



ELIGIBILITY SUPPORT SERVICES DRAFT RFP NO. 529-08-0135

SEND COMMENTS TO: STEVE.BAILEY@HHSC.STATE.TX.US

Associate Director Anne Dunkelberg submitted the following comments on the Health and Human Services Commission’s draft Request for Proposal #529-08-0135 for Eligibility Support Services.

It is clear that a great deal of attention has gone into drafting language designed to improve contractor planning, readiness, reporting and performance, and to ensure greater HHSC access to status information. However, there seem to be areas in which “you can’t see the forest for the trees;” that is, where the HHSC drafters have not clearly presented its big picture overarching goals and themes for the eligibility system (and the role of a private support contractor in reaching those goals), nor created a clear picture of priorities and key outcomes. The comments below attempt to call attention to those areas we think call for more attention.

	Page #	Section #	Paragraph #	Comment
1	General Comment			<p>CPPPP analysts believe that no contractor will be able to succeed in this scope of work unless and until solutions are in place and proven for (1) timely TIERS processing AND the ability of TIERS to provide all the reporting needed to monitor and evaluate eligibility system performance; (2) a document handling and scanning system that is fully functional and accurately connecting legible documents to cases; and (3) adequate numbers of fully trained state eligibility staff are in place to operate the system.</p> <p>At present TIERS cannot support timely application processing nor can it provide critical reports on eligibility outcomes needed for evaluating eligibility system performance. HHSC should consider that a solution to the timeliness issue may REQUIRE the creation of an interface or front end for TIERS that can support rapid case input. If so, a separate successful procurement for that solution/function should precede this procurement. HHSC should delay this procurement until TIERS can process at the legal 95% timely standard and can support all reporting needs.</p>
2	General Comment	e.g., p. 26, 2.2.2.2.		<p>There are a number of examples in which the contractor would have to complete a function AFTER the contract is executed (e.g., 30 days, 45 days, 60 days after), and it is not entirely clear what level of information the contractor must provide in its INITIAL proposal in order to prove to HHSC the contractor’s capacity to fully perform the completed function competently later on, after the</p>

				contract is signed.
3	General comment	e.g., 2.2.2.3., Transition Phase; and 2.2.5.1 Training Plan on p 40		<p>There is no indication in the draft that HHSC will be responsible for training the vendor staff on complex eligibility policy. Given that seriously inadequate training of vendor staff under the previous vendor was a contributing factor to the failure of that contract, and that the current vendor-performed training of HHSC workers is reported to be of inadequate quality, we strongly urge that experienced HHSC staff with personal expertise in eligibility policy and systems issues play a key role in the design and oversight of policy training to ensure quality, accuracy, and adequacy of vendor training programs.</p> <p>Also, TIERS training development and content should be designed by or in consultation with staffs with multiple years of field experience with the program who can provide up-to-the moment expertise on the challenges and limitations of the program and how staff can best use the system to provide timely and accurate customer service.</p>
4	3	1.6.2	Last full ¶	HB 3575 says that the more efficient business process should “reduce processing times for applications for program benefits and reduce staff workloads.”
5	4	1.6.2	2 nd ¶	The “NES,” due to TIERS-related deficiencies, is also performing seriously below federal timeliness standards, and is currently unable to support many basic reporting needs. This documented poor timeliness performance contradicts the statement that the NES “streamlines the application process.” While this is a goal we would support, it is not the reality we see.
6	8	2.2	Final ¶	This description of the process seems to presume routine back-and-forth communications between applicant and eligibility staff/system. One of the significant problems undermining the eligibility system at present is a dramatic increase in missing information requests and related denials. HHSC’s global approach to eligibility process improvement going forward, encompassing both the current reviews of application documents AND this draft RFP, <u>should</u> include as goals the minimization of procedural denials and the maximization of renewal rates. These should be not instead of, but on a par with program integrity. Key to reaching the first goal is taking a variety of steps designed to provide clients and CBOs with clear instructions on how to submit a complete application, as every follow-up communication increases the odds of delay and procedural denial. These goals really do not seem reflected in the draft RFP, and should be.
7	8	2.2	First set of bullets	Again, need to emphasize goal of eliminating the NEED for MI requests.
8	8	2.2.	Last sentence	Ambiguous as worded. Not clear what “in some cases” is modifying. Add separate sentence about CHIP to make clear.

9	10	2.2.1.	5 th ¶;	Requirement to use TIERS. See General comment, #1 above. There may need to be a front-end for TIERS in place before timely processing will be possible.
10	15	2.2.1.5. is first example	Last ¶	Throughout document , a number of HHSC activity lists are preceded with the words, “at its discretion, HHSC may”, but those lists include activities which HHSC ABSOLUTELY MUST AND WILL PERFORM. This is the first example; clearly HHSC <u>must</u> review & approve, <u>must</u> monitor etc. Some rewording may be needed throughout, since corrective actions in response to deficiencies detected may be discretionary to HHSC, but the monitoring and oversight surely is not.
11	16	2.2.1.6.	1 st & 2 nd ¶	The current state of notices to clients in the system is not acceptable. Many notices are not understandable, and often fail to include accurate of complete information about the precise nature of missing information needed, or accurate information about the reason for a denial of eligibility. We are concerned that the draft RFP language implies too great a role for contractor staff – who should not be involved in eligibility decisions and who are unlikely to possess the policy expertise to understand documentation requirements across multiple programs etc. This section might be re-drafted to clearly charge the contractor with devising an interface that ensures that full & accurate input into correspondence comes from trained state staff, but in which the vendor may provide the automation and distribution system for the correspondence.
12	17	2.2.1.7.	First 3 ¶	See comment #1; HHSC should procure and <u>perfect</u> DOC and Tiers fixes BEFORE this proposal is let. How can a vendor prose a solution without all the specifications related to the document processing services vendor and center? In ¶ #3, where does the bidder go to learn the existing process for who established “existing cases” and how the DPC is linking incoming documents to a case?
13	18	2.2.1.8.	3 rd ¶ bullets:	Need to ensure that to the vendor staff are no longer charged with making documentation requests that exceed their policy training. See also comment on page 8; system flows should be re-engineered to eliminate missing information and documentation requests.
14	Pp 20-21	2.2.1.9.	Last ¶ 20, top of 21, ESS 030	RFP approach to CHIP process should make clear that Texas law clearly direct HHSC to ensure direct enrollment in Medicaid of children who do apply using the joint application and do not qualify for CHIP. This should not thought of as a “referral,” but as an affirmative obligation to directly enroll the applicant in children’s Medicaid via whatever interface HHSC and the vendor agree on, and with out any delay or further application or qualification. See: Human Resources Code (§32.0262 (a)-(d)); (§32.026(d)); Health and Safety Code

				(§62.103(b)); (§ 62.104 (a)-(d)); (§ 62.104 (f)); (§ 62.154(b)); and 2008-2009 State Budget (Article IX): Sec. 19.66. Medicaid Eligibility Determinations for Children, and Sec. 19.67. CHIP Eligibility Determinations for Children.
15	Pp 20-21	2.2.1.9.	Last ¶ 20, top of 21.	RFP here should clarify: An ongoing performance problem has been related to vendor staff failing to understand the Medicaid end-date information in the SAVERR and TIERS systems and denying CHIP enrollment improperly (i.e., failing to understand how to interpret an upcoming Medicaid case end date for a child, and denying them CHIP for which they WILL qualify after that end date based on a mistaken belief that there is a dual-enrollment problem in the case). Language needs to make clear that vendor denials are for CHIP only.
16	p. 21	2.2.1.9.	3 rd ¶ and ESS bullets below	There is not actually such a thing as CHIP-only application, given that Texas has a true joint application for CHIP and children’s Medicaid, and any application or renewal form is valid for both programs. Probably need to clarify that in the RFP text, and perhaps the correct reference is something like “children’s health insurance only.”
17	22	2.2.1.10. and 2.2.1.11.	Entire sections	<p>This is a rather confusing description of a very important area, and one which involves serious legal rights of clients under federal law, along with customer service quality issues.</p> <p>Revisions to this section should make clear distinctions among (and call for distinct handling processes for) poor service complaints, disputes over eligibility decisions or benefit amounts, and civil rights complaints.</p> <p>It should also make clear that when ERRORS by contractor or state staff are identified, that corrective action should be undertaken by the agency or vendor. Rather than correcting an error, the current and previous contractors have too often told clients to file a complaint, even when the contractor agreed that a policy or process error had been made, or when no attempt had been made whatsoever to investigate the situation. There should be a process (i.e., “escalation”) for identifying and reversing errors, so that COMPLAINTS are more typically filed only in cases where after investigation agency and client disagree.</p> <p>Of course, the right to file formal complaint and request fair hearing must be protected and clients must understand that they are entitled to it in Food Stamps and Medicaid.</p> <p>The draft text (last full ¶ page 22) implies that there is a problem of too many cases escalated to HHSC staff. The primary reason for excessive escalation referrals currently and since 2006 has been excessive errors and delays.</p>

				<p>Only when comment # 1 is addressed (TIERS fix, competent document handling systems, adequate HHSC staff numbers and training) with the number of escalations and complaints decline. And again, it has been our observation that too little investigation has been performed by HHSC. Vendor staff cannot identify, investigate and resolve complex policy errors because they will be unlikely to know the policy.</p> <p>All this begs the question of who will train the vendor in the specifications for complaints and fair hearings. We do not believe that minimally-trained vendor staff are likely to provide reliable advice to clients regarding eligibility determinations or disputed benefit amounts (especially in Food Stamps and MEPS). The RFP should make clear how HHSC staff will triage the escalated cases to detect and correct errors, rather than vendor staff providing clients and applicants with mistaken policy information, or suggesting that a formal complaint and fair hearing is their only recourse.</p>
18	23	2.2.1.11.	Section	<p>Not clear from the draft that appeals are also a client right related to benefit AMOUNT decisions, e.g. in Food Stamps. Mixing in administrative CHIP review procedures with appeal and fair hearings also potentially confusing. Remember, Medicaid and Food Stamps cases will now be subject to state court judicial review.</p> <p>Again, need to make a clearer statement re: vendor should aggressive attempts to identify and fix both isolated errors and bigger trends, but must also always protect legally guaranteed rights of appeal and fair hearing. Vendor needs to describe how they will do that.</p>
19	24	2.2.1.12.	3 rd ¶	<p>This states that the vendor will monitor the quality of service being provided to various parties, need to clarify that it means provided BY the vendor/vendor staff.</p>
20	24	2.2.1.12.	ESS 040	<p>Ambiguous; should clarify that (or whether) this refers to monitoring only of vendor call center staff, not of HHSC eligibility staff.</p>
21	25	2.2.2.	Last ¶	<p>Do the documents in this RFP, the document processing RFP, and the procurement library make clear where this vendor's document processing responsibilities end and the document processing vendor's begin?</p>
22	26	2.2.2.1.	Last ¶	<p>The directive not to merely recite RFP as a response should apply throughout this RFP, should it not?</p>
23	29	2.2.2.5.	2 nd ¶	<p>The use of an automated system which HHSC can access ought to be mandatory, not "preferable".</p>
24	29	2.2.2.5.	3 rd bullet	<p>Is this the first reference to the HHSC PMO risk management team?</p>
25	34	2.2.4.	general	<p>Is there an inventory attached to the procurement library identifying the HHSC asset investments the vendor is encourages to fully utilize? If not, how do the bidders asses this?</p>
26	36	2.2.4.3.	ESS 082	<p>Does this suggest that the Austin call center and San Antonio Centers may both be closed? Shouldn't this be clearer?</p>

27	General			The RFP would be improved greatly if attention were devoted to ensuring that the RFP makes clear how this procurement will result in a business model that differs from the failed Accenture model which vested too much responsibility in minimally trained vendor staff. Staff were in charge of determining when a complete application or recertification was assembled, but they lacked the knowledge to know what constituted a complete application and thus introduced countless errors and delays. This RFP should articulate the goal of finding a role for vendor staff which enhances and speeds processing rather than creating errors and delays.
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