and ethnic identity of each.
2. Please list the executive officers operating the company and their racial and ethnic identity.
3. Please provide proof of certification as a minority owned business in Illinois and/or any other state in which you are certified.

An awardee cannot be a Managed Care Company contracted with the Department during the term of the contract to be awarded. It is anticipated that the initial reward and renewals will extend for five years from the date of execution.

### **SECTION 12 – REIMBURSEMENT**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## **SECTION 13 – APPLICATION CONTENT AND REQUIREMENTS**

Providers interested in applying to operate as a MPCEO must complete and submit:

1. A written proposal that addresses how the responding entity plans to meet the Medicaid MPCEO responsibilities, as detailed in this RFQ, following the numbering scheme of this RFQ starting with Section 3 and ending with Section 11.
2. A Price Bid using the form in Exhibit A submitted in a separate sealed envelope.
3. The Attachments listed below.

The proposal should be no more than 30 pages in length (not inclusive of any Attachments), double-spaced, with a standard font size (recommended Times New Roman in 12-point font, Calibri in 11-point font, or Arial in 10-point font).

Required attachments:

### **Attachment I – Organizational Chart**

*A copy of the applicant's proposed organizational chart, including how MPCEO will fit into the overall organizational structure.*

### **Attachment II – Proposed Staffing Plan**

*The staffing plan should demonstrate how the applicant proposes to staff for each of the core MPCEO responsibilities, including an outline of the proposed staff qualifications and staff to customer ratios.*

### **Attachment V – Training Plan**

*Applicants shall supply a detailed training plan, consistent with Section 6 of this RFQ, including timelines for completing the training requirements with new staff upon hire and retraining all staff on an annual basis.*

### **Attachment VI – Letters of Support**

*Applicants must provide two (2) Letters of Support from an individual, group, organization, or entity that is located and operates within the service area(s) the applicant is applying to cover.*

## **SECTION 14 – RFQ EVALUATION AND SELECTION PROCESS**

Submitted applications will be reviewed for completeness based on the requirements of Section 13. Incomplete applications will not be evaluated as part of the selection process. HFS representatives will evaluate complete applications utilizing a standardized scoring sheet developed prior to the submission of applications.

Following the RFQ evaluation process, HFS will notify awardees of their selection. Entities determined to be qualified and selected will be expected to attend a Medicaid MPPC kick-off meeting with HFS to begin implementation preparation. All selected organizations must be prepared to implement the services outlined in this RFQ by the effective dates listed on the RFQ title page.

DRAFT

**EXHIBIT A**

**Price Bid**

DRAFT

**Exhibit B**  
**Eligible Cook County Zip Codes**

60633  
60406  
60409  
60419  
60422  
60425  
60426  
60428  
60429  
60430  
60438  
60443  
60444  
60445  
60449  
60452  
60461  
60462  
60464  
60466  
60467  
60469  
60471  
60472  
60473  
60475  
60476  
60477  
60478  
60487  
60827

DRAFT