Colorado Department of
Health Care Policy and Financing

Solicitation #:XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

RFP Body

Modification 3 – Modifications are show in green.
Modification 2 – Modifications are show in blue.
Modification 1 - Modifications are shown in red.

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SECTION 1.0 INTRODUCTION

1.1. GENERAL INFORMATION

1.1.1. The State of Colorado, Department of Health Care Policy and Financing (hereafter referred to as "the Department") is soliciting proposals to obtain Core MMIS and Supporting Services for the implementation and operations of a state-of-the-art, Medicaid Management Information System (MMIS) and Fiscal Agent Operations Services to support Colorado's Medicaid, Child Health Plan Plus (CHP+) programs, and other health benefit programs (collectively referred to as the "Colorado Medical Assistance program"). The services and associated software will support the enrollment and management of providers, management of certain client functions, adjudication and payment of valid health care claims, and other subsidiary work. For purposes of this Request for Proposal (RFP), activities related to this procurement will be referred to as the COMMIT (Colorado Medicaid Management Innovation and Transformation) Project.

1.1.2. The Department is seeking a flexible solution that maximizes the use of cost-effective, industry-related, and application-ready Commercial Off-The-Shelf (COTS) technologies that will support the existing Colorado Medical Assistance program and future expansions and changes as directed by the Department's Medicaid Director. The scope of the Core MMIS and Supporting Services is not limited to any specific program administered by the Department, and the Department reserves the right to seek additional services via sole source or competitive procurement for any service required by the Department beyond those anticipated in this procurement. The Department encourages Offerors to propose creative, innovative solutions for Fiscal Agent Operations Services, as well as a suite of applications or components to serve as a "best of breed" MMIS.

1.1.3. The solution will need to provide the Department the ability to administer and modernize the Colorado Medical Assistance program without significant changes to the underlying technology and coding that take significant time to complete. To create a modern program that delivers cost-effective health care services that are population-specific, the Department will continue to adapt and make progress on how services to clients are delivered. In addition, the Department will need to modify payments (or rates) to providers and adapt payment methodologies that encourage quality services and healthy outcomes. The solution cannot serve as a cost, time, or resource constraint to implementing these evolving delivery systems and provider payments.

1.1.4. The Department is not requiring proposed solutions to be previously certified by the Centers for Medicare & Medicaid Services (CMS). However, all proposed solutions are expected to meet CMS certification requirements within a reasonable period following the completion of system development. Where practical, proposed solutions should leverage existing components and/or components that can be transferred from an existing system that has been certified by CMS. The Department expects Offerors to propose a solution that leverages technology and resources previously developed/deployed in other state and/or commercial environments to reduce implementation and operating costs. The proposed solution should provide a

benefit to the Department and other states as future changes in technology and federal regulations can be shared across all partners. Further, the proposed solution should include technology refreshes that allow the System and Fiscal Agent Operations to remain up-to-date and continue to incorporate new industry best practices.

1.1.5. As a result, this RFP is focused on objectives, outcomes, CMS certification criteria, and performance measurements. Performance measurements associated with specific requirements are located in Appendix A – Requirements and Performance Standards Matrix.

1.1.6. The Department is releasing three (3) separate RFPs to provide flexibility for Offerors to provide innovative solutions. These RFPs are the:

1.1.6.1. COMMIT Core MMIS and Supporting Services.

1.1.6.2. COMMIT Business Intelligence and Data Management Services (BIDM).

1.1.6.3. COMMIT Pharmacy Benefits Management System (PBMS).

1.1.7. This RFP focuses on the COMMIT Core MMIS and Supporting Services. Any descriptions and discussion of the COMMIT BIDM or COMMIT PBMS are included to provide the Offeror with a comprehensive view of the Department's overarching procurement strategy.

1.1.8. This RFP also describes additional systems to enhance the Department's ability to meet its technical and business strategy (e.g., Learning Management System (LMS) to support training objectives). These additional components are considered "optional" systems or functionality, and pricing should be provided when the requirement cannot be met within the proposed base price. The pricing will be used for informational purposes. The Department will evaluate optional requirements that can be met within the proposed base price. Optional requirements that cannot be met within the proposed base price will not be evaluated. Pricing for optional requirements is described and is included in Appendix E – Pricing Schedules.

1.1.9. The scope of this RFP does not include the:

1.1.9.1. COMMIT Business Intelligence and Data Management Services (BIDM).

1.1.9.2. COMMIT Pharmacy Benefits Management System (PBMS).

1.1.9.3. Current Statewide Data and Analytics Contractor (SDAC).

1.1.10. These Statements of Work will be released by the Department through separate RFPs on a different schedule from the COMMIT Core MMIS and Supporting Services RFP.

1.1.11. General solicitation information, timelines, and proposal submission requirements are available in Appendix C – Administrative Information Document. To be considered responsive, an Offeror shall comply with all of the requirements and timelines contained in Appendix C – Administrative Information Document.

1.2. ORGANIZATION OF THE RFP

1.2.1. RFP Organization and structure

1.2.1.1. This RFP is designed as a package that consists of multiple documents. The intent of this structure is to provide Offerors with easier access to reference information during the response process. The Appendices provided within this RFP contain the detail for each component, and can be accessed independently for reference.

1.2.2. For comprehensive understanding of the Core MMIS and Supporting Services requirements provided by the Department, Offerors will need to reference the documents listed in 1.2.2.1.1 – 1.2.2.1.5 concurrently for their initial review:

1.2.2.1.1. RFP Body (this document).

1.2.2.1.2. Appendix A – Requirements and Performance Standards Matrix.

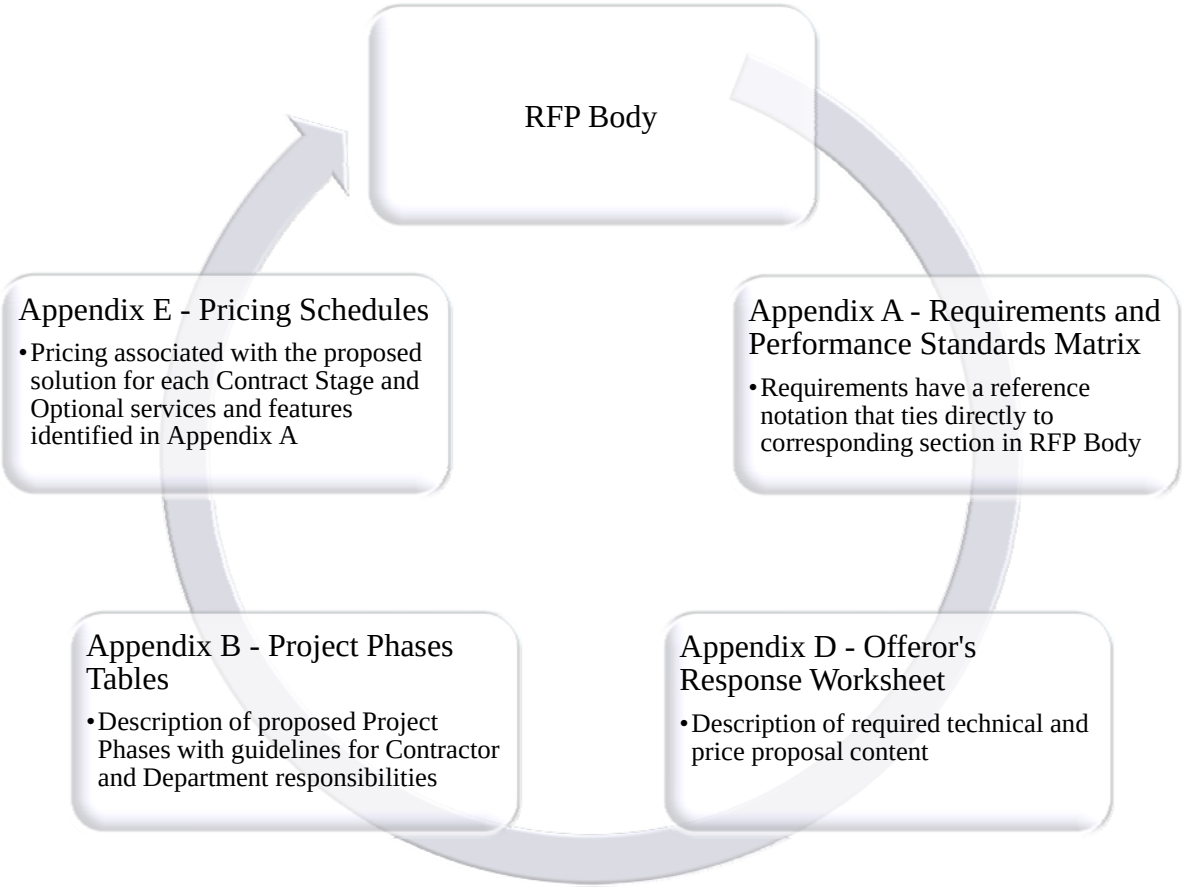
1.2.2.1.3. Appendix B – Project Phases Tables.

1.2.2.1.4. Appendix D – Offeror's Response Worksheet.

1.2.2.1.5. Appendix E – Pricing Schedules.

1.2.3. Figure 1.2.3 provides a visual representation of which components will be needed in order to obtain a comprehensive understanding of the RFP.

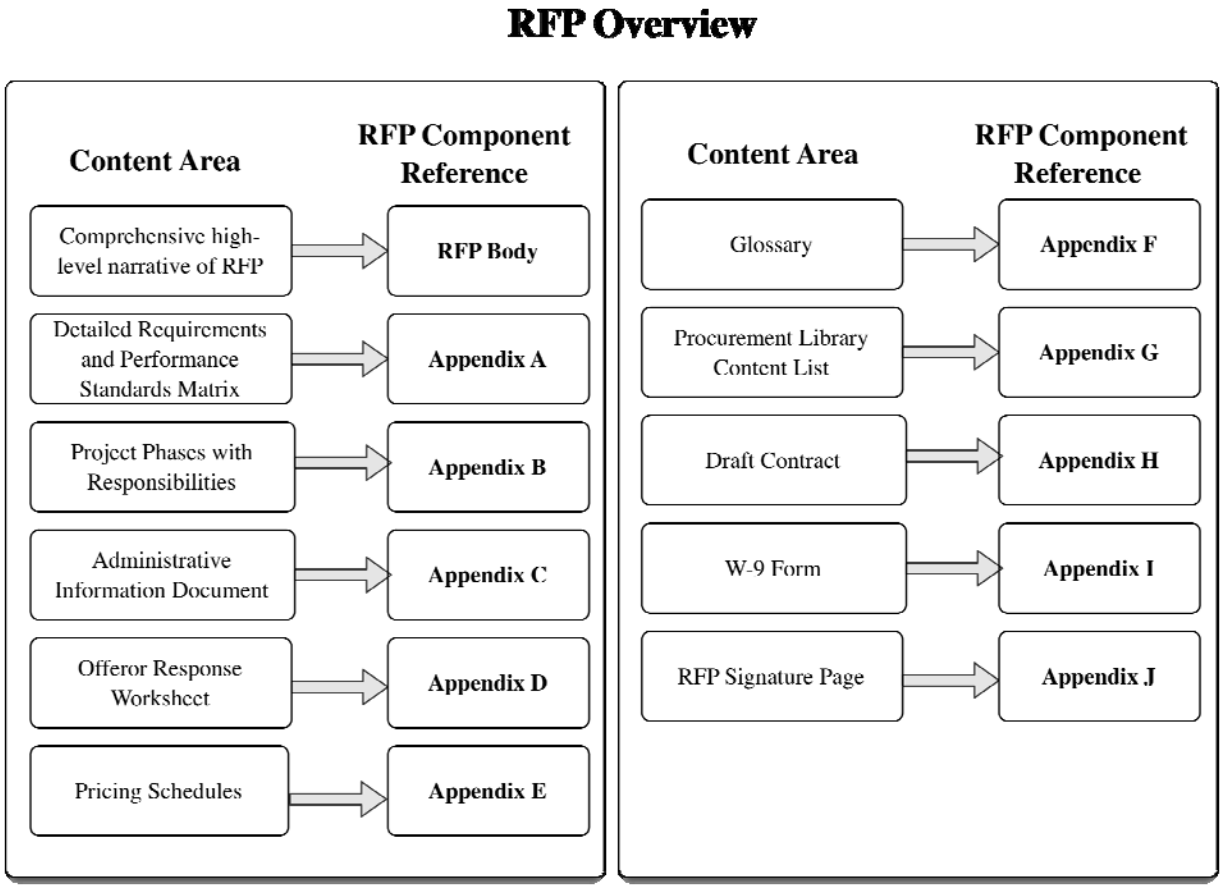
Figure 1.2.3 How to Read This RFP



1.2.4. RFP Component Navigation

1.2.4.1. Figure 1.2.4.1 provides a visual representation of how to navigate the RFP content and how the RFP components are tied together. Section 1.2.5 contains a narrative summary of this RFP's Components.

Figure 1.2.4.1: Organization of this RFP



1.2.5. RFP Component Description

1.2.5.1. RFP Body: This document (referred to as the "RFP Body") provides a high-level, comprehensive description of the Core MMIS and Supporting Services required by the Department. It provides project background information, an overview of the Statement of Objectives (SOO), project goals and strategy, management and organization overview, Contract personnel requirements, general Contractor requirements, Core MMIS Statement of Work, Fiscal Agent Operations Statement of Work, compensation and invoicing, and the proposal evaluation criteria. Although it includes some general guidance in terms of design, overall functionality, and technical implementation, this document does not include specific requirements; those are found in Appendix A – Requirements and Performance Standards Matrix. The intent of this document is to provide a comprehensive narrative that reflects the COMMIT project guiding principles,

while providing Offerors an opportunity to respond with creative, innovative solutions. This design is part of the Department's objectives-based procurement approach.

1.2.5.2. **Appendix A – Requirements and Performance Standards Matrix**: This component contains the detailed requirements and related performance metrics that are directly associated with the corresponding sections in the RFP Body. This component should be accessed concurrently with the RFP Body to obtain a comprehensive understanding of how the specific requirements tie to the overall procurement goals and strategy. Some sections intentionally contain requirements that are similar, and in some cases duplicative. This is by design, and illustrates the overlap between various requirements groups. All requirements, regardless of duplication, require a response.

1.2.5.3. **Appendix B – Project Phases Tables**: This component provides guidelines for Contractor and Department responsibilities for each Project Phase described in the RFP Body.

1.2.5.4. **Appendix C – Administrative Information Document**: This component contains general communications information, schedule of activities, general considerations, proposal response information, and Contract and award information.

1.2.5.5. **Appendix D – Offeror's Response Worksheet**: This component contains questions that require an Offeror response. It ties to the concepts described in the RFP Body and detailed requirements in Appendix A – Requirements and Performance Standards Matrix. Offerors' Technical Proposals shall contain a description of how the Offeror's solution will address the requirements in Appendix A – Requirements and Performance Standards Matrix and describe any necessary modifications to the Offeror's proposed solution and operations that are required to satisfy the requirements.

1.2.5.6. **Appendix E – Pricing Schedules**: This component includes detailed information and instructions for thirteen (13) different pricing schedules required for Offerors' Price Proposals. It shall include pricing information for the Offeror's solution and operations, and any pricing associated with modifications to the Offeror's solution and operations to satisfy detailed requirements in Appendix A – Requirements and Performance Standards Matrix. In addition, the pricing information will include pricing associated with travel related to the design, development, and implementation of Offerors' proposed solution and operations.

1.2.5.7. **Appendix F – Glossary**: This component contains definitions for terms and acronyms used throughout this RFP.

1.2.5.8. **Appendix G – Procurement Library Content List**: This component contains a list of documents, forms, manuals and/or links that Offerors shall reference to gain additional information or understanding of areas and/or processes referenced in this RFP.

1.2.5.9. **Appendix H – Draft Contract**: This component contains a sample contract that can be referenced by Offerors.

1.2.5.10. **Appendix I – W-9 Form**: This component contains the W-9 form that needs to be completed as part of the proposal submittal.

1.2.5.11. **Appendix J – RFP Signature Page**: This component contains the signature document required for proposal submittal.

1.3. MANDATORY OFFEROR REQUIREMENTS

1.3.1. The Mandatory Offeror Requirements are intended to ensure that evaluation of the Technical Proposal can proceed and that the Offeror has the required system development, implementation, and operational experience. Any Offeror that does not meet the Mandatory Offeror Requirements may be considered non-responsive and may receive no further consideration.

1.3.2. All Mandatory Offeror Requirements shall be met on the date of proposal submission.

1.3.3. Failure, in whole or in part, to respond to a specific Mandatory Offeror Requirement may result in rejection of a proposal during the evaluation phase.

1.3.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 0.0.

1.4. TERMINOLOGY

1.4.1. Acronyms and abbreviations are defined at their first occurrence in this RFP. Definitions for acronyms, abbreviations, and other terminology used in all RFPs associated with the COMMIT project, as well as associated requirements in Appendix A – Requirements and Performance Standards Matrix, are contained in Appendix F – Glossary. This glossary will serve as the master source for terminology and definitions used in documents associated with the COMMIT project.

SECTION 2.0 OVERVIEW STATEMENT OF OBJECTIVES

2.1. OVERVIEW

2.1.1. As mentioned in Section 1.0, this procurement is taking an objectives-based approach. A Statement of Objectives (SOO) focuses on the "what" aspect of the various functions the Contractor services and technology solutions shall perform, rather than "how" the Contractor or technology shall perform those functions. This overview describes the objectives, strategy, and general scope of the work that the Department believes will achieve the best overall solution for the Colorado Medical Assistance program.

2.1.2. This SOO is not inclusive of every possible duty, task, or Deliverable necessary to achieve success on this Contract. Therefore, Offerors should not assume that any perceived lack of detail in a specific area indicates that the Contractor will have no duties in that area. Offerors shall develop a solution that fulfills the Department's goals and requirements in a cost-effective manner, which may include details not specifically outlined in this RFP.

2.1.3. This SOO describes the end result, thus allowing Offerors flexibility in proposing the details of how their solution meets the Department's goals. While the Department is encouraging creativity to promote innovative solutions, some details of the Offeror's solution may be subject to Department approval and/or certain constraints.

2.1.4. Expected functionality and services are described under the Statement of Work (SOW) sections of this RFP, and requirements are provided in Appendix A – Requirements and Performance Standards Matrix. Requirements have been defined as Priority 1, Priority 2, Priority 3, and "Optional" (definitions for each are included in Section 11.5.2 of this RFP Body and in Appendix A – Requirements and Performance Standards Matrix). Priority 1, 2, and 3 requirements shall be included within the Offeror's proposed services and system capabilities.

2.1.5. Due to the "abstract" nature of a SOO, Offerors shall specifically identify tasks and Deliverables in Appendix D – Offerors Response Worksheet that are part of their solutions, as well as tasks and Deliverables they believe are not included in their core service and system capability. This approach will help clarify cost, schedule, and implementation boundaries for both parties.

2.2. PROCUREMENT GOALS

2.2.1. The goal of this procurement is to redefine systems and business processes for the Colorado Medical Assistance program by procuring technical and business services to replace the Legacy System with a modern system and service delivery model. The service delivery model and modern system shall be both flexible and adaptable, and be able to easily interface with business intelligence and analytics tools to provide easy access to data and comprehensive reporting. In addition, the Department is seeking Fiscal Agent Operations Services with the expectation of excellent customer service and operational automation for both providers and the Department.

2.2.2. The Department seeks to provide Department staff and business partners with the information management and analytics tools that will enable the Department to

manage and transform its Colorado Medical Assistance program to quickly adapt to and support the next decade of reform that is expected to occur in health care administration. As a result, new information technology systems and services, as well as modifications to current business processes to improve the Medicaid Information Technology Architecture (MITA) maturity levels, are required. In addition, effective professional services will be crucial to the success of program improvements.

2.2.3. The COMMIT project's leadership has established the following guiding principles, which will serve as the backdrop for this procurement. All decisions will be assessed against these principles on an ongoing basis to ensure that risks are mitigated appropriately, the procurement is successful, and that clients, the provider community and other stakeholders experience minimal impact.

2.2.3.1. **Adaptability**: Implement a flexible, rules-based, modular, Configurable solution to enhance decision-making and increase management efficiencies.

2.2.3.2. **Business Intelligence and Data Analytics**: Implement business intelligence and data analytic services to enable accurate, real-time data and reporting that will meet changing business and management needs. The solution should be enterprise centric, which would enable other health care and program data typically not found in a Legacy System to support enterprise decision-making.

2.2.3.3. **Service Focused**: Structure the procurement to focus on the delivery of services to provide an enhanced customer service experience for providers and clients.

2.2.3.4. **Performance-Based Contract**: Implement an incentive-based contract management structure that enables the Department to manage to performance-based service levels for the Contractor, without substantial increased cost to mitigate Offeror risk.

2.2.3.5. **Information Sharing**: Implement a solution that provides an easy to access and comprehensive "one-stop-shop" for providers.

2.2.3.6. **Realistic Project Schedule**: Structure the scheduled project activities to ensure a quality procurement and a successful implementation of the contracted services and supporting technology.

2.2.4. In addition to the guiding principles identified by Department leadership, the following objectives have been defined:

2.2.4.1. **Maximize Enhanced Federal Funding**: Maximize qualification for enhanced Federal Financial Participation (FFP) for MMIS development, implementation, and operations.

2.2.4.2. **Ensure Federal Standards Compliance**: Comply with the Centers for Medicare & Medicaid Services (CMS) requirements.

2.2.4.3. **Obtain Federal Certification**: Implement project management controls for the development and implementation for all systems to ensure CMS certification. Contractors will receive financial incentives for supporting timely CMS certification in order for the Department to fully qualify for enhanced federal funding.

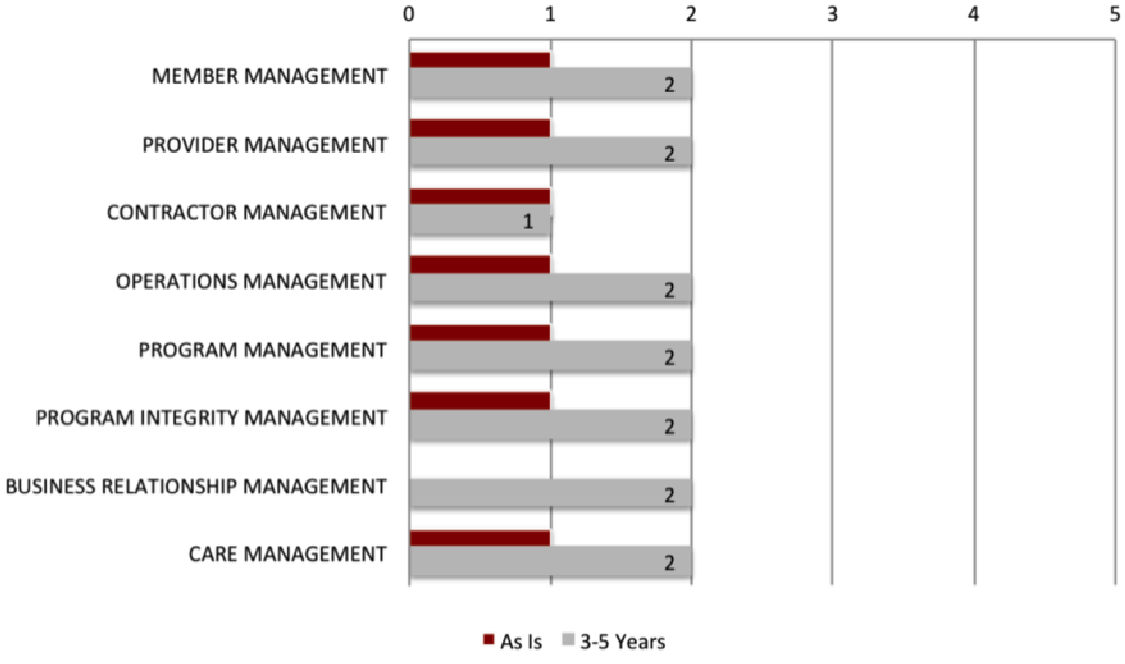
2.2.4.4. **Integrate with Statewide IT Systems**: Ensure that the MMIS is designed for integration with the State's Medicaid eligibility system (CBMS), Health Information Exchange, and Health Insurance Exchange as envisioned through the Affordable Care Act, and subsequent federal policies and regulations.

2.3. PROJECT GOALS

2.3.1. The Department's leadership team has established high-level project goals that are key factors in delivering a solution that will provide top value to the Department. The Department's Legacy System is over 20 years old, with components that are over 30 years old and based on a 1970s general design. As a result, many workarounds and manual processes have been developed to accommodate the antiquated system. Project stakeholders participated in a facilitated visioning session to determine a common "vision" for the future MMIS and service delivery model. In addition, various stakeholders participated in Colorado's MITA 2.01-based State Self-Assessment (SS-A) sessions to identify opportunities for improving business operations and to establish the transition goals necessary to achieve the vision. These transition goals have been translated to the business and system objectives that will be realized as a result of this RFP.

2.3.2. Figure 2.3.2 conveys a summary of the Department's "As Is" and "To Be" business capability in each business area:

Figure 2.3.2 Level of Business Capability



2.3.2. The Department is pursuing solutions that combine excellence and innovation in technology, business operations, and system implementation. Table 2.3.2 provides a description of the overall COMMIT project goals. Not all outcomes associated with project goals apply to the Core MMIS and Supporting Services; some goals will be achieved via the BIDM and PBMS RFPs. The Department expects proposed solutions to provide capabilities that will enable higher MITA maturity levels over time.

Table 2.3.2: Summary of Project Goals

Goal	Description
Audit Trail	Provide access to data changes and viewing history within the MMIS, BIDM, and PBMS records to allow the Department to understand the history of data changes, and to ensure HIPAA compliance. The online, human-readable audit trail should identify the effective and termination date for the data, identify who made the changes (e.g. individual or automated process), and the value of the data element for the identified data range.
Workflow Management	Implement automated solutions that support the establishment of work queues allowing in process documents to flow from one worker's queue to another.
Access to Data	Provide a real-time electronic case management system with centralized access to clients, providers, benefit plan(s), claims, and case management data for the Department's programs. An automated workflow will route applicable data and documentation to appropriate units/staff responsible for decisions on case management activities, based on defined access.

Goal	Description
Client Management	Create an online, electronic client System component and Web Portal that improves the Department's ability to manage client information and client related processes. CBMS will continue to be the master data source for eligibility determination, while the Core MMIS and Supporting Services will rely upon the eligibility determination to determine enrollment in the appropriate Health Benefit Plan, as well as for claims payment and reporting. The electronic client System component would interface with both systems to support determination of eligibility as well as Health Benefit Plan assignment. This functionality is optional for proposed solutions.
Provider Management	Create an online, electronic provider enrollment application through a Web Portal that will collect required information to support decisions regarding approval/denial of a provider's request to supply Medical Assistance. The online application would allow the electronic attachment of supporting documentation to allow efficient decision-making. The solution would leverage an automated workflow so that data and documentation could be routed to appropriate units responsible for decisions on provider enrollment applications. In addition, providers could use a Web Portal to submit updates to their information (e.g., address changes, updated licensing information).
Financial Management	Improve financial management processes by leveraging information available electronically to support more efficient budgeting and financial forecasting. Electronic financial management will leverage solutions used to support centralized data access and policy/utilization modeling. Modify System data that will be required for the BIDM to produce federally required reports through Configuration rather than modifying programming code.

Goal	Description
Health Benefit Plan Management	Through a rules-driven design, obtain the flexibility to create and modify Health Benefit Plans within the System, such that Department users can easily configure services, service limitations, prior authorizations, provider rates, and client cost sharing amounts within a Health Benefit Plan. This will allow the Department to define Health Benefit Plans unique to specific populations, as well as different payment methodologies and provider payments (or rates) for Health Benefit Plans. For example, payments to inpatient hospital providers under one Health Benefit Plan can be made on a per diem basis, while others can be made under a prospective diagnosis-related group (DRG) basis. In addition, the payment methodology could be the same across Health Benefit Plans, while provider rates of services differ between the Health Benefit Plans.
Utilization Tracking and Forecasting	Track utilization trends to support improved decision-making on where to allocate staff and program resources. The information collected and tracked over time will support forecasting and allow the Department to make more timely changes to policy to improve health care and financial outcomes. This goal will leverage solutions used to achieve centralized data access and policy/utilization modeling goals.
Electronic Communication Capabilities	Improve, standardize, and automate communications with clients, providers, and other agencies. The standardization of communications would allow the Department to move to electronic options for communications including a Web Portal and electronic messaging. In addition, standardization should support the ability to provide messaging in multi-language and multi-literate formats. These capabilities may result in timely communications that would lead to improved outcomes.

Goal	Description
Electronic Case Management	Implement an online, electronic case management solution within the Core MMIS and Supporting Services. The Case Management solution will replace the existing Benefits Utilization System (BUS) and DDDweb functionality. The solution will integrate with the Core MMIS and Supporting Services, but is not required to be native functionality.
Reporting Capabilities	Via the BIDM Contract, obtain a robust reporting solution that will leverage centralized access to data to improve reporting results. The Department expects that a solution would provide flexible reporting and business intelligence tools that provide a variety of graphical and data formats. The variety of formats will allow the Department to communicate data in a view appropriate for each audience. The solution will also provide options to automate reporting, including the ability of users to designate reports for generation at specific intervals, and the ability to set parameters for ad hoc reports. This also includes the ability to search on user-defined data elements.
System Flexibility	Create a solution that provides greater automation and is easily and quickly Configurable based on changing business requirements. The System should focus on Configuration changes rather than custom code development for business requirements (or Customization). The Contractor will need to be intimately familiar with its solution in order to make recommendations to best incorporate business requirement changes. This goal may also require an evaluation of the process to communicate the Department's requirements for a change. Making this process more efficient in achieving Department approval for changes will reduce the amount of time to get business requirements implemented in the System and increase accuracy of System transactions. Examples include the ability to make payments through benefit plans/services created or the ability to add new data fields to the System that can drive workflow and/or reporting capabilities.

Goal	Description
Reusability	Obtain a solution that, where practical, leverages existing technology and resources, and/or System components that can be transferred from an existing, CMS certified system across states, or from an existing commercial solution, to reduce implementation and operating costs. The solution implemented should provide a benefit to the Department and other states as future changes in technology and federal regulations can be shared across all partners via a "Software as a Service" delivery model. The System is not required to be previously CMS certified, however, all proposed solutions are expected to meet CMS certification requirements, as specified in the agreed upon project schedule, as defined and maintained under this Contract.

2.4. CONTRACTOR RELATIONSHIP EXPECTATIONS

2.4.1. Prime Contractor

2.4.1.1. The Core MMIS and Supporting Services Contractor shall be the Prime Contractor and shall be solely responsible for integration of all Work to be performed under the COMMIT project, regardless of whether Subcontractors are used by the Contractor. The Prime Contractor shall work solely with the Department to perform all contract administration activities for this Contract, including tasks for which a Subcontractor may be responsible.

2.4.1.2. If the Fiscal Agent Operations role or any other role is subcontracted, the Core MMIS and Supporting Services Contractor shall be the Prime Contractor and shall be solely responsible for integration of all Work to be performed under this Contract.

2.4.1.3. The relationship with the Department and other Subcontractors shall be based on trust, confidentiality, objectivity, transparency, and integrity at all times. Nothing contained within this document or any Contract documents created as a result of any Contract awards derived from this RFP shall create any contractual relationships between any Subcontractor and the Department. All subcontracting relationships require the consent and approval of the Department prior to start of Work under the Contract.

2.4.2. Contractor Relationship with other COMMIT project contractors and serving as the System Integrator

2.4.2.1. The Core MMIS and Supporting Services Contractor shall also be responsible for the integration of all systems related to the COMMIT project.

2.4.3. The Department, in conjunction with all other COMMIT project contractors (Core MMIS and Supporting Services, BIDM, PBMS) will develop a formal agreement that specifies the roles and responsibilities of each Contractor as it relates to the COMMIT project.

2.4.4. Contractor relationship with Business Intelligence and Data Management (BIDM) Contractor

2.4.4.1. Core MMIS and Supporting Services Contractor staff will have an ongoing relationship with BIDM Contractor staff. As Prime Contractor, the Core MMIS and Supporting Services Contractor shall also be the System Integrator and ensure that Core MMIS and Supporting Services Contractor staff work cooperatively with key BIDM Contractor staff to ensure, to the extent within its control, the success of the project as it relates to Core MMIS and Supporting Systems Contractor provided services.

2.4.4.2. The Core MMIS and Supporting Services Contractor shall also ensure that all available data necessary to meet the BIDM RFP requirements are captured, maintained, and retained. System data are the principal assets for both information and reporting systems. With that in mind, the Core MMIS and Supporting Services Contractor shall ensure master data management and data synchronization between the MMIS and BIDM to the greatest extent possible. A draft of the BIDM RFP can be referenced in Appendix G – Procurement Library Content List.

2.4.5. Contractor relationship with Pharmacy Benefit Management System (PBMS) Contractor

2.4.5.1. The Core MMIS and Supporting Services Contractor staff shall have an ongoing relationship with PBMS Contractor staff. As Prime Contractor, the Core MMIS and Supporting Services Contractor shall also be the System Integrator and ensure, to the extent within its control, that Core MMIS and Supporting Services Contractor's staff works cooperatively with key PBMS Contractor staff to ensure the success of the project as it relates to Core MMIS and Supporting Systems Contractor provided services.

2.4.5.2. Core MMIS and Supporting Services Contractor shall ensure master data management and data synchronization between the MMIS and PBMS to the greatest extent possible. A draft of the PBMS RFP can be referenced in Appendix G – Procurement Library Content List.

2.4.6. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 2.4.

SECTION 3.0 BACKGROUND INFORMATION

3.1. OVERVIEW

3.1.1. This section of the RFP provides an orientation to the Colorado Medical Assistance program's structure, existing contract, and current technologies. It is not intended to be a complete and exhaustive description.

3.1.2. The Department of Health Care Policy and Financing

3.1.2.1. The Department serves as the Medicaid Single State Agency, as defined by Code of Federal Regulations (CFR) Title 45 Section 205.100 (42 CFR 431.10). The Department develops and implements policy and financing for the Medicaid and CHP+ programs as well as a variety of other publicly funded health care programs for Colorado's low-income families, children, pregnant women, the elderly, and people with disabilities. Additional responsibilities include contracting for components of major administrative functions such as information and billing systems, managed care enrollment facilitation, and utilization review, and quality assurance to companies that specialize in these areas. For more information about the Department, visit www.Colorado.gov/HCPF.

3.1.2.2. The Department is a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (United States Code [U.S.C.] Title 42 Section 1320d-1320d-842 [U.S.C. 1320d-1320d-8]) and its implementing regulations.

3.1.2.3. Within the Department, the Claims Systems and Operations Division, provides oversight for the Core MMIS and Supporting Services Contractor, BIDM Contractor, and the PBMS Contractor. The Division consists of contract managers, project managers, system business analysts, and operations analysts who monitor Contractor and system performance, gather requirements for System and operation changes, and bridge communications between the Department's policy/program staff and the Contractor's technical and operational staff.

3.1.3. The Governor's Office of Information Technology (OIT) also provides oversight for select large systems projects and includes Independent Verification and Validation (IV&V) services that are contracted for specific projects. The Department maintains direct oversight of the Core MMIS and Supporting Services, BIDM, and PBMS procurements and resulting contracts.

3.1.4. The Department's most current organizational chart can be found in the Appendix G – Procurement Library Content List.

3.2. CURRENT CONTRACT BACKGROUND

3.2.1. Typically, MMIS services are competitively bid and purchased every eight (8) to ten (10) years. In a fiscal-agent operated state, it is typically covered by a base Contract of three, four, or five (3, 4, 5) years with the remaining period covered by option years that are exercised annually or in aggregate. Under its last procurement in June 2007, Colorado opted for a base Contract of three (3) years, followed by a request for CMS approval to exercise an option extension of five (5) years. To accommodate the

anticipated timelines provided under this RFP, CMS has approved the extension of the current Fiscal Agent contract for an additional one (1) year extension to June 30, 2016 and, if necessary, an additional year extension to June 30, 2017.

3.2.2. Xerox State Healthcare, LLC (formerly Affiliated Computer Services) has been administrating the MMIS and Fiscal Agent services since 1995. Colorado's system was operational and certified under ACS's management in December 1998. The previous contractor, Blue Cross Blue Shield, operated Colorado's MMIS and acted as Fiscal Agent for the previous twelve (12) years.

3.3. TECHNOLOGY AND SYSTEMS TO BE REPLACED

3.3.1. This section of the RFP describes the COMMIT project components that are to be replaced. This section has been divided into two subsections to indicate technical and business services that are included under this RFP and those that are not.

3.3.2. Technical and Business Services for replacement under this RFP

3.3.2.1. MMIS

3.3.2.1.1. The current MMIS was designed and developed from 1996 to 1998. The system was implemented on December 1, 1998. Enhancements and modifications have since been implemented regularly to meet the evolving needs of the Department and to meet federal and/or State legislative and/or budgetary requirements. Since the initial implementation, subsequent enhancements include offering interactive claims, client eligibility inquiry, report/file retrieval through a Web Portal, provider reference information such as provider billing manuals, delivered through a provider services web site, email notification of provider bulletins, and other enhancements to support Fiscal Agent Operations. The Department does not plan to modify the existing system due to the significant changes, resources, and costs required to update the current MMIS.

3.3.2.2. Benefits Utilization System (BUS)

3.3.2.2.1. The BUS is a Case Management system for Home and Community Based Long Term Care clients and Nursing Facilities developed by the Department. The ULTC 100.2 is the intake form/assessment that health care providers and/or case managers use for recording daily living/acuity scores. The Department currently maintains the content of the ULTC 100.2 reports in the BUS. The BUS also contains Preadmission Screening and Resident Review (PASRR) information, Home Care Allowance and Instrumental Activities of Daily Living (IADL)/basic Activities of Daily Living (ADL) information, and Service/Care Planning for Preadmission Review.

3.3.2.2.2. The BUS is a SQL Server based application with a web-based front end that is currently not integrated with the MMIS. The application contains almost 128,000 records and is utilized by more than 900 case managers and more than 52 different agencies. In addition, the BUS has a limited provider directory for Nursing Facilities and Case Management agencies. Due to the development of modern systems, existing BUS functionality will need to be incorporated into the Case Management component of the Core MMIS and Supporting Services solution.

3.3.2.3. Division for Developmental Disabilities web (DDDweb)

3.3.2.3.1. The DDDweb is a web-based application that is responsible for the direction, funding, and oversight of community services to persons with developmental disabilities within the State of Colorado. DDDweb is managed and maintained within the Colorado Department of Human Services (CDHS) and OIT. DDDweb is the principle source of data regarding person with developmental disabilities who are provided services with State or Medicaid funding through CDHS. DDDweb includes basic identification, client eligibility, disability, service, survey data, wait list, critical incident tracing, program quality and other management and planning information.

3.3.2.3.2. The DDDweb is a SQL Server based application with a web-based front that was developed in 2007 with Visual Studio 2005 and ASP.NET using .Net Framework 2.0. The DDDweb creates and transmits developmental disabilities prior authorizations to the current MMIS in the National Standard Format (NSF) fixed-length 320 byte records.

3.3.2.4. Electronic Data Interchange (EDI)

3.3.2.4.1. The EDI provides automated transfer of data in a specific format following specific data content rules between a health care provider, the Department, and CMS. Due to the development of modern systems, the EDI will need to be replaced or modified to support the Core MMIS and Supporting Services.

3.3.3. Other Technical and Business Services for Replacement ***excluded*** from this RFP

3.3.3.1. Decision Support System (DSS)

3.3.3.1.1. The current DSS provides information retrieval and reporting tools via business intelligence and performance management software that supports research, planning, monitoring, and evaluation of the Colorado Medical Assistance program's operation and performance. On a weekly basis, the Department and its affiliates download select data from the MMIS to the DSS to support various DSS functions. This does not provide a comprehensive or centralized view of all data required for reporting purposes or program analysis. As a result, the Department plans to replace it through a procurement that is separate from the Core MMIS and Supporting Services procurement.

3.3.3.1.2. RFP Body Section 7.12 provides the Core MMIS and Supporting Systems Contractor responsibilities to ensure a successful interface with the BIDM.

3.3.3.2. Pharmacy Benefits Management System (PBMS)

3.3.3.2.1. The Department currently leases its PBMS from the current MMIS and Fiscal Agent Services Contractor and has determined it should be replaced. The Department plans to take advantage of the latest technology and functionality available for claims processing, drug utilization review, and other pharmacy benefit management functionality by replacing it through a procurement that is separate from the Core MMIS and Supporting Services procurement.

3.3.3.2.2. RFP Body Section 7.12 provides the Core MMIS and Supporting Systems Contractor responsibilities to ensure a successful interface with the PBMS.

3.4. COLORADO MEDICAL ASSISTANCE PROGRAM ENHANCEMENTS

3.4.1. The Department completed its MITA 2.01-based State Self Assessment (SS-A) in April 2012, to identify opportunities for improving business operations and to establish the transition goals necessary to achieve its vision. In addition to transition goals, the Department also defined key technology and business services that would enhance the Colorado Medical Assistance program. Key program enhancements based on the MITA "To Be" planning are highlighted below:

3.4.1.1. Enhance the capabilities of the MMIS and Supporting Services to improve the interface capabilities to CBMS.

3.4.1.2. Enhance Web Portal features and provide single sign-on functionality for authorized users of the System.

3.4.1.3. Centralize access to information including Long Term Care prior authorizations, screenings, and claims via providing all data to the BIDM.

3.4.1.4. Enhance Medicaid payment processing, which includes pharmacy claims, through the System by reducing current manual workarounds.

3.4.1.5. Use the services of a contractor via the BIDM Contract to implement a data warehouse with business intelligence tools to enhance analytics capabilities that support the Department's reporting and decision-making needs. These BIDM contractor supplied tools will also be utilized to provide an analytical database to support the Medicaid Accountable Care Collaborative (ACC) Program. Through data analytics and reporting activities, the business intelligence tools will assist the Department in assuring that the ACC Program goals are consistently met in an effective and efficient manner.

3.5. PROJECT AND STATE RESOURCES

3.5.1. The following list describes the primary entities and their role in this project:

3.5.1.1. **The Department**: is responsible for the procurement, operation, and maintenance of the systems and processes that support the publicly funded Colorado Medical Assistance program. Select members of the Department comprise the Executive Sponsor role. A current Department organizational chart is included in Appendix G – Procurement Library Content List.

3.5.1.2. **The Claims Systems and Operations Division**: Within the Department, this Division manages the relationship with the Contractor. The Division Director and staff will be primarily responsible for the day-to-day project management and Contract management related to the implementation and operations of the System. The Division will also be responsible for overseeing the Contractor's performance and escalating project issues and/or risks to project sponsors as needed. In addition, the Division will coordinate the necessary Department and other State resources throughout the Contract term. A current Division organizational chart is included in Appendix G – Procurement Library Content List.

3.5.1.3. **Centers for Medicare & Medicaid Services (CMS)**: is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (CHIP) and health insurance portability standards.

3.5.1.4. **Office of Information Technology (OIT)**: is primarily responsible for Colorado's Information Technology infrastructure and system security. OIT also contains the State's primary Project Management Office and promulgates the State's rules and policies regarding project management. OIT has no authority or control over the MMIS, but may provide information and be used as a resource on questions regarding information technology (IT) issues.

3.5.2. The project organization is as follows:

3.5.2.1. **Executive Sponsor(s)**: Consists of members of the Department. Executive Sponsor(s) will oversee the Core MMIS and Supporting Services implementation and provide overall direction for the COMMIT project. Executive Sponsor(s) have final decision making authority related to the project.

3.5.2.2. **Claims Systems and Operations Division's Project Management Office (PMO)**: A unit within the Claims Systems and Operations Division that manages various projects for the Department. It coordinates, manages, and oversees projects as well as sets agency-wide standards, practices, and policies for project execution. The PMO oversees the Department's projects including the COMMIT project (RFPs and resulting contracts), 5010/NCCI/ICD-10 efforts, as well as regular updates to the State's existing MMIS and process improvement projects.

3.5.2.3. **MMIS Project Manager**: Part of the Department's PMO and will oversee the MMIS Implementation and Operations project and the Contract for the Department, and will work with the Contractor to provide day-to-day coordination of all project tasks. The MMIS Project Manager will be the primary point-of-contact for the Contractor to the Department.

3.5.2.4. **Purchasing Services Section**: Oversees the solicitations for the Department and is the main point of contact for this procurement.

3.5.2.5. **Independent Verification and Validation (IV&V) Contractor:** The Department will identify resources to support IV&V services for this Contract.

3.5.3. Department Responsibilities

3.5.3.1. The Department will oversee Contractor activities as described in Appendix B – Project Phases Tables and Deliverables as described in Appendix A – Requirements and Performance Standards Matrix throughout the term of the Contract. The Department will review all Contract Deliverables and provide input into the design and content of each Deliverable. The Department will provide the Contractor with formal approval of each Deliverable, as described in Appendix A – Requirements and Performance Standards Matrix.

3.5.3.2. The Department will act as a liaison between its Contractor(s) and other agencies and stakeholders. The Department will help facilitate communication between the parties to ensure the COMMIT project has a successful transition and implementation. The Department's COMMIT Project Manager will act as the primary contact point for the Contractor's account manager and will escalate necessary issues and risks to the appropriate Department stakeholders. The Department's COMMIT Project Manager will also coordinate the participation of Department and State stakeholders in Contractor sessions and meetings throughout the term of the Contract.

3.5.3.2.1. The Department will work with the Contractor(s) to secure necessary access for Contractor staff to Department systems, tools, data, and reports required to support the Scope of Work.

3.5.3.2.2. The Department will perform management duties associated with the management goals and general management strategy stated in this section with respect to all Department (or State) duties and all Department-led duties.

SECTION 4.0 CONTRACT GOALS AND STRATEGY

4.1. OVERVIEW

4.1.1. This section of the RFP provides a description of the COMMIT project's contract goals, terms, and scope. It is not intended to be complete and exhaustive.

4.2. CONTRACT GOALS

4.2.1. The Department's Contract strategy is reflected throughout this RFP, and was developed to encourage mutually beneficial outcomes. The Department plans to negotiate with the following goals in mind:

4.2.1.1. Provide business opportunities that are fair to participants and deliver services and technologies at acceptable and competitive prices within the Department's budget.

4.2.1.2. Foster collaborative, mutually beneficial partnerships. This includes the quick resolution of implementation or operational issues or delays in the project schedule without assigning blame to a person or party that negatively impacts the long-term relationship. In addition, to foster a positive partnership, the Department and contractors will engage in joint team building exercises with management and staff to foster trust and open communication.

4.2.1.3. Discourage contractors from proposing prices and timelines for Design, Development and Implementation (DDI) below what can reasonably be achieved with the intention of making up the difference via the Change Management Process and various other business processes. The Evaluation Committee will determine if the Price Proposal is commensurate with the Technical Proposal and proposed project schedule based on research from recent MMIS implementations in other states and pre-defined evaluation criteria.

4.3. CONTRACT TERMS

4.3.1. The Department anticipates commencing initial Work under this Contract in November 2013. A detailed description of the proposed Contract Stages outlining the phased implementation is described in Section 5.2, Contract Stages. The Department's proposed implementation schedule, which is described later in this section, is moderately flexible, and will be revised as appropriate to align with the Offeror's proposed solution. The anticipated initial term for both DDI and operations of the resulting Contract is five (5) years, contingent upon funds being appropriated, budgeted, or otherwise made available, and other contractual requirements being satisfied. The resulting Contract may be renewed for additional increments of one (1) year and up to a total of three (3) additional years, at the sole discretion of the Department, contingent upon funds being appropriated, budgeted, or otherwise made available, and other contractual requirements, if applicable, being satisfied. The Department requires the Core MMIS and Supporting Services to successfully achieve CMS Certification as specified in the agreed upon project schedule, as defined and maintained under the Contract.

4.3.2. A draft Contract is included as Appendix H – Draft Contract. The terms of the template Contract shall become contractual obligations following award of the Scope of Work. The Offeror affirms its willingness to enter into a Contract containing terms substantially similar to those in Appendix H – Draft Contract by submitting a proposal. The successful Offeror will have an opportunity to negotiate Contract terms, but the Department expects Offerors to redline the Draft Contract in Appendix H – Draft Contract, as part of the proposal submission, with the intent of making Contract negotiations more efficient. The Department will not negotiate Contract terms related to the HIPAA Business Associate Addendum, Colorado Special Provisions, or Paragraph 19P Limitations of Liability.

4.4. CONTRACT SCOPE

4.4.1. The general scope of this Contract includes:

4.4.1.1. Core MMIS and Supporting Services.

4.4.1.2. Fiscal Agent Operation Services.

4.4.1.3. Medicaid Web Portal.

4.4.1.4. Online Provider Enrollment.

4.4.1.5. Case Management.

4.4.1.6. Electronic Data Interchange (EDI).

4.4.1.7. Electronic Document Management System (EDMS).

4.4.1.8. Provider Call Center with Customer Relationship Management (CRM) Software.

4.4.1.9. Help Desk, including Interactive Voice Response (IVR) software.

4.4.1.10. Colorado Registration and Attestation

4.4.1.11. General functionality of other systems or services that currently exist or will interface with the future MMIS.

4.4.1.12. General IT functionality and business operations.

4.4.1.13. Scope and duties described in other sections of this RFP.

4.4.2. The scope of this Contract ***does not*** include:

4.4.2.1. The COMMIT Pharmacy Benefits Management System (PBMS) RFP.

4.4.2.2. The COMMIT Business Intelligence and Data Management Services (BIDM) RFP.

4.4.2.3. Current Statewide Data and Analytics Contractor (SDAC).

4.4.3. Additional details about current interfaces, system functionality, and system processes can be found in Interfacing Systems Documentation, MMIS System Documentation, and Operations Manual, referenced in Appendix G – Procurement Library Content List.

4.4.4. Following Contract award, a formal Change Management Process will be established to address any requested changes to requirements or scope defined this RFP. The goal of this process is to address submission, review, and approval or rejection of all changes within realistic and agreed upon time periods that are reflective of the solution for the proposed change.

4.5. FUTURE TECHNICAL AND BUSINESS SERVICES

4.5.1. Specifically, the scope of the Core MMIS and Supporting Services includes the following functionality:

Table 4.5.1: Scope of Future Solution

Component	Functionality
Provider Re-enrollment	• Support the Provider screening, enrollment, re-enrollment, and validation process necessary to support the requirements for the Core MMIS and Supporting Services.
Online Provider Enrollment	• Implement Online Provider Enrollment and enrollment processes, via a Web Portal, as well as the function of active re-enrollment activities required by Fiscal Agent Operations. Web Portal requirements are contained in Sections 8.4 Provider Management, 8.14 Web Portal, and Section 9.5 Provider Management Services of Appendix A – Requirements and Performance Standards Matrix.
MMIS and Supporting Services	• Professional Services including System design, development, testing, implementation, configuration management, and maintenance support. • Ongoing maintenance support, which may include development and Configuration changes to support federal and/or State mandates, as well as Department directives, via the Change Management Process. • Claims processing that utilizes a modern, flexible rules engine. • Processing of all related electronic transactions (claims, authorizations, remittance, etc.). • Claims processing of paper claims. • Claims payment functionality (interface with Colorado Financial Reporting System (COFRS)). • Flexibility in establishing multiple payment methodologies for a single provider type. • Flexibility in managing benefit plans. • Provide and support electronic interfaces (internal and external). • Client Web Portal (optional). • Provide single sign-on (SSO) for contractors, providers, and clients between the various systems administered by the State and all associated systems provided by the Offeror.

Component	Functionality
	• NCCI and fraud detection capabilities (pre-processing). • Clinical claims editing capabilities. • Provide and support an Electronic Document Management System (EDMS) that can be expanded to be utilized by all employees in the Department. • Workflow management that is integrated with EDMS. • Provide and support an electronic client Case Management Tool that can be utilized by Department, providers and Medicaid Eligibility Technicians (replaces current BUS). • Services Oriented Architecture (SOA). • Client Management MITA business area. • Provider Management MITA business area. • Authorize Services/Prior Authorizations Request (PAR) MITA business process. • Reference Data Management (including procedure, diagnosis, fee schedule, and all other reference files needed to approve, process, and pay claims). • Provide the Third Party Liability (TPL) system of record. • Security and privacy. • Capture and provide to the BIDM all data that will be required to produce federal and State reports. • Provide to BIDM and Department staff any Fiscal Agent Operations support necessary to complete required reporting. • Support activities related to ongoing financial management processes. • Support required information, reporting, and other processes required by accounting services.
Electronic data interchange (EDI)	• Manage HIPAA mandated transactions. • Maintain HIPAA compliance. • Manage electronic claims submission. • Process inbound and outbound transactions in HIPAA compliant transaction formats. • Translate non-standard transactions into HIPAA compliant formats for entry into the Core MMIS and Supporting Services. • Interface with the Core MMIS and Supporting Services.
Fiscal Agent Services	• Maintain and manage mailroom and print center. • Maintain and manage a provider call center. • Provide and support Provider Customer Relationship Management (CRM) software licenses that can be expanded to be utilized by all employees in Department so that the Department's contact with

Component	Functionality
	providers can be noted in the same system as the Contract, which will allow communications with providers to be more efficient. • Support Online Provider enrollment, re-enrollment, and validation activities. • Manage paper and electronic claims receipt and adjudication. • Manage paper and electronic claims payment and adjustments. • ~~**Maintenance of client records and response to client inquiries (call center).**~~ • Support all business processes under the Provider Management MITA business area. • Support data access related to program integrity. • Support financial accounting and reporting. • Generate hospital cost settlements. • Support revenue collection (e.g., HIBI), TPL file maintenance, and other cost-avoidance activities. • Coordinate with the Department and outside auditors to provide access to data held in the MMIS (e.g., Payment Error Rate Measurement (PERM)).

4.6. INTERFACING SYSTEMS AND CONTRACTS

4.6.1. The description of interfacing systems, current contracts, and future initiatives in Table 4.6.4 is not intended to imply that the proposed solution be constructed in any specific manner. Offerors are encouraged to propose solutions that offer a more integrated approach to the Colorado Medical Assistance program than exists today.

4.6.2. Table 4.6.4 identifies the existing and planned contracts that will interface in some capacity with the Core MMIS and Supporting Services. The Contractor may be receiving information from, or sending information to the systems listed in Table 4.6.4.

4.6.3. Existing processes and functionality for systems listed in Table 4.6.4 will remain independent from the Core MMIS and Supporting Services solution, unless specifically outlined below or in Appendix A – Requirements and Performance Standards Matrix. As such, the Core MMIS and Supporting Services will process data as received and provide output as required based on the Core MMIS and Supporting Services functional specifications. The requirements, terms, and conditions of the contracts referenced in Table 4.6.4 are incorporated by reference only, and are not within the scope of this RFP.

4.6.4. The Department has actively pursued opportunities to collaborate with the organization responsible for the Health Information Exchange (HIE) and Health Benefit Exchange (HBE). The State's eligibility system (CBMS) will share data with the HIE. To ensure accurate MMIS eligibility data, the existing interface between

MMIS and CBMS will continue and will be expanded to provide additional information sharing and analytical capacity to improve programs and client health outcomes. The Department plans to participate in the upcoming HBE that will support member's insurance eligibility and enrollment activities, and continue collaboration with the HIE throughout the duration of this Contract.

Table 4.6.4 MMIS Interfacing Contracts and Systems

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
All Payer Claims Database (APCD)	This system will produce reports with claims data from dozens of insurance carriers, including Colorado Medical Assistance program. A unique element of the Colorado APCD will be the requirement that carriers provide fully identified Personal Health Information (PHI). The State is currently in the process of implementing an APCD. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	Center for Improving Value in Health Care (CIVHC) and Treo Solutions	June 2011	June 2016	N/A

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
Benefits Utilization System (BUS)	The Case Management system for Home and Community Based Long Term Care clients and Nursing Facilities. This functionality will be included as part of this Contract in the Core MMIS and Supporting Services, replacing the current BUS system.	State-owned	N/A	N/A	N/A
Colorado Benefits Management Systems (CBMS)	The State's integrated eligibility system used to support eligibility determination and benefit calculations for State benefit programs. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	State-owned with contract with Deloitte for operations	July 2008	June 2013	June 2017
Colorado Financial Reporting System (COFRS)	The State's financial system of record. This system is currently under review for redevelopment. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	State-owned	N/A	N/A	N/A

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
Colorado Health Benefits Exchange (COHBE)	The Health Benefits Exchange is scheduled to launch in October 2013 and will establish a marketplace for Coloradans to shop for and purchase health insurance based on quality and price. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	CGI	N/A	N/A	N/A
Health Information Exchange	The Statewide Health Information Exchange, through Colorado Regional Health Information Organization (CORHIO), offers the Department the opportunity to leverage a transport protocol and information exchange infrastructure to enhance and augment existing Medicaid initiatives in a scalable, repeatable fashion, facilitating current and future business requirements. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	CORHIO	N/A	N/A	N/A

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
Prior Authorization Agencies	The Prior Authorization Agencies provide service authorization service to the Department. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with agencies as required.	MASSPRO	June 2012	June 2013	June 2017
Utilization Management Vendor	The Utilization Management Vendor provides reporting and analysis services on utilization trends and actions. Although this system will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	APS Healthcare	August 2011	June 2012	June 2016

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
Web Portal Vendor	Web-based application that will interface with the Core MMIS and Supporting Services. The Web Portal enables providers and other Department-designated entities to electronically send and receive secure HIPAA and non-standard transactions to the Department's MMIS and to verify client eligibility. The Web Portal will be replaced as part of this Contract.	CGI	September 2012	June 2013	June 2016
Statewide Data and Analytics Contractor (SDAC)	The SDAC provides an analytical database to support the Medicaid Accountable Care Collaborative (ACC) Program. This functionality will be included in the BIDM, replacing the current SDAC functionality.	Treo Solutions	May 2011	July 2013	June 2014

Contract	Description	Contractor	Effective Date	Base Year End Date	Option Year End Date
Recovery Audit Contractor (RAC)	The RAC provides review and recovery support to the Department to reduce improper Medicaid payments through the efficient detection and collection of overpayments, the identification of underpayments and the implementation of actions that will prevent future improper payments. Although this function will remain separate, the Core MMIS and Supporting Services will need to interface with it as required.	CGI/HMS	October 2011	October 2013	October 2017

4.6.5. The Department's enterprise capabilities and associated business services do not currently provide the level of enterprise integration required to achieve the Department's goals for "To Be" MITA maturity levels. To improve the enterprise integration between contracts, programs, and applications the Department expects that the Contractor shall significantly improve the Department's capabilities by integrating and/or interface with the services in Table 4.6.4 with the proposed solution to the greatest practical extent.

4.6.6. Additional information about existing interfaces can be found in Appendix G – Procurement Library Content List.

SECTION 5.0 MANAGEMENT AND ORGANIZATION

5.1. OVERVIEW

5.1.1. The COMMIT project has been divided into Contract Stages and Project Phases. For ease of navigation through these terms, the following clarification is provided. Contract Stages refer to distinct categories that will assist in Contract management activities. These Contract Stages relate to the initial implementation and lead to the ongoing operation and maintenance of all procured solutions. Project Phases refer to the steps involved in working in tandem with the Department to follow the Core MMIS and Supporting Services implementation lifecycle into the Operations and Maintenance Phase.

5.2. CONTRACT STAGES

5.2.1. The Department has established Contract Stages based on the procurement strategy for the COMMIT project. The Contract Stages are described in Sections 5.2.6 through 5.2.11. Specific details regarding the Contractor duties and Deliverables shall be thoroughly addressed in Appendix D – Offeror's Response Worksheet. Proposed Project Phases are described in Section 5.3, and are not necessarily exclusive to a single Contract Stage; some Project Phases will occur in different Contract Stages, and most Project Phases will likely overlap. The Contract Stages are defined by the tasks performed and Deliverables completed rather than by a sequential timeline. During the Initiation and Planning Project Phase, the Contractor and the Department will establish and document entrance and exit criteria for each Contract Stage. Figure 5.2.4 represents a visual overview of how the Department envisions integration of the Contract Stages within the proposed implementation timeline. However, the Department expects Offerors to propose how the Contract Stages will integrate with their proposed implementation schedule that best aligns with their proposed solution.

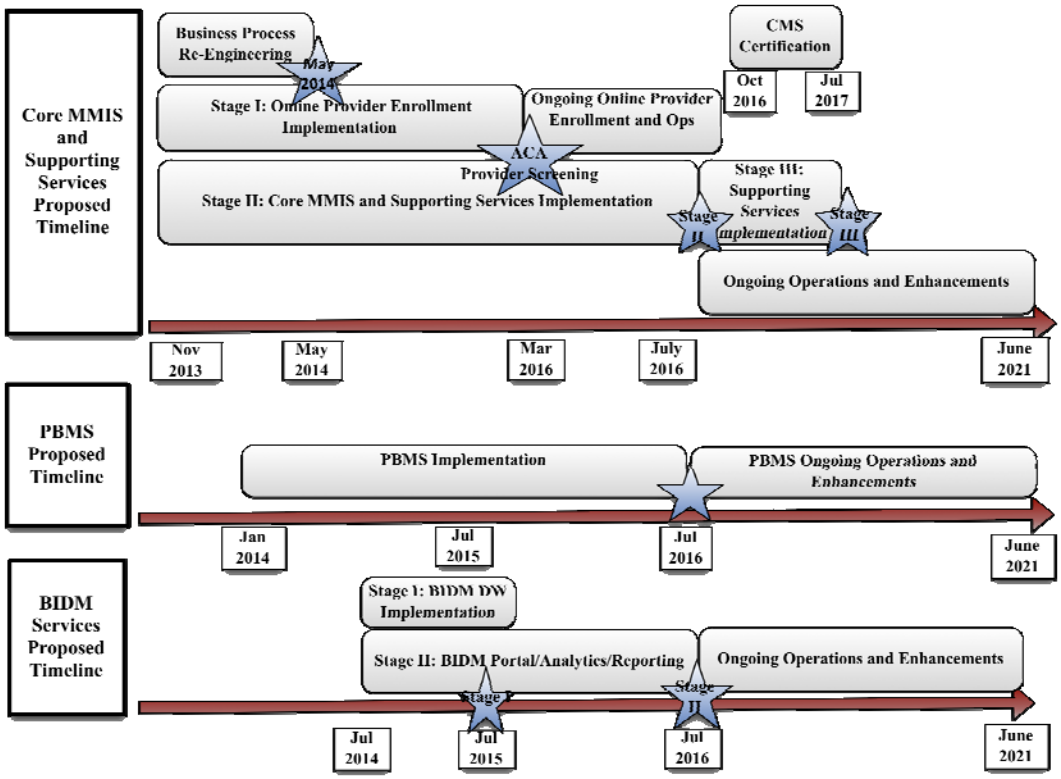
5.2.2. Proposed Contract Stages may occur concurrently, and may overlap in order to meet prioritized implementation Milestones, which include the ACA Provider Screening Rules (March 2016) and Core MMIS and Supporting Services Implementation.

5.2.3. The Department has provided staffing data for available resources throughout the term of the Contract. The Department will notify the Contractor as early as possible regarding any Department resource constraints that may impact proposed Deliverables and/or of the timeline for the Core MMIS and Supporting Services Implementations. Offerors shall reference the organizational charts in Appendix G – Procurement Library Content List for Department organization structure and staffing data.

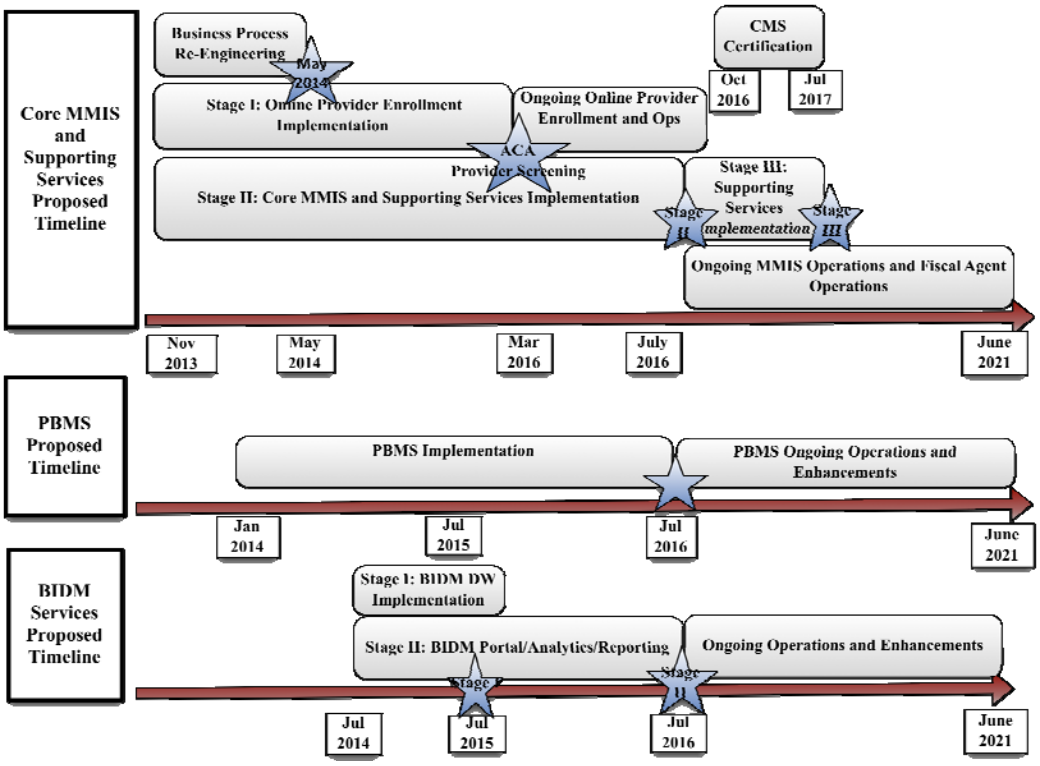
5.2.4. Offerors will need to acknowledge that simultaneous Work in overlapping Contract Stages may negatively impact Department staff and the Offeror will need to minimize the schedule risk associated with Department resource constraints.

Original Figure 5.2.4: COMMIT Contract Stages and Implementation Timeline

This figure has been replaced by Revised Figure 5.2.4



Revised Figure 5.2.4: COMMIT Contract Stages and Implementation Timeline



5.2.5. Procurement Activities

5.2.5.1. The procurement activities include RFP development, RFP release, RFP evaluation, Contract award, and Contract negotiation. Procurement activities are currently in progress, and are not included in Figure 5.2.4. The Department is targeting completion of procurement activities related to this RFP during the third quarter calendar year (CY) of 2013.

5.2.6. Business Process Re-Engineering (BPR) Contract Stage

5.2.6.1. The Department is proposing a six (6) month BPR Contract Stage following the Contract effective date. This stage will include a comprehensive review of the Colorado Medical Assistance program workflows, payment processes, and business processes to provide the Department with recommendations on how to best integrate those functions with the Contractor's Core MMIS and Supporting Services.

5.2.6.2. Based on the results of the BPR effort, the Department, with support from the Executive Sponsor(s), will implement an internal Change Management Process to facilitate culture change within the Department and minimize the impact to staff as they transition from current workflows, payment processes, and business processes to the Contractor's Core MMIS and Supporting Services.

5.2.6.3. Objective: Complete a comprehensive review of the Department's payment methodology and business processes against the Contractor's proposed solution and identify opportunities to provide greater efficiencies, reduce implementation schedule risk, improve alignment with MITA, and improve the overall quality of the delivered solution. This may occur in conjunction with Implementation Stage I and Implementation Stage II DDI activities for the Core MMIS and Supporting Services.

5.2.6.4. Offeror's proposed BPR strategy shall be based on business processes that are consistent with current MITA CMS standards. At the time of this release, the current MITA 3.0 framework does not yet include member eligibility and enrollment business processes or capability matrices. Although this RFP will not be updated to reflect MITA 3.0, Offeror's responses shall be aligned with MITA 3.0 to the greatest extent practical. Any significant changes resulting from future MITA updates will be handled via the Change Management Process.

5.2.6.5. The BPR Contract Stage may require the Contractor to interact with agencies external to the Department in order to obtain a comprehensive understanding of the enterprise. The Department will provide support to engage cooperation from external agencies, where necessary, to ensure a successful project.

5.2.6.6. The BPR Contract Stage may occur in conjunction with discovery and requirements validation activities related to the Core MMIS and Supporting Services Contract. The resulting action plan will drive, and may impact, some DDI activities for Core MMIS and Supporting Services Stage I and Stage II Implementation. The BPR Contract Stage ends upon completion of all duties and approval of all Deliverables assigned to this stage. The Offeror may propose to use a Subcontractor(s) to complete this stage.

5.2.6.7. The BPR Contract Stage may consist of a single Project Phase or multiple Project Phases, as determined by the Offeror's proposed strategy and schedule.

5.2.6.8. The Department will evaluate the recommended changes resulting from the BPR Contract Stage, along with the corresponding schedule impacts, and initiate a change to the Contract if necessary. The Department expects any new requirements that may result from the BPR Contract Stage to be handled within the budget and Change Management Process as established under the Contract.

5.2.6.9. The BPR Contract Stage will not result in any Contract price renegotiations on behalf of the Department or the Contractor. The intent for the BPR is not for the Contractor to build the Core MMIS and Supporting Services based on the Department's current workflows, payment processes, and business processes, but rather for the Department staff to modify their current workflows, payment processes, and business processes to fully and efficiently utilize the Contractor's Core MMIS and Supporting Services.

5.2.6.10. Figure 5.2.6 represents a visual overview of the high-level BPR process.

5.2.6.11. The BPR Contract Stage goals include:

5.2.6.11.1. Evaluate the Department's current business processes against the Contractor's proposed solution and identify and document gaps.

5.2.6.11.2. Refine the Department's enterprise strategy by collaborating with OIT to integrate enterprise initiatives, where practical.

5.2.6.11.3. Develop a strategic, enterprise level plan that will accommodate the significant changes driven by health IT, health care reform, ASC X12 5010 Operating Rules, ICD-10 Operating Rules, and the Core MMIS and Supporting Services, BIDM, and PBMS RFPs.

5.2.6.11.4. Evaluate the current business processes for provider payment methods and determine how improvements can be made to align with future goals. This includes analysis of moving to other payment models rather than building the required functionality for the current provider payment methods into the Contractor's solution.

5.2.6.11.5. Evaluate and redefine how clients and benefits are structured to case client/benefit management, including PARs and defining Health Benefit Plans.

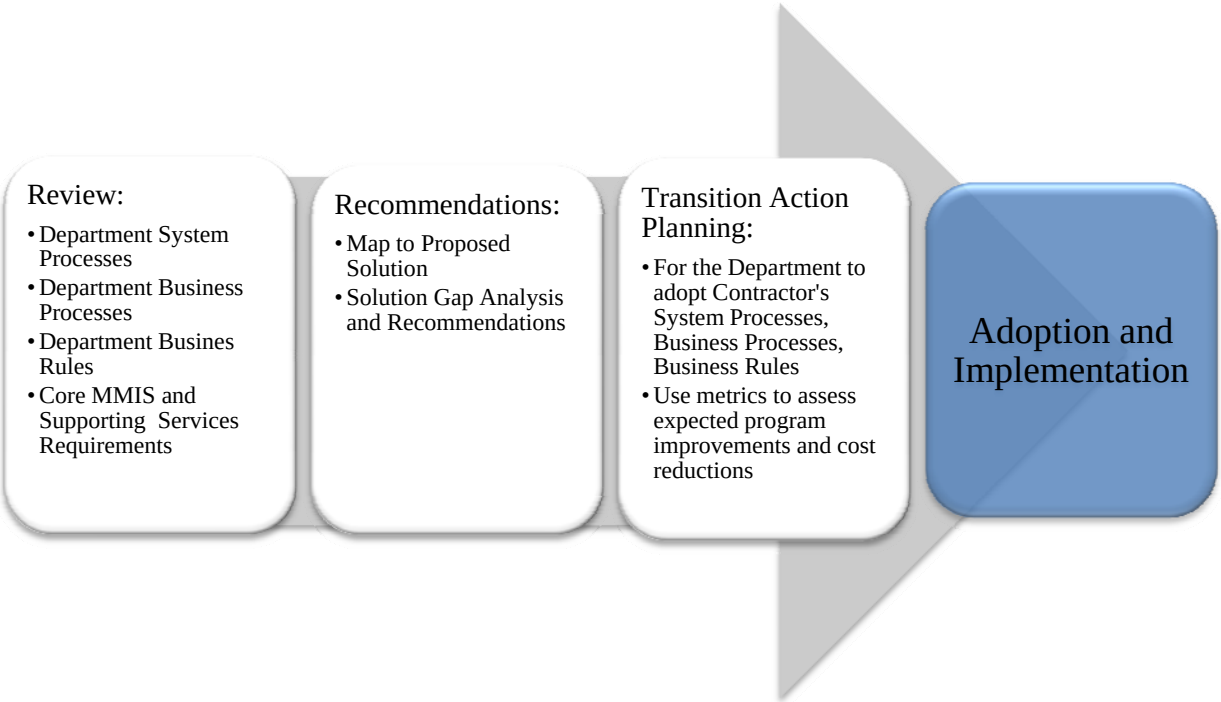
5.2.6.12. The expected output from the BPR Contract Stage is:

5.2.6.12.1. A Recommendations Report that identifies potential modifications with price and schedule implications. Impacts to the proposed timeline may be identified if recommendations from the BPR Contract Stage identify changes that materially affect Implementation Stage I and Stage II activities. The Department will work with the Contractor to evaluate the recommendations and determine the most beneficial modifications for implementation as part of DDI.

5.2.6.12.2. A Transition Action Plan, based on the Recommendations Report, that will provide the Department with a sequence of steps to be taken, or activities to be performed, for the implementation strategy to succeed. The Action Plan will also include metrics to assess the program improvements and potential implementation schedule reductions that are expected to result from the modifications.

5.2.6.13. The Department may separate activities in the BPR Contract Stage from other planning activities that will occur prior to the commencement of Implementation Stage I.

Figure 5.2.6 BPR Process Overview



5.2.7. Implementation Stage I: Online Provider Enrollment

5.2.7.1. The Contractor's top priority upon beginning this stage shall be to complete the implementation of Online Provider Enrollment and enrollment processes. While the Department has proposed the Core MMIS and Supporting Services to be operational by July 2016, the Department's implementation of the Affordable Care Act (ACA) Provider Screening Rules shall be completed earlier. The Contractor is expected to work with the Department to implement ACA Provider Screening Rules, as mandated, and have enrollment and validation of providers completed by March 2016. A copy of the Department's State Plan Amendment to CMS can be referenced in Appendix G – Procurement Library Content List.

5.2.7.2. Operational support activities will be necessary for supporting Online Provider Enrollment and enrollment processes (re-enrollment and new provider enrollment) including implementation of the CRM system and Help Desk staff to support the ongoing changes. Offerors shall propose a strategy to meet this priority beginning with Implementation Stage I continuing through the Ongoing MMIS Operations and Fiscal Agent Operations Stage, as required within Appendix D – Offeror's Response Worksheet.

5.2.7.3. The Implementation Stage I goals include:

5.2.7.3.1. Support the provider re-enrollment/validation process required as part of the Core MMIS and Supporting Services implementation.

5.2.7.3.2. Ensure that Online Provider Enrollment and enrollment processes are compliant with the ACA Provider Screening Rules (all providers shall perform the re-validation by March 2016).

5.2.8. Implementation Stage II: Core MMIS and Supporting Services Implementation

5.2.8.1. Implementation Stage II may begin in conjunction with the BPR Contract Stage and/or Implementation Stage I. The Contractor will determine the extent of any overlap with the BPR Contract Stage or Implementation Stage I, as appropriate, to meet the prioritized implementation dates. This stage will conclude when all duties are completed, the Department has approved all Implementation Stage II Deliverables, and all defects discovered are repaired, approved, or have a disposition that is approved by the Department.

5.2.8.2. Implementation Stage II includes implementation of all functionality required to process and pay claims, be compliant with all rules and regulations, and assist the Department with initiation of CMS Certification activities.

5.2.8.3. The Core MMIS and Supporting Services Contractor will work with BIDM Contractor and PBMS Contractor to integrate the BIDM and PBMS into the Core MMIS and Supporting Services solution. The Department will provide support to engage cooperation from other contractors, where necessary, to ensure a successful project.

5.2.8.4. While the Department is proposing that Implementation Stage II be completed by July 2016, Offerors shall propose realistic project schedules with attainable dates and Milestones.

5.2.8.5. The Implementation Stage II goals include:

5.2.8.5.1. Improve the Department's understanding of the Contractor's baseline solution by providing overview training to the appropriate Department personnel.

5.2.8.5.2. Replace the existing system functionality via a successful DDI and be ready to begin claims processing.

5.2.8.5.3. Implement activities associated with performing Core MMIS and Supporting Services functions, operating and maintaining the Core MMIS and Supporting Services, and performing upgrades as required.

5.2.8.5.4. Perform duties required to efficiently and effectively manage the Department's Colorado Medical Assistance program.

5.2.8.5.5. Adapt to changing business needs and requirements that may occur during this phase by making changes according to the Change Management Plan to minimize rework and impacts to the project schedule.

5.2.8.5.6. Assessment of the completed action plan produced from the BPR Contract Stage for program improvements, efficiency gains, and reduced costs based on the pre-defined metrics.

5.2.9. CMS Certification

5.2.9.1. The Department realizes that CMS dependencies may impact certification activities associated with the CMS certification schedule. CMS Certification will be independent of the Contract Stages. Some CMS Certification planning activities shall begin prior to completion of Implementation Stage II activities, with the remaining CMS Certification activities occurring concurrently with Implementation Stage III.

5.2.9.2. It is the Contractor's responsibility to make sure that the data, processes, and documentation required for the CMS Certification process are provided to CMS in a timely manner.

5.2.9.3. The CMS Certification price shall be distributed across Implementation Stage II and Implementation Stage III, as determined by the Offeror.

5.2.9.4. CMS Certification goals include:

5.2.9.4.1. Complete required documentation and planning activities associated with the formal request for CMS Certification. The formal certification initiation request should be made to CMS approximately two (2) months after the beginning of claims processing (Operations).

5.2.9.4.2. Inventory, prioritize, and plan for activities required to achieve CMS Certification.

5.2.9.4.3. Achieve CMS Certification on the first attempt, retroactive to the first day of operations, as specified in the agreed upon project schedule defined and maintained under this Contract.

5.2.10. Implementation Stage III: Supporting Services Implementation

5.2.10.1. Activities in this stage begin at the ~~**same time as the Ongoing MMIS Operations and Fiscal Agent Operations Stage and following the**~~ conclusion of Implementation Stage II. Activities include technical support of CMS Certification, and the implementation of Core MMIS and Supporting Services that the Contractor did not prioritize for completion during Implementation Stage II that will improve functionality or meet additional Contract requirements.

5.2.11. Ongoing MMIS Operations and Fiscal Agent Operations Stage

5.2.11.1. The Ongoing MMIS Operations and Fiscal Agent Operations Stage shall begin upon completion of Implementation Stage ~~**III**~~ **II**. This Contract stage will be heavily focused on improving MITA maturity levels and will include functionality to meet the Department's future processing capabilities.

5.2.11.2. The intent of this Contract Stage is to improve the implemented solution with enhancements that will address the various business processes, improve enterprise integration, and focus on integration with data analytics tools to improve the management of patient outcomes.

5.2.11.3. The Ongoing MMIS Operations and Fiscal Agent Operations Stage goals include:

5.2.11.3.1. Performing all duties covered under Fiscal Agent Operations, including claims process and provider support, while meeting all performance standards.

5.2.11.3.2. Enhance the Core MMIS and Supporting Services software to improve performance, incorporate greater flexibility, create efficiencies, or automate processes to increase MITA maturity levels. Upgrades and enhancements will be deployed on a scheduled basis.

5.2.11.3.3. Review, prioritization, and implementation of Enhancements related to requirements identified via the Change Management Process will be performed during this Contract Stage. This includes Configuration and Customization changes (as authorized by the Department) identified to address new requirements for activities performed, or System functionality that are not considered part of the Contractor's Technical Proposal.

5.2.11.3.4. System changes will be deployed on a scheduled, periodic basis with the exception of high priority changes that cannot wait until the next scheduled deployment date.

5.2.11.3.5. Produce monthly reports of System changes that have been completed in the current month, including a twelve (12) month projection of projects and expected cost that will be implemented each month thereafter.

5.2.11.3.6. Deploy routine changes to business rules and refinements of workflows. The effort associated with these changes shall be minimal enough as not to disrupt normal System operations or the maintenance effort itself.

5.2.11.3.7. Implement software changes to comply with regulatory and legislative changes with specific implementation dates.

5.3. COMMIT PROJECT PHASES

5.3.1. This section identifies the various COMMIT Project Phases within the Contract Stages that may apply to the Contract term.

5.3.1.1. Based on previous experience, the Department has proposed twelve (12) Project Phases that may apply throughout the duration of the Core MMIS and Supporting Services Contract. The proposed Project Phases are not necessarily sequential, and may overlap.

5.3.1.2. Some testing activities will occur during the Testing Phase, as well as during Operations and Maintenance Phase.

5.3.1.3. Offerors are encouraged to propose an alternative Software Development Life Cycle (SDLC) and associated Deliverables, based on their own methodology. Outcomes for the proposed Project Phases and Deliverables should be consistent with the Project Phase requirements outlined by the Department.

5.3.1.4. As directed in Appendix D – Offeror's Response Worksheet, Offerors shall identify Quarterly Milestones that demonstrate progress towards functionality and/or System components that are connected to the Offeror's SDLC and

proposed implementation timeline. These Quarterly Milestones shall progressively lead to tangible functionality, and are intended to ensure that required DDI activities during the Implementation Contract Stages are on schedule and developed to Department specifications. The Quarterly Milestones will be linked to specific liquidated damages if the Quarterly Milestone is not achieved successfully by the Contractor (see Section 10.4 of this RFP Body).

5.3.1.4.1. The Offerors shall propose at least one (1) Quarterly Milestone per quarter during Implementation Contract Stages in their response to this RFP. The Department and successful Offeror shall finalize the Quarterly Milestones, review schedule, and acceptance criteria during final Contract negotiations.

5.3.1.4.2. The Quarterly Milestones do not need to be connected directly to any Contract Stage or Contract Phase, but are instead provided to executive leadership within the Department, State (e.g., Governor's Office, Colorado General Assembly), and CMS to verify that appropriate progress under the Contract during the Implementation Contract Stages is being made.

5.3.1.4.3. Quarterly Milestones shall be established as specific Deliverables or achievements that can unambiguously measure the Contractor's progress for executive leadership who are not involved in the day-to-day DDI activities.

5.3.1.4.4. Quarterly Milestones shall be effective from January 1, 2014 through the end of the Implementation Stage III (as established by the Offeror's proposed implementation timeline). The first Quarterly Milestone(s) shall be delivered on March 31, 2014 to demonstrate the Contractor's progress from January 1, 2014 to March 31, 2014, the second Quarterly Milestone(s) shall be delivered on June 30, 2014 to demonstrate the Contractor's progress from April 1, 2014 to June 30, 2014, and so on.

5.3.1.4.5. Offeror's shall propose a reasonable reporting schedule for the Quarterly Milestones, such that the reporting on the Deliverable may occur within ten (10) to twenty (20) business days following the end of the quarter, as reporting on a Deliverable that is due the same day is unreasonable (e.g., a Quarterly Milestone delivered on March 31, 2014 may be reported by the Contractor to the Department on April 15, 2014).

5.3.1.4.6. The Quarterly Milestones and reporting schedule shall be established through the Communication Management Plan.

5.3.1.5. Each Project Phase and Quarterly Milestones shall be completed as proposed by the Offeror in response to Appendix D – Offeror's Response Worksheet.

5.3.2. The Department proposed Project Phases are defined below:

5.3.2.1. Initiation and Planning Phase: Based on historical data from prior MMIS implementations, it is evident that unrealistic schedule expectations typically result in inadequate planning, insufficient knowledge transfer, and insufficient collaboration between the parties involved. The Initiation and Planning Phase includes the Department's and Contractor's initial project planning and set up activities. This includes activities to promote project planning, bi-directional knowledge transfer, improving the Contractor's understanding of the Colorado

Medical Assistance program via familiarization activities, communication, and team-building activities to develop a collaborative working relationship between the Department and Contractor. The Contractor shall work with the Department to establish key project planning documents and Deliverables, including the, Work Breakdown Schedule, Risk Management Plan, Communication Management Plan, Change Management Plan, and Resource Management Plan as detailed in Appendix A – Requirements and Performance Standards Matrix. The duration of this Project Phase will depend on the complexity of the Contract Stage to which it applies.

5.3.2.2. Discovery and Requirements Validation/Requirements Elicitation Phase: In this Project Phase, the Contractor shall work with Department personnel to validate and further define the System architecture and requirements, and reconcile them against Contractor-proposed solutions. The primary Deliverables produced during this Project Phase are the Requirements Specification Document (RSD) and a Requirements Traceability Matrix (RTM), as detailed in Appendix A – Requirements and Performance Standards Matrix, to ensure requirements are adequately tracked and managed.

5.3.2.3. Design and Definition Phase: This Project Phase includes the development (for functionality not proposed as a COTS product) and validation of design specifications or product documentation for System screens, reports, data, interfaces, and business rules that conform to requirements that were validated during the Discovery and Requirements Validation/Requirements Elicitation Phase.

5.3.2.4. Development Phase: The Contractor shall develop the pieces of the Core MMIS and Supporting Services in this Project Phase if they are not part of the COTS product being Configured. The Contractor shall utilize development tools and established methodologies for maintaining control of the process and ensuring that the System components and architecture conforms to the requirements as documented in the prior Project Phases. The Development Phase shall include unit testing to verify that each basic component of the System is developed correctly in accordance with the design specifications.

5.3.2.5. Data Conversion Phase: The Contractor shall work with Department staff to convert data contained in legacy/source systems to the Core MMIS and Supporting Services according to the agreed upon Data Conversion Plan described in Appendix A – Requirements and Performance Standards Matrix. The Contractor shall plan, test, and manage the data conversion process. The Department will provide the Contractor with the appropriate access to external systems and Department staff necessary to fully execute the Data Conversion Plan.

5.3.2.6. Testing Phase: The Contractor shall test the replacement of Core MMIS and Supporting Services software and hardware for compliance with defined requirements. The Contractor shall ensure that all testing activities, as described in Appendix B – Project Phases Tables, are executed and that each System component meets or exceeds all of the functional, technical, security, and

performance requirements prior to implementing the Core MMIS and Supporting Services. The Department requires formal user acceptance testing (UAT). Offerors shall specifically address UAT within their proposal responses, as directed in Appendix D – Offeror's Response Worksheet. Department testers will be responsible for conducting UAT and signing off on the Core MMIS and Supporting Services functionality prior to it being released into production. Parallel testing activities in this Project Phase specifically relate to System functionality, and will be independent of parallel testing activities that will occur within the Fiscal Agent Operations scope. The Contractor may also propose additional tests that may maximize performance and/or operational readiness. All testing will be deemed complete only when written Department acceptance is obtained.

5.3.2.7. Organizational Readiness and Training Phase: The Contractor shall train Department staff and any affected Department contractors in Core MMIS and Supporting Services functionality and business processes required for successful implementation. Authorized users shall be proficient in using the Core MMIS and Supporting Services in order to ensure effective and efficient business operations.

5.3.2.8. Implementation and Rollout Phase: The Contractor shall deploy the Core MMIS and Supporting Services in compliance with the agreed upon implementation approach. The Contractor shall manage the end-to-end implementation and establish a clear plan, project guidelines, implementation approach, and governance structure. The Contractor shall also help develop and manage the rollout plan, which shall include detailed planning and roadmaps for all releases. This includes the development of release management processes for technology stacks, databases, and infrastructure. This Project Phase will be considered complete when the Department accepts the Core MMIS and Supporting Services as operational based on predefined acceptance criteria.

5.3.2.9. Operations and Maintenance Phase: The Contractor shall conduct all activities applicable to the Operations and Maintenance Project Phase for the minimum base Contract. During this Project Phase, there shall be a Warranty Period, effective during the first year of the Ongoing MMIS Operations and Fiscal Agent Operations Stage, which shall begin on the day on which the System becomes operational and will terminate 365 calendar days later. The Warranty Period covers the agreed upon functionality and the Contractor shall be responsible to correct all Defects in order to allow the System to operate according to Department specifications. The Contractor does not necessarily need to correct all Defects during the Warranty Period, but all Defects identified by the Department or Contractor during the Warranty Period shall be corrected by the Contractor at its expense and at no additional cost to the Department, as agreed upon through the Change Management Process. The Contractor will maintain routine System performance and Fiscal Agent Operations while correcting the Defects.

5.3.2.10. CMS Certification Phase: This Project Phase includes the Contractor's support of the CMS Certification process, which includes preparing for and demonstrating

that CMS Certification standards are met. The Contractor shall ensure that the Core MMIS and Supporting Services will meet CMS Certification approval for the maximum allowable Federal Financial Participation (FFP) and achieve CMS Certification.

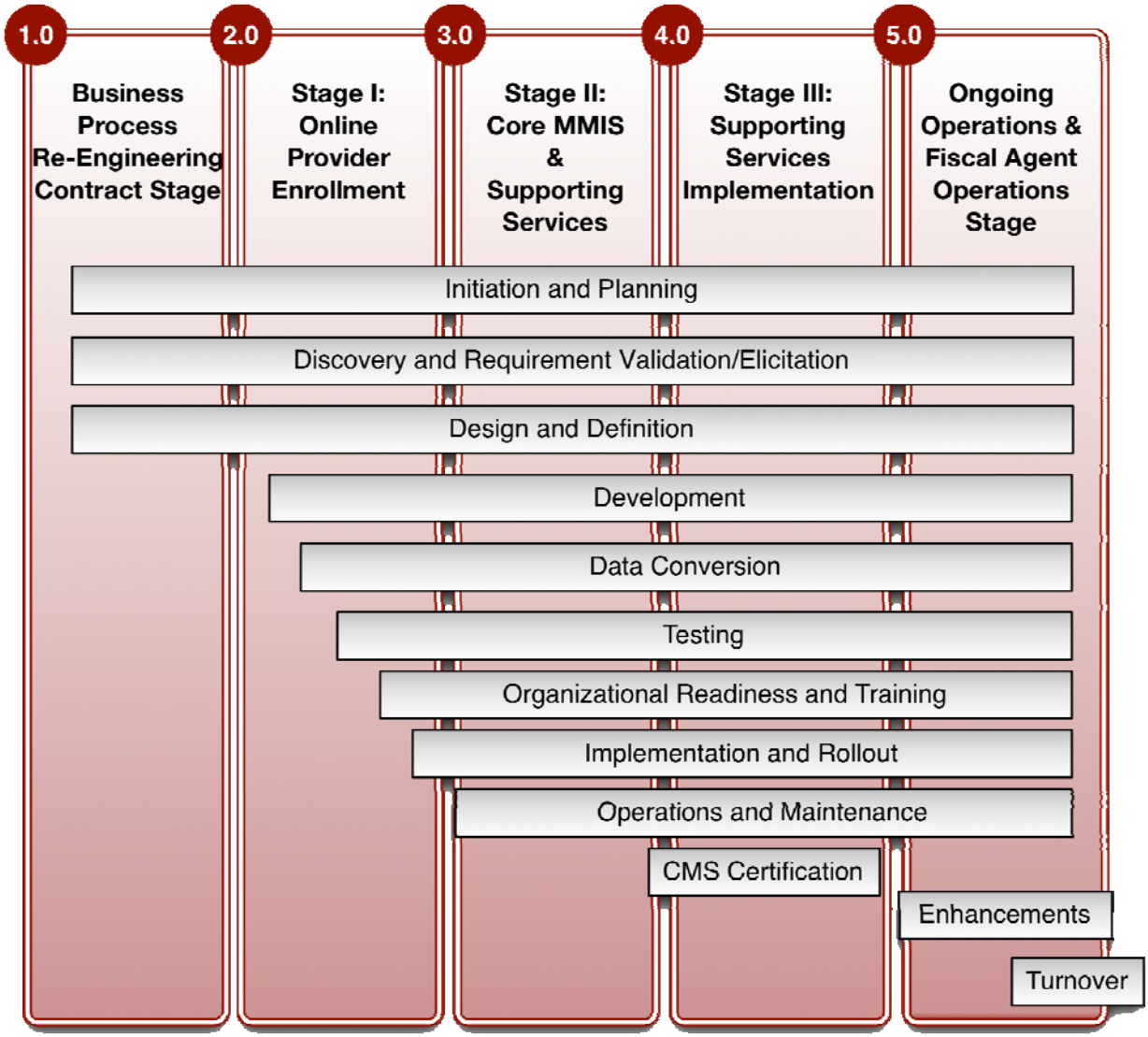
5.3.2.11. Enhancements Phase: The Contractor shall work with the Department to identify, prioritize, plan, define, develop, test, and implement changes or enhancements to the base release. The Department and Contractor will agree to Enhancements through the Change Management Process. Enhancements are defined as changes to the MMIS functionality outside of the contracted scope, and shall require a change request, as defined in the Change Management Plan in Appendix A – Requirements and Performance Standards Matrix.

5.3.2.12. Turnover Phase: The Contractor may be required to transition operations of the Core MMIS and Supporting Services, at no additional cost to the Department or a new contractor, at the end of the term of the Contract. The primary activities in this Project Phase are focused on transition planning to ensure operational readiness for the Department and/or new contractor. This includes both a knowledge transfer period, and actual Core MMIS and Supporting Services turnover to the Department and/or new contractor. The Department shall sign-off on each defined Milestone to ensure that all Deliverables and exit criteria are fully executed based on agreed upon Contract terms. The Department will act as the Contractor's liaison to ensure participation from all parties during the Turnover Phase.

5.4. PROJECT PHASES INTEGRATION WITH CONTRACT STAGES

5.4.1. Figure 5.4.1 represents the relationship between the Project Phases and Contract Stages.

Figure 5.4.1: Contract Stages with Project Phases



5.5. FISCAL AGENT OPERATIONS

5.5.1. The Contractor shall be responsible for operating a federally certifiable MMIS and providing services that meet or exceed all federal, State, and Department requirements included in this RFP for a minimum of the base Contract years. Fiscal Agent Operations tasks are grouped into the following service categories:

5.5.2. Operations: The Contractor shall be responsible for operating and maintaining the following systems:

5.5.2.1. MMIS.

5.5.2.2. EDI solution.

5.5.2.3. Provider Call Center and Help Desk, including Interactive Voice Response (IVR) software.

5.5.2.4. Online Provider Enrollment.

5.5.2.5. Electronic Document Management System (EDMS).

5.5.3. Claims Processing: Support of the Department's claims receipt, entry, and reporting processes and the use of industry standard and Department-specific claim forms.

5.5.4. Provider Support: Support services for the Colorado Medical Assistance Provider community, including, but not limited to, communication on Colorado Medical Assistance program, training, and provider management services.

5.5.5. The Contractor will assume all Fiscal Agent Operations responsibilities and services as defined for the Contract in Appendix A – Requirements and Performance Standards Matrix, Section 9.0.

5.5.6. Transition activities from the incumbent Fiscal Agent to the Contractor will start during the Testing Phase, and continue throughout the remaining Project Phases described in Section 5.3.

5.5.7. Key activities that will occur during the transition are described in Sections 5.5.7.1 through 5.5.7.5.

5.5.7.1. Fiscal Agent Operations Transition Planning: The Contractor shall lead the transition planning effort on behalf of the Department. Transition planning shall begin at the start of the Testing Phase and continue through the Implementation and Rollout Phase. The Contractor shall plan and facilitate discussions among stakeholders in the transition including the Department and the incumbent Fiscal Agent to make certain that all relevant activities and Milestones are captured in the Transition Plan. The Contractor shall be responsible for development of the Transition Plan, consolidation of relevant sections of the incumbent Fiscal Agent's Turnover Plan into the Contractor's Transition Plan, and maintenance of the consolidated Transition Plan, as detailed in Appendix A – Requirements and Performance Standards Matrix.

5.5.7.2. Fiscal Agent Operations Parallel Testing: The Contractor shall demonstrate that the Core MMIS and Supporting Services are fully ready for operations. During Fiscal Agent Operations Parallel Testing, the Contractor will utilize input files

from the incumbent Fiscal Agent's claims processing activities and compare the output results to determine data integrity of the Core MMIS and Supporting Services. The Contractor shall be responsible for running prior cycles of standardized reports from the Core MMIS and Supporting Services to compare to reports from the Legacy System.

5.5.7.3. Fiscal Agent Operations Operational Readiness: The Contractor shall perform specific implementation and operations functions to ensure operational readiness. In preparation for operations, the Contractor will perform final file conversions, recruit, and train operations staff, and conduct any necessary provider and Department staff training.

5.5.7.4. Fiscal Agent Operations Implementation and Start of Operations: The Contractor shall be responsible for ensuring a successful implementation of the Core MMIS and Supporting Services and Fiscal Agent Operations that minimizes, to the greatest practical extent, negative impact on the Department and its authorized users.

5.5.7.5. Fiscal Agent Operations: The Contractor shall be expected to meet the responsibilities, Milestones, Deliverables, and performance expectations included in this RFP to ensure the successful implementation of Core MMIS and Supporting Services with minimal disruption to clients, providers, and Department staff. The Department will work with the Contractor to establish a specific date in which the Contractor will be responsible for processing claims. Any changes to requirements subsequent to the RFP release will be handled via the Change Management Process.

5.6. CONTRACT PERFORMANCE STANDARDS AND QUALITY MAINTENANCE PAYMENTS

5.6.1. Performance Standards have been outlined for several requirements listed within Appendix A – Requirements and Performance Standards Matrix. The Department expects the Contractor to meet or exceed the Performance Standards during the term of the Contract.

5.6.2. Some of the Performance Standards will be linked to Quality Maintenance Payments under the Contract. The Contractor shall receive a Quality Maintenance Payment following the successful completion of the Contract Requirement and by meeting the established Performance Standard associated with that specific Contract Requirement.

5.6.2.1. Quality Maintenance Payments do not provide the Contractor any additional reimbursement. Instead, the Contractor shall maintain the Performance Standards established under the Contract to receive the entire payment amount under the Contract.

5.6.2.2. The Department and successful Offeror will establish Quality Maintenance Payments, where specified, during Contract negotiations based on the Performance Standards detailed in the Appendix A – Requirements and Performance Standards Matrix and the successful Offeror's proposal.

5.6.3. The Offeror's proposal shall propose the structure of the Quality Maintenance Payments, including the payment amount associated with each Performance Standard within the following guidelines:

5.6.3.1. Upon completion of the BPR Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III, the Department will pay a Quality Maintenance Payment equal to seven percent (7%) of the total price of each Contract Stage. Completion of the Contract Stage is the only Quality Maintenance Payment that shall be established for the BPR Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III Contract Stages. Figure 5.6.3.3 provides an example calculation for reference.

5.6.3.2. A Quality Maintenance Payment equal to three percent (3%) of the Total Contract price for all Implementation Contract Stages (BPR Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III) will be paid upon completion of CMS Certification Project Phase, when CMS Certification is received and complete.

5.6.3.2.1. Using the Quality Maintenance Payment Sample provided in Figure 5.6.3.3, the Quality Maintenance Payment for completion of the CMS Certification Project Phase would be calculated as follows: $80M x 3% = $2.4M.

5.6.3.2.2. The Quality Maintenance Payment for completion of the CMS Certification Project Phase is reduced from the Implementation Stage II.

5.6.3.3. Figure 5.6.3.3 provides an example calculation for reference for the Quality Maintenance Payment for BPR Contract Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III and completion of the CMS Certification Project Phase.

Figure 5.6.3.3: Quality Maintenance Payment Example

Contract Stage	**A** **Licenses Price**	**B** **Total Stage Price**	**C** **Quality Maintenance Payment Amount** **= (B x 7%)**	**D** **~~Total of Fixed~~** **Total Fixed Monthly Payments** **= (B-A-C)**	**E** **Quality Maintenance Payment for CMS Certification Project Phase for Pricing Schedule C** **= (Sum of Column B x 3%)**	**F** **Adjusted ~~Stage Price in Pricing Schedule~~ Total Fixed Monthly Payments for Pricing Schedule C** **= (B-E)**
BPR	$10K	$2M	$140K	$1.85M	NA	**~~$2M~~** **NA**
Implementation Stage I	$100K	$20M	$1.4M	$18.5M	NA	**~~$20M~~** **NA**
Implementation Stage II	$100K	$50M	$3.5M	$46.4M	$2.4M (e.g., $80M x 3% in this example)	**~~$47.6M~~** **~~(e.g., $50M - $2.4M in this example)~~** **$44.0M** **(e.g., $50.0M** **-$100K** **-$3.5M** **$2.4M** **in this example)**
Implementation Stage III	$100K	$8M	$560K	$7.34M	NA	$8M
Total Contract Price for All Implementation Contract Stages	**$310K**	**$80M**	**$5.6M**	**$74.09M**	**$2.4M**	**$77.6M**

5.6.3.3.1. Step 1: Offerors estimate Licenses Price for the Contract Stage based on their proposal and internal pricing processes.

5.6.3.3.2. Step 2: Offerors estimate Total Stage Price for the Contract Stage based on their proposal and internal pricing processes.

5.6.3.3.3. Step 3: Offerors calculate the Quality Maintenance Payment Amount for the Contract Stage using the formula: Total Stage Price x 7%.

5.6.3.3.4. Step 4: Offerors calculate Fixed Monthly Payments using the formula: Total Stage Price – Quality Maintenance Payment Amount – Licenses Price

5.6.3.3.5. For the Implementation Stage II Price **(Pricing Schedule C)**, Offerors ~~**adjusted Price Schedule for the Implementation Stage II Contract Stage is derived by using the following formula: Implementation Stage II Price – Three Percent (3%) of the Total Contract price for All Implementation Contract Stages.**~~ **Adjusted Fixed Monthly Payments in Pricing Schedule C must take into consideration that the Quality Maintenance Payment for CMS Certification Project Phase must be reduced from the Total Stage Price and is derived by using the following formula: Implementation Stage II Price – Quality Maintenance Payment Amount – Licenses Price – Three Percent (3%) of the Total Contract price for All Implementation Contract Stages.** The Pricing Schedule for this Contract Stage contains an additional line to assist Offerors with this calculation.

5.6.3.4. To insure that the Contractor works assertively with the Department, other contractors, and CMS to achieve implementation and CMS Certification, Quality Maintenance Payments in the BPR Contract Stage, Implementation Stage I, Implementation Stage II, Implementation Stage III, and CMS Certification Project Phase will not be paid to the Contractor until the Contract Stage or CMS Certification Project Phase is determined complete by the Department even if Contract Stage or CMS Certification Project Phase cannot be determined complete for any reason, even if that reason is beyond the Contractor's control.

5.6.3.4.1. If the Contractor believes that the Quality Maintenance Payment for the Implementation Contract Stages (excluding the CMS Certification Project Phase) should be paid to the Contractor and the payment is not being made due to reasons outside of the Contractor's control, the Contractor can use the Dispute Process described in Section 10.5 to resolve the issue and receive the Quality Maintenance Payment or a portion of the Quality Maintenance Payment prior the Department determining that the Implementation Contract Stage has been completed. The Dispute Process related to the non-payment of a Quality Maintenance Payment shall not begin until at least sixty (60) business days have passed from when the Contractor has notified the Department in writing that the Contractor believes the delay in paying the Quality Maintenance Payment is because of circumstances beyond the Contractor's control.

5.6.3.4.2. The Contractor cannot use the Dispute Process to receive the Quality Maintenance Payment for the CMS Certification Project Phase prior to the Department officially receiving CMS certification of the MMIS, no matter the reason of the delay in the payment.

5.6.3.5. Five percent (5%) of the total price for Ongoing MMIS Operations and Fiscal Agent Operations Stage on a State Fiscal Year (SFY) basis will be paid as Quality Maintenance Payments. Offerors are expected to propose Performance Standards,

Service-level, and Operational-level agreements that will tie to Quality Maintenance Payments that add up to the full five percent (5%).

5.6.4. The Offeror may propose that the Quality Maintenance Payments be paid on a Performance Standard that is measured on an annual, semi-annual, monthly, or quarterly basis, and not all Performance Standards need to be measured on the same time period (i.e., some Performance Standards may be measured on a monthly basis, while others on a quarterly and semi-annual basis). In addition, Performance Standards may be calculated mathematically as an average or moving average across periods as long as the Offeror proposes a structure that maintains that Quality Maintenance Payments are five percent (5%) of the total price for Ongoing MMIS Operations and Fiscal Agent Operations Stage on a SFY basis.

5.6.4.1. A Performance Standard that occurred (or measures performance) in June 2017 or 4th Quarter of SFY 2016-17 may actually be paid in July 2017 or the 1st Quarter of SFY 2017-18, but will be priced in the Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2016-17 pricing schedule.

5.6.5. At minimum, Offeror's are required to propose Quality Maintenance Payments for the following Contract requirements within the Ongoing MMIS Operations and Fiscal Agent Operations Stage:

5.6.5.1. A staff retention Performance Standard that aligns with the Offeror's corporate staff retention strategy and goals, and is also focused on retaining both knowledge and quality, productive Systems and Fiscal Agent Operations staff.

5.6.5.2. Appendix A – Requirements and Performance Standards Matrix Requirement 1023: Provide a Business Continuity and Disaster Recovery Plan and Adhere to the Implementation of the Plan as Necessary. Performance Standards are as follows:

5.6.5.2.1. Mission critical services (priority 1) will not be interrupted. Core services that shall be maintained with limited service disruption (priority 2) and shall be recovered within eight (8) hours. Systems and data where service disruption will cause serious injury to government operations, staff, or citizens (priority 3) shall be recovered within forty-eight (48) hours. Systems and data required for moderately critical agency services and IT functions where damage to government operations, staff, and citizens would be significant but not serious (priority 4) shall be recovered within five (5) business days. Systems and data required for less critical support systems (priority 5) shall have a recovery timeframe mutually agreed upon by the Department and Contractor(s). The alternative site shall be fully operational within five (5) business days of the primary business becoming unsafe or inoperable. The call center shall be fully operational within twenty-four (24) hours.

5.6.5.3. Appendix A – Requirements and Performance Standards Matrix requirement 1476: Maintain and staff a provider communications/relations function including, but not limited to, toll-free telephone lines, e-mail communications, webinar communication, and toll-free fax communication. Provide a message informing provider about hold/wait time. Performance Standards are as follows:

5.6.5.3.1. [The Provider Call Center shall be] Staffed from 8:00 a.m. to 5:00 p.m. Mountain Time, Monday through Friday (excluding State holidays).

5.6.5.3.2. Maintain a sufficient number of telephone lines, technology, and personnel so that at least ninety-five percent (95%) of all calls are answered/queued within fifteen (15) seconds, and no more than five percent (5%) of answered calls are on hold for more than one (1) minute.

5.6.5.4. Appendix A – Requirements and Performance Standards Matrix requirement 1521: Capture, store and maintain data necessary to: Correctly adjudicate claims/encounters; Perform online claim/encounter corrections; Maintain and perform edits and audits; Allow online claims/encounters adjustments; Allow online access to claims/encounters history; Correctly price all claims/encounters at the detail service line and header level; Allow online access to suspended claims/encounters; Provide and allow online access to claims/encounters adjudication and status reporting; and Maintain claims/encounters history. Performance Standards are as follows:

5.6.5.4.1. For claims submitted electronically by the provider:

5.6.5.4.1.1. Ninety-five percent (95%) of all Clean Claims shall be adjudicated for payment or denial within seven (7) business days of receipt.

5.6.5.4.1.2. Ninety-nine (99%) of all Clean Claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt.

5.6.5.4.1.3. Non-Clean Claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclean.

5.6.5.4.1.4. All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations.

5.6.5.4.2. For claims submitted on paper by the provider:

5.6.5.4.2.1. Ninety-five (95%) of claims/encounters shall be direct data entered by the Contract accurately.

5.6.5.5. Appendix A – Requirements and Performance Standards Matrix requirement 1832: Complete Provider Enrollment process (including any necessary re-validation and screening) by providing notification (electronic or by paper letter) of acceptance/rejection as a Colorado Medical Assistance program provider. Require providers that have been terminated to re-enroll in the program and meet all Department policies and instructions.

5.6.5.5.1. Performance Standards are as follows: Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process.

5.6.5.5.2. Finalize enrollment process within five (5) business days when provider has submitted all necessary documentation.

5.6.6. Offeror's may propose additional Quality Maintenance Payments (in addition to those listed in Section 5.6.5) related to additional Performance Standards created by the Offeror as long as the total Quality Maintenance Payments in the Offeror's proposal equals five percent (5%) of the total price for Ongoing MMIS Operations and Fiscal Agent Operations Stage on a SFY basis.

5.6.6.1. All proposed Quality Maintenance Payments shall be determined by metrics that are measurable on a monthly, quarterly, semiannual, or annual basis.

5.6.6.2. All proposed Quality Maintenance Payments shall be determined by metrics that are within the complete control of the Offeror and not contingent upon actions by the Department, other Department contractors, or others not under the direct control of the Offeror.

5.6.6.3. The completion of time specified Deliverables or other Contract documents (i.e., delivery on an annual business plan by a specified date) shall not be eligible for Quality Maintenance Payments.

5.7. LOCATION OF CONTRACT FUNCTIONS AND PERSONNEL

5.7.1. The Department does not require DDI activities to be performed within Colorado, or by staff located in Colorado. However, a local site with facilities within one (1) mile of the Department shall be provided for collaboration, project planning, and other DDI activities as needed will be required for all Contract Stages.

5.7.2. The Department does require that the Fiscal Agent Operations and staff performing those activities be performed locally (within one (1) mile of the Department), but will allow additional Provider Call Center and Help Desk functions be performed outside of the local office or Colorado only to facilitate expanded operating hours or to accommodate periods of high call-volume.

5.7.3. The Contractor's Key Personnel are expected to be located locally (within one (1) mile of the Department), but will allow Key Personnel working on DDI activities to be located outside of Colorado during the Implementation Contract Stages if the DDI activities are also performed outside of Colorado.

5.7.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 5.7. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

5.7.5. The Contractor may not perform Work related to this Contract outside of the United States and its territories. All business operations services shall also be performed in the United States or its territories. At no time shall the Contractor maintain, use, transmit, or cause to be transmitted information governed by privacy laws and regulations outside the United States and its territories.

SECTION 6.0 CONTRACT PERSONNEL AND SPECIFIED JOB DUTIES

6.1. OVERVIEW

6.1.1. The Department expects the Contractor to meet personnel expectations by developing and maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources, as necessary, to maintain the required level of service. However, the Contractor may provide a staffing model with Key Personnel who will perform more than one of the specified job duties specified in this section, except for the Account Manager, Systems Manager, and Fiscal Agent Operations Manager.

6.1.2. The Department has identified a list of key job duties that are required throughout the various Project Phases over the Contract term. These job duties shall be performed by Key Personnel, but can be shared amongst Key Personnel roles (i.e., does not necessarily require separate people) where practical and allowed. The Account Manager, Systems Manager, and Fiscal Agent Operations Manager job duties cannot be shared by the same Key Personnel. The Contractor shall provide qualified staff to perform the activities required in this RFP and further described in Appendix A – Requirements and Performance Standards Matrix.

6.1.3. The Key Personnel required to perform the job duties of this Contract are listed by proposed Contract Stage in Table 6.1.3.

Table 6.1.3 Key Personnel by Proposed Contract Stage

Key Personnel	BPR	Stage I: Online Provider Enrollment	Stage II: Core MMIS and Supporting Services Implementation	Stage III: Supporting Services Implementation	Ongoing MMIS Operations and Fiscal Agent Operations Stage
Account Manager	X	X	X	X	X
BPR Manager	X	X	X	X	
DDI Manager		X	X	X	
Publication Manager		X	X	X	X
Systems Manager					X

Key Personnel	BPR	Stage I: Online Provider Enrollment	Stage II: Core MMIS and Supporting Services Implementation	Stage III: Supporting Services Implementation	Ongoing MMIS Operations and Fiscal Agent Operations Stage
Operational Transition and Readiness Manager		X	X	X	~~X~~
Fiscal Agent Operations Manager		X	X	X	X
Compliance Manager	X	X	X	X	X

6.1.4. Other Key Personnel shall be identified in the Offeror's proposal indicating the Contractor's commitment to team stability. As commitment and continuity are important factors in success of the Contract, the Department will consider assignment of highly qualified Key Personnel to any additional positions as a commitment to reduce risk under the Contract. The proposed staffing plan should be focused on retaining both quality staff and knowledge.

6.1.5. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 6.0. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

6.2. PERSONNEL AVAILABILITY AND REPLACEMENT

6.2.1. The Contractor shall provide a Resource Management Plan that includes its approach for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service. Any updates shall be maintained as described in Section 7.2 of this RFP Body and Appendix A – Requirements and Performance Standards Matrix, Section 7.2.

SECTION 7.0 CONTRACTOR'S GENERAL REQUIREMENTS

7.1. OVERVIEW

7.1.1. This section outlines the global requirements for the Contractor Statement of Work. Requirement subgroups that are described within this section include:

7.1.1.1. Project management and reporting requirements.

7.1.1.2. Communication requirements.

7.1.1.3. Deliverable requirements.

7.1.1.4. Training requirements.

7.1.1.5. Security and confidentiality requirements.

7.1.1.6. Audit requirements.

7.1.1.7. Compliance with federal standards requirements.

7.1.1.8. Disaster recovery and business continuity requirements.

7.1.1.9. Data retention requirements.

7.1.1.10. Technical requirements.

7.1.1.11. System interface requirements.

7.1.1.12. Rules engine requirements.

7.1.1.13. Workflow management requirements.

7.1.1.14. Data management requirements.

7.1.1.15. Application environment requirements.

7.1.1.16. System performance requirements.

7.1.1.17. Enterprise architecture requirements.

7.1.1.18. User interface and navigation requirements.

7.1.1.19. Online help requirements.

7.1.1.20. Alert requirements.

7.1.1.21. System reporting requirements.

7.1.1.22. Other technical requirements.

7.1.2. All requirements that shall be included within the proposed services, systems, and enterprise architecture can be found in the Appendix A – Requirements and Performance Standards Matrix. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.2. PROJECT MANAGEMENT AND REPORTING REQUIREMENTS

7.2.1. The primary project management and reporting goals are:

7.2.1.1. Achieve program success by the proper application of project management functions of planning, organizing, staffing, monitoring, and controlling.

7.2.1.2. Maintain transparency of project management functions and project results so that all parties remain properly informed.

7.2.1.3. Foster collaboration between the Department, the Contractor(s), and other project stakeholders while maintaining independence.

7.2.2. The Department has identified specific Project Management and Reporting responsibilities critical to the success of the COMMIT project. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.2. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.3. CONTRACTOR RESPONSIBILITIES REQUIREMENTS

7.3.1. The Department has identified specific Contractor responsibilities that will apply throughout the Contract term.

7.3.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.3. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.3.3. In addition, the Department has identified specific Contractor responsibilities and Deliverables associated with the COMMIT Project Phases. The Contractor shall review the guidelines listed in Appendix B – Project Phases Tables for development of their proposal response.

7.4. DELIVERABLE REQUIREMENTS

7.4.1. Thorough documentation of the expectations for the execution and operation of this Contract will be achieved through the creation and submission of planning documents and project artifacts that meet Department specifications. These Deliverables are intended to set expectations and provide transparency between the Department and Contractor for the duration of the Contract. The Department and the Contractor will define the criteria for achieving the expected high-quality Deliverables, which will be used as exit criteria for many of the COMMIT Project Phases.

7.4.2. The Contractor shall review the guidelines listed in Appendix B – Project Phases Tables for development of their proposal responses. During the Initiation and Planning Phase, the Contractor and the Department will establish and document entrance and exit criteria for each project phase, as well as approval criteria for project Deliverables.

7.4.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.4. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.5. TRAINING REQUIREMENTS

7.5.1. Training for the Core MMIS and Supporting Services is crucial to the success of the COMMIT project. Required training will facilitate the Department's understanding of the Contractor's baseline System, and will provide users with the necessary skills to perform their daily functions.

7.5.2. Given the wide spectrum of users, training materials and methods of delivery will vary, and a single training method is not suitable for every user. Multiple training methods tailored to various types of users, learning styles, and level of education will be important for improving training outcomes.

7.5.3. On-going training for System and process changes and updates are expected in order to ensure that users maintain current, relevant, and thorough knowledge on the functionality of the Core MMIS and Supporting Services.

7.5.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.5. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.6. SECURITY AND CONFIDENTIALITY REQUIREMENTS

7.6.1. Information managed by the Department contains sensitive information. Security breaches and other risks to any data maintained by the Department or the Department's contractors are unacceptable. The Contractor has the duty to protect the Department's data from loss or unauthorized disclosure.

7.6.2. The security principles driving the Core MMIS and Supporting Services are:

7.6.2.1. Confidentiality: Prevent disclosure to unauthorized persons or systems.

7.6.2.2. Integrity: Data cannot be modified without detection.

7.6.2.3. Availability: Access is not inappropriately blocked or denied.

7.6.2.4. Authenticity: Validation that a message, transaction or exchange of information is from the source it claims to be from.

7.6.2.5. Non-repudiation: Parties to a transaction cannot deny their participation in the transaction.

7.6.2.6. Auditability: Track and log data changes including the user or system making the change. Track and log inquiries, views, or access of data that may require such tracking as a result of law, policy, or data use agreements including the user or system making the inquiry, viewing the data, or accessing the data along with the date and time of the inquiry, view, or access. This is further described in Section 7.7 of this RFP Body.

7.6.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.6. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.7. AUDIT REQUIREMENTS

7.7.1. The ability to audit actions performed by authorized users and/or internally by the System is critical to support efforts to maintain data and System integrity, protect data accuracy, and preserve an accurate historical record of the changes made in the System.

7.7.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.7. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.8. COMPLIANCE WITH FEDERAL STANDARDS REQUIREMENTS

7.8.1. Compliance with MITA

7.8.1.1. MITA-enabling guidelines, processes, and tools provide a framework for the continuous improvement of service delivery and business processes based on efficient technology utilization. MITA depicts this evolution as a progression of maturity levels that reflect the Department's ability to execute business functions in the rapidly changing health care environment. The Department will use MITA as a tool to assist with the strategic application of technology and enhancements that provide value and contribute to continuous improvement in the Colorado Medical Assistance program's maturity.

7.8.1.2. Although the structure of this RFP and its requirements are aligned with existing information as it is published for MITA 2.01, the Department will update its SS-A to MITA 3.0 within the acceptable timeline indicated by CMS. Offerors will be expected to support MITA 3.0 business processes and capabilities, via the Change Management Process, if required during the applicable Contract Stages.

7.8.1.3. While not mandating any particular architectural solution, the Department supports the MITA principles as the basis for the Core MMIS and Supporting Services. The Department intends for the Core MMIS and Supporting Services to align with MITA and have the capability, corporate planning, support, and vision to achieve successive MITA maturity levels.

7.8.2. Compliance with the CMS Seven Standards and Conditions

7.8.2.1. The Department intends to align its Core MMIS and Supporting Services capabilities with those identified by the CMS Seven Standards and Conditions. These capabilities are required to receive enhanced FFP. Additional information about the requirements for this funding can be accessed via the following link: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf

7.8.3. The Colorado Medical Assistance program shall comply with other existing or new federal and/or State legislation. In addition, the Core MMIS and Supporting Services shall meet systems and operational compliance with ongoing legislation passed at the federal and/or State level, using the Change Management Process.

7.8.4. Within HIPAA, there are two separate rules governing privacy and security. The Privacy Rule pertains to the rights of individuals to safeguard the privacy of their health care information; compliance is under the jurisdiction of the Office for Civil Rights. The Security Rule pertains to the requirements of facilities, systems, and processes to safeguard information for which it is liable.

7.8.5. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.8. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.9. DISASTER RECOVERY AND BUSINESS CONTINUITY REQUIREMENTS

7.9.1. Disaster recovery and business continuity planning increases the Contractor's ability to recover from a disaster and/or unexpected event and resume or continue operations.

7.9.2. For purposes of this RFP, "disaster" means an occurrence(s) of any kind that adversely affects, in whole or in part, the error-free and continuous operation of the Core MMIS and Supporting Services, and/or affects the performance, functionality, efficiency, accessibility, reliability, and security of the System. Disaster events may include natural disasters, human error, computer virus, or a malfunctioning of the hardware or electrical supply.

7.9.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.9. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.10. DATA RETENTION REQUIREMENTS

7.10.1. The Department will enforce data retention compliance with federal and State requirements, and will approve all data retention plans.

7.10.2. Data requirements are provided to ensure that data that will never be purged or will be purged on a different schedule. The Department will approve, in advance, all data purge schedules and procedures.

7.10.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.10. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.11. TECHNICAL REQUIREMENTS

7.11.1. The Department seeks a modern System to support the business functions of the Colorado Medical Assistance program and other supporting programs. The Department's vision for the Core MMIS and Supporting Services solution is based on business processes, business rules, and data and metadata management that promote a modular component-based design. The design should enhance interoperability across service components and with external applications and data sources.

7.11.2. The Department's vision for Configurable solutions that require minimal Customization are reflected in the general criteria for the Core MMIS and Supporting Services:

7.11.2.1. Implement a rules-driven design that is supported with appropriate technology and provides authorized users the ability to make updates from within the System.

7.11.2.2. Provide an approach to Configuration that can be easily managed by the System's average business user.

7.11.2.3. Use business rules management, business process management, and business activity monitoring tools to improve the Department's ability to respond to business changes.

7.11.2.4. Minimize the cost of changes to the business rules and business processes.

7.11.2.5. Support the integration of new technology over time in a way that minimizes the impact to the Core MMIS and Supporting Services.

7.11.2.6. Provide system components and solutions that lengthen the System's life span and reduce the cost and organizational disruption created when components are frequently replaced.

7.11.3. Technical requirements outlined in Appendix A – Requirements and Performance Standards Matrix pertain to several different areas comprised of functions and processes that will support System interfaces, System performance, infrastructure, workflow management, desktop publishing, data management and quality control for various business areas for the Department. The requirements are designed to protect and maintain the data and applications necessary for ongoing operations, efficiencies, performance, and quality control.

7.11.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.11. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.12. SYSTEM INTERFACE REQUIREMENTS

7.12.1. The Core MMIS and Supporting Services will have the ability to interface with other systems to improve the bi-directional flow of information. The Core MMIS and Supporting Services will be expected to send and receive data and store portions of the data received locally to the Core MMIS and Supporting Services solution set. In addition, the Core MMIS and Supporting Services will integrate and interact with other health information technologies currently under development.

7.12.2. Offerors shall not assume that the other interfacing systems will make changes to accommodate their solutions. The Department expects Offerors to propose how their solution will meet interoperability requirements both within their own System and with components outside their System. The scope of these requirements includes, but is not limited to, the interfacing systems listed in 7.12.2.1 through 7.12.2.8:

7.12.2.1. Health Benefits Exchange.

7.12.2.2. Prior Authorization Web Portal.

7.12.2.3. Colorado Benefits Management System (CBMS).

7.12.2.4. Colorado Financial Reporting System (COFRS).

7.12.2.5. All Payer Claims Database (APCD).

7.12.2.6. Colorado Regional Health Information Organization (CORHIO). Data Interaction should be in the format of the accepted HIE standards for the CORHIO (CCD, HL7, XDS.b).

7.12.2.7. BIDM.

7.12.2.8. PBMS.

7.12.3. The Core MMIS and Supporting Services Contractor will be responsible for providing all required Core MMIS and Supporting Services data to the interfacing systems listed in 7.12.2, as necessary. The Core MMIS and Supporting Services Contractor will also be responsible for interfacing with the systems listed in 7.12.2, as necessary, to obtain required data for input into the Core MMIS and Supporting Services.

7.12.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.12. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.13. RULES ENGINE REQUIREMENTS

7.13.1. The rules engine and associated Business Process Management software for the Core MMIS and Supporting Services will require flexibility and the capacity to support the diverse and complex Colorado Medical Assistance program. The Department supports implementation of a rules engine that provides Department users the ability to make ad-hoc Configuration changes, to the greatest extent practical.

7.13.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.13. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.14. WORKFLOW MANAGEMENT REQUIREMENTS

7.14.1. To increase operational efficiencies and the quality of the Colorado Medical Assistance program, the Department's vision of a modern System will assist in process improvement by offering automation and workflow management tools.

7.14.2. It is critical that the Core MMIS and Supporting Services utilizes a workflow management tool that provides:

7.14.2.1. Technologies that support the tracking, assignment, notification, escalation and management of requests, interactions and relationships with providers, clients, and other stakeholders.

7.14.2.2. Configurable template-driven and event-driven correspondence.

7.14.2.3. Capabilities to configure and generate alerts and notifications using a variety of access channels that can be managed by authorized users.

7.14.2.4. Capabilities that allow data to be monitored and managed, ensuring that approaching deadlines are identified and met.

7.14.2.5. User defined reporting capabilities that will assist supervisors in managing caseloads, workflow processes, staff Work performance, and quality assurance.

7.14.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.14. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.15. DATA MANAGEMENT REQUIREMENTS

7.15.1. Professional principles of data management, data security, data integrity, and data quality control will be enforced in the Core MMIS and Supporting Services. It is critical that the data are timely, accurate, usable, easily accessible, and secure.

7.15.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.15. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.16. APPLICATION ENVIRONMENT REQUIREMENTS

7.16.1. To support various concurrent activities related to the Contract and its Project Phases, the Core MMIS and Supporting Services will need to include various isolated application environments to support development, simulation, testing, and production deployment.

7.16.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.16. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.17. SYSTEM PERFORMANCE REQUIREMENTS

7.17.1. The Department will need a solution that operates twenty-four (24) hours a day for seven (7) days a week, and provides uninterrupted access to services to the greatest affordable extent.

7.17.2. The Department supports efforts to balance the Core MMIS and Supporting Services availability and performance with price and value, as warranted by the appropriate trade-offs.

7.17.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.17. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.18. ENTERPRISE ARCHITECTURE REQUIREMENTS

7.18.1. The Department is not mandating any particular architectural solution. However, the Core MMIS and Supporting Services solution should reflect design principles associated with high quality systems.

7.18.2. The overall technical strategy is driven by the COMMIT project goals. The project goals emphasize the use of services, adaptability, information sharing, interoperability, and Configuration over Customization. As a result, the Department does not expect that the Core MMIS and Supporting Services will require significant amounts of software Customization. The goal of these requirements is not to specify the details of how to design and develop the System architecture; rather it is to ensure that the Core MMIS and Supporting Services is designed to ensure a long lifespan and acceptable life-cycle maintenance costs.

7.18.3. Adaptable and extensible design principles will enable the Department to quickly respond to federal and State mandates (laws and regulations) and changes required by the Colorado Medical Assistance program. As a result, the cost and effort required to implement enhancements should be reduced and the architecture will enable extensions to functionality without requiring extensive or broad changes to the Core MMIS and Supporting Services.

7.18.4. The Department's high-level goals for the Core MMIS and Supporting Services technology and overall architecture are:

7.18.4.1. Enterprise Perspective: Promote an enterprise view that aligns technologies with the Colorado Medical Assistance program business processes.

7.18.4.2. Interoperability and Integration: Develop systems that can communicate effectively and promote interoperability and common standards.

7.18.4.3. Improved Master Data Design and Management: Promote efficient sharing, management, and stewardship of data across the enterprise.

7.18.4.4. Wide-ranging Availability: The technology should work to minimize the existing barriers that exist between the Department, providers, clients, and stakeholders. The solution should work to overcome tracking and communication challenges across the enterprise by providing tools that deliver asynchronous communication, provide timely alerts and notifications, support the development of social and collaborative environments, and provide users the information they need when they need it in the manner that is accessible for them.

7.18.5. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.18. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.19. USER INTERFACE AND NAVIGATION REQUIREMENTS

7.19.1. Navigation tools that make daily functions easier to perform and improve the user's overall experience by increasing ease of System use will increase the Core MMIS and Supporting Services value to end-users. In addition, the use of real-time and automated user interfaces will improve Department users' ability to make accurate and timely decisions.

7.19.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A –Requirements and Performance Standards Matrix, Section 7.19. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.20. ONLINE HELP REQUIREMENTS

7.20.1. Online assistance to providers, clients, and Department staff is a critical function for job performance. Online help features will assist users in accessing correct, relevant information in a timely manner.

7.20.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.20. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.21. ALERT REQUIREMENTS

7.21.1. Comprehensive, Configurable alert and notification functionality will assist System users in conducting their daily activities. Alerts and notifications will be used to advise of System downtime and content changes, manage workflow, and for other purposes as defined by the Department.

7.21.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.21. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.22. SYSTEM REPORTING REQUIREMENTS

7.22.1. In order to complete its daily operational and business functions and comply with federal and State policies and System reporting requirements, the Core MMIS and Supporting Services will include reporting functionality for numerous data elements. This includes standard, ad hoc, and Customizable reporting capabilities necessary for System monitoring and assessment. For purposes of this RFP, ad hoc reports refer to reports that users can define, save, and run at will. Customizable reports refer to reports that typically require some degree of development, and are automated once they are created. The Department expects the Core MMIS and Supporting Services to provide reports required for daily operational functions, as well as those required for federal and State system compliancy. The BIDM RFP reporting scope includes reports and associated business intelligence tools that will provide data used for analysis, prediction, decision support, and expanded functionality as it relates to operational and business functions. The BIDM RFP reporting scope includes federal and State reports required for program and financial functions (e.g., CMS 64, CMS 372, MSIS).

7.22.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.22. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

7.23. OTHER TECHNICAL REQUIREMENTS

7.23.1. The Department has identified other technical requirements that include those related to HIPAA transactions, electronic exchange via mobile devices, automated letter generation, the learning management system (LMS), software licensing, and general equipment requirements. Some, but not all, of these requirements may be optional. All optional requirements are indicated as such in Appendix A – Requirements and Performance Standards Matrix.

7.23.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.23. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

SECTION 8.0 CORE MMIS STATEMENT OF WORK

8.1. OVERVIEW

8.1.1. The primary Core MMIS and Supporting Services functional requirements were derived as a result of translating business and System requirements into areas that align with the MITA business areas. As a result, the requirements are a reflection of the functional equivalent processes. The following areas are included in the Core MMIS and Supporting Services:

8.1.1.1. Client Management.

8.1.1.2. Provider Management.

8.1.1.3. Operations Management.

8.1.1.4. Program Management.

8.1.1.5. Business Relationship Management.

8.1.1.6. Program Integrity.

8.1.1.7. Care Management.

8.1.1.8. Managed Care.

8.2. ADDITIONAL CORE MMIS FUNCTIONAL REQUIREMENTS

8.2.1. Beyond the MITA business areas the following Core MMIS and Supporting Services functional requirements are included:

8.2.1.1.1. Electronic Data Interchange (EDI).

8.2.1.1.2. Electronic Document Management System (EDMS).

8.2.1.1.3. Case Management.

8.2.1.1.4. Web Portal.

8.2.1.1.5. Colorado Registration and Attestation.

8.3. CLIENT MANAGEMENT

8.3.1. Client Management functionality supports the ability to capture, manage, and maintain demographic and eligibility information for the Department's prospective or enrolled clients and support the eligibility and enrollment business processes for the Colorado Medical Assistance program. Client Management also supports business processes involved in communications between the Department and the prospective or enrolled clients. Communication management functions include, but are not limited to, client correspondence and notifications, outreach and education, and client appeal management.

8.3.2. Client Management functional areas are listed in Section 8.3.2.1 through 8.3.2.6:

8.3.2.1. Client eligibility processing: Includes the acceptance, validation, and processing of real-time and batch client eligibility determination. CBMS will continue to determine client eligibility, while the Core MMIS and Supporting Services will determine and assign enrollment in the appropriate Health Benefit Plan.

8.3.2.2. Client enrollment/disenrollment: Provides the System's ability to assign clients into the appropriate Colorado Medical Assistance program for which they are eligible and then enroll clients into the appropriate Health Benefit Plan and generates inquiry, review, reporting and workflow actions relating to that enrollment. This functional area also provides the ability to dis-enroll clients that are no longer eligible for a Colorado Medical Assistance program or dis-enrolled clients from a Health Benefit Plan.

8.3.2.3. Client information and case management: Allows authorized representatives to access, view, edit, manage client data, and perform client-related tasks.

8.3.2.4. Client communications and outreach: Manages client correspondence and notifications related to client enrollment, benefits, services, etc. Clients shall have the ability to access information through an online Portal and perform basic management actions such as updating client information.

8.3.2.5. Client grievance and appeals management: Supports and manages client grievances and appeals.

8.3.2.6. Client information/eligibility reporting: Provides authorized users the ability to easily query the client data to retrieve client data including, but not limited to, basic demographic data, historical program eligibility data, TPL data, benefit data and other data.

8.3.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.3. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.4. PROVIDER MANAGEMENT

8.4.1. Provider Management functionality dynamically supports and manages demographics and provider information, enrollment, billing, and reimbursement functions related to the providers participating in the Colorado Medical Assistance program (generally referred to as "providers").

8.4.2. The functional areas for Provider Management are listed in Sections 8.4.2.1 through 8.4.2.8:

8.4.2.1. General provider management: Supports collection and management of provider information and data, including maintaining an up-to-date online directory of providers.

8.4.2.2. Provider enrollment: Provides the ability to support provider enrollment functions, including automated provider enrollment functions that will track and report provider applications throughout the provider enrollment process. It is the Department's objective to make this process as efficient and accurate as possible to encourage participation of qualified providers. Contractor activities also include credentialing and source verification from appropriate licensure, certification, or other authorities to support Department participation criteria and requirements.

8.4.2.3. Provider billing: Supports provider billing in a variety of approved formats, including electronic and paper claims.

8.4.2.4. Provider reimbursement: Supports multiple provider reimbursement functions and options that allow the Department flexibility to determine the best model to reimburse providers.

8.4.2.5. Provider communications and outreach: Supports issuance and management of provider correspondence and notifications. This includes the establishment of provider affiliations within and across lines of business, associating individual providers with provider groups, billing agents, etc.

8.4.2.6. Provider training: Provider training activities ensure providers have access to the most current Core MMIS and Supporting Services information and associated business policies for prior approval and submissions.

8.4.2.7. Provider grievance and appeals: Supports and manages the Provider grievance and appeal business processes.

8.4.2.8. Provider reporting: Provides the ability for authorized users to easily query the provider data to retrieve provider data including, but not limited to, specialty, language, claims information, etc.

8.4.3. As detailed in Section 5.2.7 of this RFP Body, the Contractor's top priority upon the effective date of this Contract shall be to complete and implement Online Provider Enrollment so that all providers are enrolled, re-enrolled, and validated no later than March 2016. Online Provider Enrollment and enrollment processes will support the Provider Re-enrollment/validation process that is required by ACA Provider Enrollment Screening Rules.

8.4.4. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.4. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.5. OPERATIONS MANAGEMENT

8.5.1. The functional areas for the Core MMIS and Supporting Services Operations Management are listed in Sections 8.5.1.1 through 8.5.1.6:

8.5.1.1. General financial management: Supports claims related financial processing including claim payment processing, adjustment processing, refunds, recoupments, TPL payments from other payers, drug rebates (as received from manufacturers based on the Contractor's invoices and financial actions), accounts payables and receivables, and cash receipt processing.

8.5.1.2. Claims receipt and management: Supports the Department's claims receipting, entry, and reporting processes.

8.5.1.3. Service authorization: Supports Prior Authorization and referrals to provide a cost containment and utilization review mechanism for the Colorado Medical Assistance program.

8.5.1.4. Cost recoveries: Initiates, manages, and tracks recovery of payments and overpayments.

8.5.1.5. Reference data management: The reference data repository provides a consolidated source of information used extensively throughout the Core MMIS and Supporting Systems to:

8.5.1.5.1. Define applicable code sets for HIPAA compliance.

8.5.1.5.2. Value validation and description resolution for non-HIPAA coded fields.

8.5.1.5.3. Define System wide edits, claims edits, and Prior Authorizations and referral edits.

8.5.1.5.4. Define claims, Prior Authorizations, and referral audits.

8.5.1.5.5. Define valid procedure code to procedure modifier combinations.

8.5.1.5.6. Define various baseline fee schedules by service codes, including ASC, APC, DRG, HCPCS, CPT, and ICD.

8.5.1.5.7. Define EOB codes and text descriptions.

8.5.1.5.8. Payment information management and reporting: Provides a centralized data repository that allows authorized users to easily query the financial data and generate financial reports.

8.5.1.6. Stakeholders currently use multiple access channels (e.g., call center, interactive voice response, mail, fax) to interact with the Colorado Medical Assistance program.

8.5.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.5. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.6. PROGRAM MANAGEMENT

8.6.1. Program Management functionality supports the Department's strategic planning, policy-making, monitoring, and oversight activities. In addition to system functionality that supports program operations, these activities depend heavily on access to timely and accurate data, as well as the use of analytical tools.

8.6.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.6. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.7. BUSINESS RELATIONSHIP MANAGEMENT

8.7.1. Business Relationship Management functionality will contribute to the improvement and expansion of interoperability standards between the Department and its partners. Although most of the Department's business processes in this area are currently manual, the end goal is to ensure that the processes are automated and standardized to the greatest extent possible, which includes a central and secure location to manage the exchange of data between the Department and its partners as defined in Appendix A – Requirements and Performance Standards Matrix. Business Relationship Management functionality will have some overlap with components of Program Management functionality.

8.7.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.7. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.8. PROGRAM INTEGRITY

8.8.1. Program Integrity functionality shall support the Department's ability to monitor program compliance for business activities such as auditing and tracking medical necessity and appropriateness/quality of care, fraud and abuse, erroneous payments and administrative abuses. This includes the identification of providers, health plans and/or clients who may be committing fraud, waste, or abuse of services and/or billing practices. The end goal is to develop a process that utilizes data collected from operations in conjunction with the BIDM to identify patterns that can lead to improvements in the Colorado Medical Assistance program or the detection and correction of misuse and abuse of the program.

8.8.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.8. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.9. CARE MANAGEMENT

8.9.1. Care Management functionality supports the collection of business processes related to managing the health of the Medicaid population, establishing cases, managing cases, and managing the registry. Care Management functionality also supports the collection of information about the needs of the individual client, plan of treatment, targeted outcomes, and the individual's health status. This includes processes that support individual care management and population management, which promote health education and awareness. The Core MMIS and Supporting Services shall have the ability to accept and store immunization information on Colorado Medical Assistance program patients (MITA 3.0).

8.9.2. Specifically, the Care Management requirements pertains to the following areas:

8.9.2.1. Waivers, other long-term care benefits and services, and benefits utilization services.

8.9.2.2. Health Management.

8.9.2.3. Disease Management.

8.9.2.4. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

8.9.2.5. Population Management.

8.9.2.6. Patient Self-Directed Care Management.

8.9.2.7. Immunization and other registries.

8.9.2.8. Waiver Program Case Management.

8.9.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.9. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.10. MANAGED CARE

8.10.1. Managed care functionality supports the administration of a variety of different managed care service delivery models, including, but not limited to, full-risk managed care payment, primary care managed care payment, primary care case management, managed care agreements, preferred provider organization (PPO) agreements, Prepaid Health Plan (PHP) agreements, contractor contracting arrangements, Accountable Care Organization (ACO), Intermediary Service Organizations (ISO), and utilization-controlled fee-for-service arrangements. This functionality also includes Prepaid Inpatient Health Plan (PIHP), Prepaid Ambulatory Health Plan (PAHP), Managed Care Organization (MCO), Primary Care Case Management (PCCM), as well as improvements/Enhancements as they are implemented.

8.10.2. The Managed Care program needs System flexibility to:

8.10.2.1. Allow for and manage the differences in the program policy through establishing multiple Health Benefit Plans.

8.10.2.2. Identify clients and providers participating in various managed care programs.

8.10.2.3. Maintain and display managed care-covered and non-covered services and benefit limited services in the Core MMIS and Supporting Services for each managed care entity.

8.10.2.4. Process electronic transactions and encounters received from Managed Care Entities.

8.10.2.5. Coordinate with the Managed Care Entities and Department contractors to transmit and receive managed care-related information via system interfaces.

8.10.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.10. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.11. ELECTRONIC DATA INTERCHANGE (EDI)

8.11.1. The Department's objective is to implement a versatile process to send and receive all compliant transactions through an EDI exchange and translate data for other enterprise applications, regardless of platform. This flexibility would provide ability for both structure and information to be extracted directly from the database tables.

8.11.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.11. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.12. ELECTRONIC DOCUMENT MANAGEMENT SYSTEM (EDMS)

8.12.1. The Department intends to implement an integrated automated workflow and Electronic Document Management System that provides comprehensive document storage and easy access to all documents from the user's desktop.

8.12.2. Department business processes require a document imaging system that will image all paper forms and documents received from providers, clients, and other internal and external entities that provide information and/or correspondence.

8.12.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.12. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.13. CASE MANAGEMENT

8.13.1. Case Management is a collaborative process that facilitates recommended treatment plans to ensure that the appropriate medical care is provided to disabled, ill, or injured individuals. The Department's primary focus is Long Term Care with the capability to expand into all clients. The Case Management program needs the flexibility to:

8.13.1.1. Include the evaluation of a medical condition.

8.13.1.2. Create PARs based on special case issues.

8.13.1.3. Develop and implement a plan of care.

8.13.1.4. Allow the coordination of medical resources.

8.13.1.5. Communicate health care needs to the individual.

8.13.1.6. Monitor an individual's progress.

8.13.1.7. Promotion of cost-effective care.

8.13.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.13. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.14. WEB PORTAL

8.14.1. The Web Portal is a Web-based application that will interface with the proposed Core MMIS and Supporting Services. The Web Portal enables providers and other Department-designated entities to electronically send and receive secure HIPAA and non-standard transactions to the Department's Core MMIS and Supporting Services, and to verify client eligibility by accessing information sent from CBMS to the Core MMIS and Supporting Services. Transmissions include the submission of claims for processing and payment, submission of requests for eligibility verification and submission of requests for Prior Authorizations. The Web Portal allows users to manage their claims and access a number of standardized reports, and it affords the Department the ability to post messages concerning events that may affect Web Portal users.

8.14.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.14. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

8.15. COLORADO REGISTRATION AND ATTESTATION

8.15.1. The Colorado Registration and Attestation functionality supports HITECH and is making available incentive payments to eligible Medicaid providers that adopt and successfully demonstrate Meaningful Use (MU) of a certified Electronic Health Records (EHR) technology for allowable costs associated with the implementation, operation, and maintenance of this technology.

8.15.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.15. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

SECTION 9.0 FISCAL AGENT OPERATIONS STATEMENT OF WORK

9.1. OVERVIEW

9.1.1. The Fiscal Agent Operations (FAO) includes:

9.1.1.1. General operational requirements such as financial obligations.

9.1.1.2. Contract management.

9.1.1.3. Supporting functions (e.g., mailroom, courier, etc.).

9.1.1.4. Provider customer relationship management.

9.1.1.5. Claims receipt and payment.

9.1.1.6. Reference data management.

9.1.1.7. Other operational responsibilities, including report production.

9.1.2. These general operational requirements help to ensure appropriate health of the overall System and that the operations of the Core MMIS and Supporting Services and Colorado Medical Assistance program run efficiently and effectively, meeting Department and federal requirements.

9.1.3. This section includes requirements for the following Fiscal Agent Operations activities:

9.1.3.1. Fiscal Agent Operations Business Requirements.

9.1.3.2. Claim/Encounter Related Services.

9.1.3.3. Prior Authorization Services.

9.1.3.4. Provider Management Services.

9.1.3.5. Third Party Liability Support Services.

9.1.3.6. Program Integrity Support Services.

9.1.3.7. Client Premium Management Services.

9.1.3.8. Electronic Document Management System Support.

9.1.3.9. Workflow Management Support.

9.1.3.10. Call Center and Customer Relationship Management (CRM) Services.

9.1.3.11. Help Desk Services.

9.1.3.12. Mailroom Services.

9.1.3.13. Online Document Repository Support.

9.2. FISCAL AGENT OPERATIONS BUSINESS REQUIREMENTS

9.2.1. The Core MMIS and Supporting Services will provide services that meet or exceed all federal, State, and Department requirements included in this RFP. Any changes to these requirements subsequent to this RFP release will be handled via the Change Management Process. Fiscal Agent Operations includes the Operation and Maintenance of the systems listed in Sections 9.2.1.1 through 9.2.1.6:

9.2.1.1. MMIS.

9.2.1.2. EDI solution.

9.2.1.3. Call Center and Help Desk, including Interactive Voice Response (IVR) software.

9.2.1.4. Web Portal.

9.2.1.5. Electronic Document Management System (EDMS).

9.2.1.6. Colorado Registration and Attestation.

9.2.2. The Department will monitor Contractor performance for Fiscal Agent Operations for compliance with federal, State, and Department requirements, and will notify the Contractor of changes to those requirements that may affect operations.

9.2.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.2. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.3. CLAIM/ENCOUNTER RELATED SERVICES

9.3.1. The Department's claims/encounter-related services include the receipt of claim/encounter data, adjudication, edit and pricing of claims and encounters, as well as the generation of claims processing-related operational reports. Claims/encounter-related services also include payments to providers, Managed Care Entities, other agencies, insurers, and Medicare premiums, as well as support the receipt of payments from other insurers, providers, and client premiums.

9.3.2. The Contractor shall also provide support services that will increase the ease and efficiency with which claims are received, ultimately creating a simplified process for providers and the Department.

9.3.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.3. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.4. PRIOR AUTHORIZATION SERVICES

9.4.1. Prior Authorization Services includes support services for the Colorado Medical Assistance program and its Prior Authorization agencies to assist in the coordination, standardization of processing, and tracking of Prior Authorization Request (PAR) data.

9.4.2. Written Department rules and/or policies stipulate the services covered and not covered by the Colorado Medical Assistance program, specify PAR requirements for each service area, and list the criteria under which the services may be authorized or denied.

9.4.3. There are several authorizing agents including, but not limited to, contractors for nursing facilities and private duty nursing authorizations, and acute care services. The Division for the Developmentally Disabled is responsible for Prior Authorization of Developmental Disabilities (DD), Targeted Case Management (TCM), and other home and community-based service programs.

9.4.4. Approved PARs are submitted through EDI or manually entered in a Department-specified format by one or more Utilization Management contractors. The Department, its affiliates, or the Contractor can also manually enter PAR requests. Currently, the Department's Contractors submit PARs through an interface with the electronic transmission system HIPAA standardized transaction formats. The Department intends to automate the PAR process to the greatest practical extent, via the Core MMIS and Supporting Services implementation.

9.4.5. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.4. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.5. PROVIDER MANAGEMENT SERVICES

9.5.1. Provider Management Services include, but are not limited to, Colorado Medical Assistance program communications, provider training, and operations of the Web Portal as described in Section 8.14 of this RFP Body. These services also include conducting provider re-enrollment and ongoing scheduled re-enrollments in accordance with ACA Provider Screening Rules.

9.5.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.5. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.6. THIRD PARTY LIABILITY SUPPORT SERVICES

9.6.1. The Contractor shall provide support services to associate and identify other sources of payment for health benefit services. The Contractor shall make its best efforts to ensure that all applicable primary coverage, other than Medicaid, is entered and

maintained in the MMIS to support cost avoidance on claims for members with other primary coverage, rather than recovered solely via pay and chase. TPL services are currently comprised of a combination of client eligibility information received from CBMS and pay and chase services provided by a recovery contractor. CGI holds the Medicaid Recovery Audit Contractors (RAC) contract, with HMS as the subcontractor.

9.6.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.6. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.7. PROGRAM INTEGRITY SUPPORT SERVICES

9.7.1. Program Integrity Support Services include, but are not limited to, providing access to data related to providers, health plans, and/or clients who may be committing fraud, waste, or abuse of services and/or billing practices.

9.7.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.7. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.8. CLIENT PREMIUM MANAGEMENT SERVICES

9.8.1. Client Premium Management Services include, but are not limited to, supporting invoicing processes that retrieve client premium information, perform required data manipulation according to the Department's business rules, format the results into the required output format, and produce client premium invoices as directed by the Department.

9.8.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.8. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.9. ELECTRONIC DOCUMENT MANAGEMENT SYSTEM SUPPORT

9.9.1. EDMS services will help the Department reduce its reliance on paper and support the objective to provide centralized access to Colorado Medical Assistance program data. The Department's objective is to maximize productivity in claims processing and program management.

9.9.2. The Contractor shall operate the EDMS technologies as described in Section 8.12 above in order to maximize document management and reporting capabilities.

9.9.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.9. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.10. WORKFLOW MANAGEMENT SUPPORT

9.10.1. Workflow Management services support the use of Workflow Management technologies (as described in Section 7.14) to maximize efficiencies in business processes, Work assignments, status tracking, and escalation. The Department's objective is to maximize productivity in claims processing and program management.

9.10.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.10. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.11. CALL CENTER AND CUSTOMER RELATIONSHIP MANAGEMENT (CRM) SERVICES

9.11.1. Call Center and Customer Relationship Management (CRM) Services for the Colorado Medical Assistance program will be accessible to providers to obtain answers to questions, get information on claims, submit applications, renewals, and changes over the phone. Call Center Services include technology and/or services that provide:

9.11.1.1. Integration of call center technologies (such as a CRM) with the Core MMIS and Supporting Services.

9.11.1.2. A tracking mechanism for call center, results, volume, and effectiveness.

9.11.1.3. Improvement of agency communications.

9.11.1.4. Support for multiple languages.

9.11.1.5. Search capabilities that speed access to needed information across the System/solution through easy-to-use search and phonetic matching.

9.11.1.6. Integrated online help and training throughout the System.

9.11.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.11. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.12. HELP DESK SERVICES

9.12.1. Help desk services will be accessible to users via telephone, e-mail, and via the Web Portal. It is critical that help desk services can provide answers and responses, without limitation, for items such as:

9.12.2. Inquiries on System processes and System troubleshooting from providers, the Department and Contractor users.

9.12.2.1. General and technical support and questions.

9.12.2.2. Electronic Data Interchange (EDI)-related questions and issues.

9.12.2.3. Use of the Web Portal by providers, members, Department, and Contractor users.

9.12.2.4. Password reset procedures.

9.12.2.5. Application and software support.

9.12.3. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.12. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.13. MAILROOM SERVICES

9.13.1. Mailroom Services require a mailroom and print center to support provider relationship management, claims adjudication, and required client communication functions.

9.13.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.13. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

9.14. ONLINE DOCUMENT REPOSITORY SUPPORT

9.14.1. The scope of Fiscal Agent Operations includes an online document repository and collaboration tool, such as Microsoft SharePoint, that will be shared with the Department and its Contractors to manage all communication, documentation, project notes, and artifacts.

9.14.2. The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.14. A formal Change Management Process will be established following Contract award to address any requested changes to requirements or scope defined in Appendix A – Requirements and Performance Standards Matrix.

SECTION 10.0 COMPENSATION AND INVOICING

10.1. COMPENSATION

10.1.1. Offerors are asked to propose pricing based on their solution delivery approach within each Contract Stage using the pricing schedules in Appendix E – Pricing Schedules. For evaluation comparison, the proposed Contract Stages are listed in Sections 10.1.1.1 through 10.1.1.5.

10.1.1.1. Business Process Re-Engineering (BPR) Contract Stage.

10.1.1.2. Implementation Stage I: Online Provider Enrollment.

10.1.1.3. Implementation Stage II: Core MMIS and Supporting Services Implementation.

10.1.1.4. Implementation Stage III: Supporting Services Implementation.

10.1.1.5. Ongoing MMIS Operations and Fiscal Agent Operations Stage.

10.1.2. Quality Maintenance Payments will be made at the end of each specific Contract Stage (per the Offeror's proposed completion date) for all Implementation Contract Stages. Quality Maintenance Payments will be made **monthly, quarterly or** annually during the Ongoing MMIS Operations and Fiscal Agent Operations Stage. If the Contractor completes the Contract Stage earlier than proposed, they will receive the full payment and if they complete the Contract Stage later than proposed, the Contractor will still receive the full payment. However, monthly payments will cease (for the months past the proposed completion date) and the Quality Maintenance Payments, as defined in Section 5.6, will not be paid until the Contract Stage is completed. This payment structure provides an incentive for the Contractor to complete the Contract Stage on schedule, but does not directly penalize the Contractor by reducing the total payment. The distinction is that the Contractor has a loss of cash flow (monthly payments cease after the proposed completion date) and the loss of potential interest that could have been earned by having the Quality Maintenance Payment paid early or on schedule.

10.1.3. If the Contractor completes the Contract Stage earlier than proposed, they will still receive full payment.

10.1.4. The Contractor shall reference Appendix E – Pricing Schedules for additional compensation information.

10.2. INVOICING

10.2.1. The Contractor shall adhere to the Invoicing requirements listed in Appendix A – Requirements and Performance Standards Matrix, Section 10.2.

10.2.2. The Contractor shall reference Appendix E – Pricing Schedules for additional information referenced by invoicing requirements listed in Appendix A – Requirements and Performance Standards Matrix, Section 10.2.

10.3. PAYMENT

10.3.1. Each Deliverable shall be reviewed by the Department and shall require formal approval from the Department before acceptance of the Deliverable. The Contractor shall allow for at least ten (10) business days following receipt, per Deliverable, in any project plan for the Department to review and document their findings. Based on the review findings, the Department may approve, reject portions of the Deliverable, reject the complete Deliverable, or request that revisions be made to the Deliverable. Unless otherwise agreed to by the Department in writing, the Contractor shall be required to submit all revisions of the Deliverable within five (5) business days following the receipt of the Department comments and requests for revisions or clarifications. The Department shall have an additional five (5) business-day review period for revisions that are resubmitted.

10.3.2. The Department will remit payment to the Contractor, for all amounts shown on an invoice, within forty-five (45) calendar days of the Department's acceptance of that invoice. The Department will not make any payment on an invoice prior to its acceptance of that invoice.

10.3.3. The Department will review the invoice, and compare the information contained in the invoice to the Department's information. The Department will not accept an invoice until it has reviewed the information contained on the invoice and determined that all amounts are correct.

10.3.4. If the Department determines that all information on an invoice is correct, the Department will notify the Contractor of its acceptance of the invoice.

10.3.5. If the Department determines that any information on an invoice is incorrect, the Department will notify the Contractor and specify any incorrect information. The Contractor shall correct any information the Department determined to be incorrect and resubmit the invoice to the Department for review.

10.3.6. The Department will review the invoice to ensure that all corrections have been made.

10.3.7. If all information on the invoice is correct, the Department will accept the invoice.

10.3.8. If any information on the invoice is still incorrect, then the Department will return the invoice to the Contractor for correction and resubmission.

10.3.9. If the Contractor believes that the calculation or determination of any payment is incorrect, the Contractor shall notify the Department of the error within thirty (30) business days of receipt of the payment or notification of the determination, as appropriate. The Department will review the information presented by the Contractor and may make changes based on this review. The determination or calculation that results from the Department's review shall be final. No disputed payment shall be due until after the Department has concluded its review.

10.3.10. All payments for the final month of the Contract shall be paid to the Contractor no sooner than ten (10) business days after the Department has determined that the Contractor has completed all of the requirements of the Turnover Phase

10.4. LIQUIDATED DAMAGES

10.4.1. Liquidated damages may be deducted by the Department from any money payable to the Contractor pursuant to this Contract related to the Contractor's failure to meet Quarterly Milestones (described in Section 5.3.1.4). Under these circumstances, the Department will notify the Contractor in writing of any claim for remedies at least thirty (30) calendar days prior to the date when sums will be deducted and over what period.

10.4.1.1. If the Contractor's failure to meet a Quarterly Milestone is considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System, the Department may assess damages in the amount of $4,000 per business day that the event occurs.

10.4.1.2. If the Contractor's failure to meet a Quarterly Milestone is not considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System, the Department may assess damages in the amount of $1,000 per business day that the event occurs.

10.4.1.3. Liquidated damages may process through the Dispute Process (described in Section 10.5) if the Contractor believes they are not at fault or if the liquidated damages are not assessed correctly (e.g., per business day amount, the number of business days accessed under the liquidated damages).

10.4.2. Following July 1, 2017, liquidated damages shall be imposed if claims processing is not fully operational and the Core MMIS and Supporting Services are not Operational as described in Section 8.0 Core MMIS Statement of Work and Section 9.0 Fiscal Agent Operations Statement of Work, and the Contractor is determined to be at fault for the delay based on the outcome resulting from the Dispute Process (as described in Section 10.5). Liquidated damages will be assessed on a monthly basis the incremental difference between the amount that shall be paid to the current MMIS contractor and the contractual amount to be paid to the Core MMIS and Supporting Services Contractor. The Core MMIS and Supporting Services Contractor will not be paid any amount during the specified delay.

10.4.3. If CMS Certification is not granted within eighteen (18) months of the start of claims processing by the Core MMIS and Supporting Services, and the Contractor is determined to be at fault for the delay based on the outcome resulting from the Dispute Process (as described in Section 10.5) the Contractor will reimburse the Department an amount equal to the difference between the 75% Federal Financial Participation Rate for a CMS Certified System and the 50% Federal Financial Participation Rate the Department incurred for operating a non-CMS Certified System during the period the System is not certified by CMS.

10.4.4. Liquidated damages will be assessed via the remedies Dispute Process (as described in Section 10.5) for any BIDM or PBMS implementation delays or unmet Contractual obligations that impact the Core MMIS and Supporting Services implementation.

10.5. REMEDIES AND DISPUTE PROCESS

10.5.1. The Contractor and the Department will follow the Dispute Process as outlined in Section 10.5.2. The Dispute Process will be used for all disputes or disagreements between the Department and Contractor.

10.5.1.1. Type 1 Disputes are considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System. The Contractor's failure to meet a Quarterly Milestones is considered a Type 1 Dispute. In addition, any dispute that impacts the Contractor's timing or amount of a Quality Maintenance Payment is considered a Type 1 Dispute.

10.5.1.2. Type 2 Disputes are considered less severe than a Type 1 Dispute or do not have a direct financial impact on either party. Any dispute not considered a Type 1 Dispute is a Type 2 Dispute.

10.5.2. The Department and Contractor are expected to resolve disputes at the lowest level possible and as quickly as possible to maintain a positive working relationship and maintain the timeline for implementation of the System. If the dispute cannot be resolved, the parties shall escalate the dispute in the following manner.

10.5.2.1. Level 1: The dispute will be discussed and resolved by the Department's Division Director of the Claims Systems and Operations Division and the Contractor's Account Manager. If the dispute is not resolved at this level, the parties shall escalate it to Level 2. During the Implementation Contract Stages this process will take no longer than ten (10) business days for Type 2 disputes and five (5) business days for Type 1 disputes.

10.5.2.2. Level 2: The dispute will be discussed and resolved by the Executive Director of the Department or his or her written Designee and the Chief Executive Officer of the Contractor or his or her written Designee. Should the dispute not be resolved at this level, the parties will escalate it to Level 3. During the Implementation Contract Stages this process will take no longer than twenty (20) additional business days for Type 2 disputes and ten (10) business days for Type 1 disputes.

10.5.2.3. Level 3: Any dispute unresolved in Level 1 and 2 will be escalated to the Colorado Purchasing Director. He or she will engage both parties in binding arbitration. The written decision of the Purchasing Director will be final. During the Implementation Contract Stages, this process will take no longer than twenty (20) additional business days for Type 2 disputes and ten (10) business days for Type 1 disputes.

10.5.2.4. During the Ongoing MMIS Operations and Fiscal Agent Operations Stage, the time to escalate a dispute from Level 1 to Level 2 to Level 3 may be modified by through a Contract Amendment, if a longer period to resolve disputes prior to entering binding arbitration is desired by both parties.

10.5.3. To initiate the Dispute Process, the Division Director of the Claims Systems and Operations Division or the Contractor's Account Manager shall issue a notice to the other in writing, as defined in the Communication Management Plan.

10.5.4. The Dispute Process is available to both parties and it shall be used to resolve any issues under the Contract including, but are not limited to:

10.5.4.1. All contract requirements covered the Scope of Work of the Contract.

10.5.4.2. The payment of Quality Maintenance Payments.

10.5.4.3. Assessment and calculation of liquidated damages.

10.5.4.4. Withholding or denial of payment.

10.5.4.5. Removal of a Key Personnel or Subcontractors under the Contract.

10.5.4.6. Termination for Cause and/or Breach or Early Termination in the Public Interest.

10.6. BUDGET

10.6.1. The Department has a maximum available amount for this project that has been separated into two distinct budget pools that are non-negotiable. Any proposal that has a total price that exceeds the Department's maximum available amount may be rejected without further consideration. Any proposal that has a total price that exceeds the Department's maximum available amount in a budget pool or attempts to move money from one pool to another (e.g., proposing to move money from the DDI Budget Pool into the Operations Budget Pool) may be rejected without further consideration.

10.6.2. The two distinct budget pools are defined in Sections 10.6.2.1 through 10.6.2.2.

10.6.2.1. DDI Budget Pool. This pool provides the maximum funding available to cover the Core MMIS and Supporting Services DDI activities in the Implementation Contract Stages (covering the BPR Contract Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III). Based on information provided in this RFP, the estimated expenditure of these funds will occur from November 1, 2013 (estimated Contract start date) to June 30, 2017 (estimated completion of all DDI activities).

10.6.2.1.1. During Implementation Stage I, some of the Contractor's price may not be eligible for enhanced federal funding at 90% federal funds, as provider enrollment activities may be considered operations activities. Offeror's proposals will need to estimate these operations activities in the pricing schedule until the start of the Ongoing MMIS Operations and Fiscal Agent Operations Stage, when the pricing will then be incorporated into the Fiscal Agent Operations pricing.

10.6.2.2. Operations Budget Pool. This pool provides the maximum funding available per State Fiscal Year (SFY) to cover Core MMIS and Supporting Services Operations activities in the Ongoing MMIS Operations and Fiscal Agent Operations Stage. Funds within the Operations Budget Pool shall be priced as either Fiscal Agent Operations or Enhancements to the System. Based on information provided in this RFP, the estimated expenditure of these funds will occur between July 1, 2016 (estimated Core MMIS and Supporting Services Operations start date) and June 30, 2021 (estimated end of Contract).

10.6.2.2.1. Fiscal Agent Operations Pricing: Under the Offeror's proposal (as specified in Appendix E – Pricing Schedules) these funds are directly associated to Fiscal Agent Operations (which includes the Operation and Maintenance of the System) under the Fiscal Agent Operations Statement of Work as described in Section 9.0 of this RFP Body, and Appendix A – Requirements and Performance Standards, Sections 9.1 through 9.14.

10.6.2.2.1.1. Contractor responsibility to provide estimates for price and schedules to support changes to Fiscal Agent Operations and the System proposed by legislation (i.e., fiscal notes requests from the Colorado General Assembly), Department budget requests, Department initiatives, and Enhancements shall be included in the Fiscal Agent Operations Pricing.

10.6.2.2.1.2. Maintenance activities and staff performing these activities are included in the Fiscal Agent Operations Price and shall be performed by the Contractor within the Ongoing MMIS Operations and Fiscal Agent Operations Stage at no additional cost to the Department.

10.6.2.2.1.3. The Department is unable to provide the current utilization of hours for Maintenance activities for the incumbent contractor.

10.6.2.2.1.4. Examples of Maintenance activities are:

10.6.2.2.1.4.1. Monitoring and maintaining interface activities to ensure all interface data are received through the appropriate channels correctly and timely.

10.6.2.2.1.4.2. Assuring all System parameters and other information in System tables are updated correctly and timely.

10.6.2.2.1.4.3. Assuring that claims/encounters and provider payments are processed efficiently and correctly.

10.6.2.2.1.4.4. Correcting Defects to the System.

10.6.2.2.1.4.5. Adding/Updating Provider Reimbursement Rates on a routine schedule as requested by the Department through a Transmittal.

10.6.2.2.1.4.6. Adding/Updating National Uniform Claim Committee, National Uniform Billing Committee, American Dental Association Dental Current Dental Terminology codes, American Medical Association Current Procedural Terminology, Healthcare Common Procedure Coding System, and ICD-10 codes on a routine schedule as requested by the Department through a Transmittal.

10.6.2.2.1.4.7. Updating accounting/general ledger codes on a routine schedule as requested by the Department through a Transmittal.

10.6.2.2.2. Enhancements to the System Pricing: Under the Offeror's proposal (as specified in Appendix E – Pricing Schedules) these funds are directly associated to functional changes or performance improvements that require Configuration or Customization (including activities related to requirements gathering, design, development, testing, deployment, documentation, etc.) to the System.

10.6.2.2.2.1. During the Ongoing MMIS Operations and Fiscal Agent Operations Stage, some of the Contractor's price may be eligible for enhanced federal funding at 90% federal funds as Enhancements may be considered DDI activities. Offeror's proposals shall estimate these DDI activities and shall propose a budget based on ten thousand four hundred (10,400) hours for Enhancements to the System during the Ongoing MMIS Operations and Fiscal Agent Operations Stage. When pricing the Price Schedule K found in Appendix E – Pricing Schedules, Offerors shall include staffing levels and hours to perform Configuration and Customization activities; only Configuration Staff and Customization Staff shall be counted towards the 10,400 hours to provide consistency in the Offerors' proposals. In addition to staff dedicated to performing Configuration and Customization activities, based on the Offeror's experience and approach, they shall propose Support Staff (Testing and Validation Staff, Business Analyst Staff, Technical Writing and System Documentation Staff, and Project Management Staff) required in order to deliver 10,400 hours of Customization and Configuration. Based on the Offeror's proposal, the payment for these services under the Contract will not be based on a number of hours, but rather that the Contractor maintains the staffing resources as proposed (including additional staff to support Configuration and Customization at 10,400 hours per year).

10.6.2.2.2.2. Hourly Labor Categories provided in Price Schedule K is only to be used if the Department purchases additional Enhancement hours or requires a Contract Amendment.

10.6.2.2.2.3. Under the current contract, the Department has 14,850 hours annually for Enhancements.

10.6.2.2.2.4. Contractor's estimates for price and schedules to support changes to Fiscal Agent Operations and the System proposed by legislation (i.e., fiscal notes requests from the Colorado General Assembly), Department budget requests, Department initiatives, and Enhancements shall be included in the Fiscal Agent Operations Pricing and not under Enhancements to the System Pricing.

10.6.2.2.2.5. If the basis of the estimate used for the initial Price Proposal for DDI activities that will occur during the Ongoing MMIS Operations and Fiscal Agent Operations Stage is no longer applicable at the time the Work is required, due to requirements changes or other strategic changes for the COMMIT project, the Contractor may propose changes or revise resource estimates via the Change Management Process.

10.6.2.2.3. Pricing for the Ongoing MMIS Operations and Fiscal Agent Operations Stage shall include pricing for the Fiscal Agent Operations (including Maintenance activities) and Enhancements to the System within the Operations Budget Pool by SFY, and are not considered in addition to the Operations Budget Pool maximum annual amount.

10.6.3. Offerors will provide a fixed price for the Contract Stages (through Appendix E – Pricing Schedules) that includes all personnel, overhead, profit, travel, equipment usage, network communications, and other miscellaneous costs. Only the amounts in the Pricing Schedules will be paid to the Contractor and Offerors shall not assume any additional payment beyond that proposed in Pricing Schedules.

10.6.3.1. The Department has established pricing thresholds for each Contract Stage, based on the DDI Budget Pool ($80,300,000), to ensure adequate distribution of cost over the Contract term. To prevent an Offeror from proposing the entire price in a single Implementation Contract Stage, the pricing thresholds are listed in Sections 10.6.3.1.1 – 10.6.3.1.4.

10.6.3.1.1. The proposed fixed price for the BPR Contract Stage shall be at least 0.5% but no greater than 2.0% of the total DDI Budget Pool.

10.6.3.1.2. The proposed fixed price for the Implementation Stage I shall be at least 5.0% but no greater than 20.0% of the total DDI Budget Pool.

10.6.3.1.3. The proposed fixed price for the Implementation Stage III shall be at least 5.0% but no greater than 20.0% of the total DDI Budget Pool.

10.6.3.1.4. There is no minimum or maximum percentage of the proposed fixed price for the Implementation Stage II.

10.6.3.2. Postage costs related to mail are not included in the fixed price, as those costs will be passed through directly to the Department on a monthly basis.

10.6.4. The Contractor's price related to provider enrollment activities that continue following the end of Implementation Stage I and continue into Ongoing MMIS Operations and Fiscal Agent Operations Stage are included in the Operations Budget Pool and do not need to be separately identified.

10.6.5. If the actual volume of claims/encounters increases by greater than twenty percent (20%) from the forecasted claims/encounters estimate provided in this RFP, the Contractor may request a change to the Contract pricing for the next SFY, but there is no guarantee that the Department will have the available funding to increase the Contract price or amend the contract to meet the Contractor's request. Any increase in the Contract price may require a formal budget action that shall be approved by the Department and the Colorado General Assembly, so there is no guarantee that the Contract price will increase for any reason, including those outside the control of the Contractor.

10.6.6. The Department's maximum available amount for the two distinct budget pools is listed in Section 10.6.3.1 through 10.6.3.2.

10.6.6.1. DDI Budget Pool: $80,300,000 total.

10.6.6.2. Operations Budget Pool: $25,000,000 per SFY.

10.6.7. Please be aware that the Department proposed the following estimated budget amount for the Core MMIS and Supporting Services DDI activities to the Colorado General Assembly on November 1, 2012. The Department's budget request does not contain funding beyond SFY 2016-17, as the base operating price for the Core MMIS and Supporting Services is already in the Department's budget and does not need to be specially requested through this budget request. Based on the Offeror's proposal and resulting Contract, the Department may request adjustments to the budget by SFY through the Department's budget process. These figures are provided for information only so the Offerors are aware that the Department has requested the necessary funds to support this RFP and resulting Contract. These figures are not provided to drive the pricing schedules submitted by the Offeror. Only the amounts in 10.6.6 are relevant to the Offeror's proposal.

10.6.7.1. SFY 2013-2014: $9,300,000.

10.6.7.2. SFY 2014-2015: $25,500,000.

10.6.7.3. SFY 2015-2016: $25,500,000.

10.6.7.4. SFY 2016-2017: $20,000,000.

SECTION 11.0 EVALUATION

11.1. EVALUATION PROCESS

11.1.1. Proposal evaluation will result in a recommendation for award of the Contract under this RFP. The award will be made to the Offeror whose proposal, conforming to this RFP, will be most advantageous to the State of Colorado, price, and other factors considered.

11.1.2. The Department will conduct a comprehensive and impartial evaluation process for all proposals received that meet the Mandatory Offeror Requirements, as described in Section 1.3 and Appendix A – Requirements and Performance Standards Matrix, and do not exceed the maximum available amount for any budget pool. The objective of the evaluation process is to determine the proposal that most effectively meets the Department's goals and requirements. Failure of an Offeror to provide any required information and/or failure to follow the response format set forth in this RFP may result in reduced scoring and/or disqualification of the proposal. It is the Offeror's responsibility to ensure that all required materials are included in the proposal submission.

11.1.2.1. Price Proposals that exceed the maximum available amount in any budget pool may disqualify the Offeror's proposal from evaluation.

11.1.2.2. Price Proposals that transfer money from one pool to another (e.g., proposing to transfer money from the DDI Budget Pool into the Operations Budget Pool) may disqualify the Offeror's proposal from evaluation.

11.1.2.3. Price Proposals that are clearly not commensurate with the requirements and narrative response as provided in the Offeror's Technical Proposal may disqualify the Offeror's proposal from evaluation.

11.1.3. Offerors should not assume that they will have an opportunity to participate in solution demonstrations and oral presentations or to make revisions to their proposals. Therefore, Offerors should submit their most favorable proposal as the initial proposal. Offerors may be invited to participate in solution demonstrations and oral presentations based on their written proposals. New materials, solutions, and/or approaches may not be introduced during the solution demonstration and oral presentations. Therefore, Offerors are cautioned to ensure that their proposals adequately convey the soundness of their approach and understanding of the requirements.

11.1.4. Failure of a proposal to comply with the requirements of this RFP may result in the proposal being disqualified as a non-responsive proposal. Such disqualification may occur at any point.

11.2. EVALUATION COMMITTEE

11.2.1. An Evaluation Committee will be established prior to opening the received proposals. The Department has established measures to ensure the integrity of the evaluation process, including selecting committee members who do not have a conflict of interest regarding this RFP, facilitating independent review of proposals, requiring evaluation of proposals based on content, and ensuring the fair and impartial treatment of all Offerors.

11.2.2. The sole objective of the Evaluation Committee is to conduct reviews of the submitted proposals along with other information that may be requested, to hold frank and detailed discussions among themselves, and to recommend a Contract award based on the proposal that is most advantageous to the State.

11.2.3. The Evaluation Committee will evaluate proposals to determine if each Offeror met the Mandatory Offeror Requirements. The Evaluation Committee may disqualify the Offeror's proposal from evaluation if the Mandatory Offeror Requirements are not met.

11.2.4. The Evaluation Committee will judge the merits of each proposal received in accordance with the evaluation criteria. Criteria are weighted as described in Table 11.5.1.1, reflecting their relative importance.

11.2.5. The Evaluation Committee may check the Offeror's references as part of the evaluation process. Reference checks may not be limited to the specific references cited in the proposal, and may include others, as deemed appropriate by the Evaluation Committee.

11.2.6. The Evaluation Committee may, if it deems necessary, ask for clarifications, conduct site visits, or request best and final offers from the Offerors. Such presentations and related travel for site visits will be at the Offeror's expense. The Evaluation Committee may adjust its scoring based on the results of such activities, if any. However, proposals may be reviewed and determinations made without such activities, and Offerors should be aware that the opportunity for further explanation might not exist. Therefore, it is important that initial proposals be complete.

11.3. INITIAL EVALUATION

11.3.1. All proposals will be reviewed for compliance to Sections 11.3.1.1 through 11.3.1.4:

11.3.1.1. Offeror's proposal was submitted by the proposal submission deadline.

11.3.1.2. Offeror included the appropriate number of USB devices and electronic proposal copies.

11.3.1.3. Offeror included all required documents.

11.3.1.4. Offeror was registered with the State of Colorado's BIDS Website prior to the due date and time.

11.4. EVALUATION PROCESS

11.4.1. After initial evaluation and RFP compliance is established, the Department will conduct a multi-phased evaluation process which will consist of the following:

11.4.1.1. Phase I: Evaluation of the Technical Proposal.

11.4.1.1.1. All Technical Proposals received will be evaluated and scored. The full Evaluation Committee will discuss the Technical Proposal scores provided by each evaluator and score the Technical Proposal.

11.4.1.1.2. The scores from Phase I: Evaluation of the Technical Proposal will be utilized in eligibility consideration for participation in Phase II: Solution Demonstrations and Oral Presentations. The Offeror achieving the highest score on the Technical Proposal and all Offerors achieving scores within 10% of the highest score will be invited to participate in Phase II: Solution Demonstration and Oral Presentation.

11.4.1.1.3. Any Offeror not invited to participate in Phase II: Solution Demonstration and Oral Presentation may submit a protest, as outlined in Appendix C – Administrative Information.

11.4.1.2. Phase II: Solution Demonstration and Oral Presentation

11.4.1.2.1. All Offerors invited to participate in Phase II: Solution Demonstration and Oral Presentation will be allocated no more than two (2) business days to provide a solution demonstration and an oral presentation addressing topics specified by the Evaluation Committee and/or the Department.

11.4.1.2.2. In addition to the criteria defined in Section 11.6, Offerors will be required to demonstrate functionality utilizing Department-defined scenarios to showcase their proposed solution and validate the narrative provided within the written proposal. The Department does not require that the demonstrated System be in Production; however, Offerors shall be able to exhibit end-to-end functionality that reflects day-to-day activities of the Department. The Department will provide scenarios in advance of solution demonstrations and oral presentation.

11.4.1.2.3. Phase II: Solution Demonstration and Oral Presentation will be evaluated and scored using pre-defined criteria. Following the Solution Demonstration and Oral Presentations, the Evaluation Committee will re-score the Technical Proposal evaluated in Phase I. The Evaluation Committee may use exactly the same scores received in Phase I or adjust any score, including the Offeror's Response to Requirements in ~~**Attachment**~~ **Appendix** A. Using the weights assigned in Table 11.5.1.1, the combined scores for the Solution Demonstration and Oral Presentation and the Technical Proposal will be considered the new total score for that Offeror.

11.4.1.2.3.1. The scores in the Offeror's Technical Proposal for Corporate Qualifications, Corporate Capabilities and Commitment, Financial Stability, and Understanding of Solicitation and Project Goals are only used in Phase I and do not carry over to Phase II.

11.4.1.3. Phase III: Price Proposal Evaluation

11.4.1.3.1. After completion of Phase II: Solution Demonstration and Oral Presentation, Price Proposals will be evaluated based on the completed pricing schedules contained in Appendix E – Pricing Schedules.

11.4.1.3.2. Evaluators will score the Price Proposal criteria of suitability and alignment for the technical approach against the Offeror's Pricing Schedules.

11.4.1.4. Phase IV: Best and Final Offer (BAFO) Requests and Evaluation

11.4.1.4.1. The Evaluation Committee may request best and final offers from the Offerors during the Proposal Evaluation Phase to clarify Offerors' Price Proposals. Requests for best and final offers are at the discretion of the Evaluation Committee, and not all Offerors may be requested to present a best and final offer. All Offerors asked to participate in Phase II: Solution Demonstration and Oral Presentation may be contacted with BAFO requests.

11.4.1.4.2. An Offeror's response to a BAFO request will be evaluated and may, at the discretion of the Evaluation Committee, cause a change to that Offeror's Technical Proposal and/or Price Proposal score. The change in score will become the new and final total score for that Offeror.

11.4.2. This process is further illustrated in Figure 11.4.2.

11.4.3.

Figure 11.4.2: Evaluation Process

Phase 0: Initial Evaluation and Compliance	Phase I: Evaluation of the Technical Proposal	Phase II: Solution Demonstrations and Oral Presentations	Phase III: Price Proposal Evaluation	*Phase IV: Best and Final Offer (BAFO) Request and Evaluation
Activities • Evaluate compliance with submission requirements and Mandatory Requirements • Qualifying Offerors progress to Phase I	**Activities** • Evaluation Committee reviews and scores Offerors' Technical Proposal • Compile Evaluation Scores • Qualifying Offerors progress to Phase II	**Activities** • Conduct solution demonstrations and oral presentations • Evaluation Committee re-scores sections of the Technical Proposal based on solution demonstrations and oral presentations • Combine Phase II scores with Phase I for the new total score • All Offerors progress to Phase III	**Activities** • Open Offerors' Price Proposals • Evaluation Committee designee scores Offeror's Price Proposal • Evaluation Committee reviews and scores the Price Proposal criteria of suitability and alignment for the Technical Proposal against the Offeror's Pricing Schedules	**Activities, if necessary** • Evaluation Committee requests Offerors' BAFO of all Phase II and Phase III qualifying Offerors • Offerors submit BAFO • Evaluation Committee reviews and re-scores Technical Proposal and/or Price Proposal • New and final total score is calculated

***Phase IV is not mandatory and is at the sole discretion of the Evaluation Committee**

11.4.4. Announcement of Intent to Award

11.4.4.1. Upon completion of Phase I, Phase II, Phase III, and Phase IV, if conducted, the Evaluation Committee will recommend an Offeror for Contract award.

11.4.4.2. Once the Evaluation Committee's recommendation for award has been approved, the Department will issue a "Notice of Intent to Make an Award" announcement to all Offerors.

11.4.4.3. Only bidders invited to participate in Phase II, Phase III, and Phase IV, if conducted, may submit a protest after the "Notice of Intent to Make an Award" announcement. The protest shall be submitted as directed in Appendix C – Administrative Information.

11.5. EVALUATION CRITERIA

11.5.1. The Department will conduct a comprehensive evaluation of the proposals to determine whether all critical elements described in this RFP have been addressed, the capabilities of the Offeror, the quality of each approach proposed, and any other aspect determined relevant by the Department.

11.5.1.1. Technical Proposal evaluations will involve the point scoring of responses in each Technical Proposal Section described in Table 11.5.1.1 below, according to pre-established scoring criteria. Each criterion has been assigned a predetermined weight to reflect the relative importance of that criterion to the overall score. The seven (7) areas and a summary of the weights are shown in Table 11.5.1.1.

Table 11.5.1.1: Summary of Technical Proposal Scoring Criteria

Technical Proposal Evaluation Criteria	Phase I	Phase II	Weight (% of Total Possible Points)
Corporate Qualifications – Background & Experience	~~**10.0%**~~ **14.5**	0.0%	~~**10.0%**~~ **14.5**
Reference Checks and Corporate Capabilities and Commitment	~~**2.5%**~~ **4.5%**	0.0%	~~**2.5%**~~ **4.5%**
Financial Stability	~~**2.5%**~~ **1.0%**	0.0%	~~**2.5%**~~ **1.0%**
TECHNICAL APPROACH			
Understanding of Solicitation and Project Goals	2.5%	~~**2.5%**~~ **1.5%**	~~**5.0%**~~ **4.0%**

Technical Proposal Evaluation Criteria	Phase I	Phase II	Weight (% of Total Possible Points)
Requirements: Quantitative Scoring of Appendix A	15.0%	15.0%	30.0%
Requirements and Technical Proposal Narrative: • Qualitative Scoring of ~~Attachment~~ **Appendix** A (Offeror's Approach to Requirements) • Department Scenarios • Key Personnel • Approach to Project Phases • Approach to Contractor General Requirements • Approach to MMIS Statement of Work • Approach to Fiscal Agent Operations Statement of Work • Business and Technical Innovation and "Optional" Requirements	10.0%	~~**10.0%**~~ **8%**	~~**20.0%**~~ **18.0%**
Solution Demonstrations and Oral Presentations	0.0%	10.0%	10.0%
Total Overall Value Of Technical Proposal Evaluation	~~**42.5%**~~ **47.5%**	~~**37.5%**~~ **34.5%**	~~**80.0%**~~ **82.0%**

11.5.1.2. Except for the completed Appendix A – Requirements and Performance Standards Matrix, Evaluators will score all other items in Table 11.5.1.1 using the evaluation criteria developed by the Department. Each item will receive a score from zero to ten (0-10), with ten (10) being the highest score possible and zero (0) indicating the Proposal is non-responsive on a given item.

11.5.2. Appendix A Requirements Scoring Summary: For the Requirements and Technical Proposal Narrative criteria, Offerors will be scored based on a quantitative methodology and receive points based on their ability to deliver the specific requirement within the Offeror's Price and in which Contract Stages the requirement will be completed.

11.5.2.1. The Department has established a priority for the requirements and assigned points accordingly. Offerors will indicate the timeframe in which they shall satisfy each requirement within Appendix A – Requirements and Performance Standards Matrix, and should consider the priority level assigned to each requirement.

11.5.2.2. Within the Technical Proposal, the Offeror will describe how the requirement will be fulfilled. The Evaluation Committee will review the requirements against the Offeror's narrative proposal and award the assigned points based on the Offeror's description of how they will fulfill each requirement. The Evaluation Committee will also determine the feasibility of the Offeror meeting the requirement within the timeframe indicated in their response to Appendix A – Requirements and Performance Standards Matrix.

11.5.2.3. If the Evaluation Committee concurs, through majority or consensus opinion as determined appropriate by the Evaluation Committee, that the Offeror's response meets the requirement and that the Offeror can meet the requirement within the specified Contract Stage, then the appropriate point will be assigned for that specific requirement.

11.5.2.4. The total points assigned for the evaluation of Appendix A – Requirements and Performance Standards Matrix will be the sum of points assigned for each requirement. Therefore, Offerors are advised through their Technical Proposal to fully and clearly explain and justify how the requirements in Appendix A – Requirements and Performance Standards Matrix will be met. Table 11.5.2.9 demonstrates the mechanism for calculating the final score for the Requirements and Proposal Narrative section of the Technical Proposal.

11.5.2.5. Priority 1: These requirements are necessary to make the System and Fiscal Agent Operations efficient and effective, such that they do not introduce any new manual processes and help the Department increase its capability levels on the MITA Maturity Model. Some of these requirements are components of the Medicaid Enterprise Certification Toolkit (MECT) Checklist, and may be necessary for CMS Certification.

11.5.2.6. Priority 2: These requirements focus on achieving the Department's mission and vision that include enhancements beyond the basics of claims processing, which eliminates or reduces current manual processes and integrates new technologies into the enterprise.

11.5.2.7. Priority 3: These requirements are considered necessary to enhance user and provider functionality, as well as business processes. Priority 3 requirements are determined to significantly improve the Department's operations and Fiscal Agent Operations, user experience, provider interactions, and customer service.

11.5.2.8. Optional: The Department has identified requirements that are not critical for achieving CMS Certification, operating a federally certified MMIS, or administering the Colorado Medical Assistance program. These have been classified as Optional. The Department sees these Optional requirements as an opportunity for Offerors to provide additional functionality by leveraging existing

technology solutions or components. Offerors will receive points for Optional requirements that can be met within the proposed base price and provided at no additional cost to the Department. If Optional requirements can be met, but outside of the base price, and if the Offeror can provide pricing, Offerors shall indicate that in Appendix E – Pricing Schedules. However, Offerors will not receive points for Optional functionality that is not included in the base price, and it will not be included in the proposal evaluation.

11.5.2.9. The Department expects Priority 1 and Priority 2 System requirements to be implemented in Implementation Stage I or Implementation Stage II. If a proposal receives a point for a Priority 1 requirement that can be met in the base price, but the Offeror proposes to defer the requirement to the Ongoing MMIS Operations and Fiscal Agent Operations Stage, the Evaluation Committee will the remove the point(s). This evaluation methodology is intended to discourage Offerors from deferring critical functionality to the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

Table 11.5.2.9 Requirements Scoring Summary Table

	BPR Stage	**Implementation Stage I**	**Implementation Stage II**	**Implementation Stage III**	**Ongoing MMIS Operations and Fiscal Agent Operations Phase**	**Not Met**
Priority 1	**1.50**	**1.50**	**1.50**	**1.25**	**1.00**	**0.00**
Priority 2	**1.25**	**1.25**	**1.25**	**1.25**	**1.00**	**0.00**
Priority 3	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**0.00**
Optional	**1.00**	**1.00**	**1.00**	**1.00**	**.75**	**0.00**

11.5.3. The evaluation of Price Proposals in Phase III: Price Proposal Evaluation will be based on the completed pricing schedules contained in Appendix E – Pricing Schedules. All of the criteria shall be included for the price quoted, inclusive of all personnel, overhead, travel, equipment usage, and other miscellaneous costs for the Contract period quoted.

11.5.4. The evaluation of the Price Proposals will involve the scoring of responses in each of ~~six (6)~~ **four (4)** areas, according to pre-established criteria for scoring. The ~~six (6)~~ **four (4)** areas and their overall weights are shown in Table 11.5.4.

Table 11.5.4: Summary of Price Proposal Criteria

Price Proposal Evaluation Criteria	Weight (% of Total Possible Points)
BPR Stage price, Total Implementation Stage I price, Total Implementation Stage II price, Total Implementation Stage III price	3.5%
Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2016-17 through FY 2020-21 price	~~12.0%~~ **10%**
Hourly Rates for Changes	0.5%
Suitability and Alignment of Technical Approach to Implementation Contract Stages Price and Approach to Quality Maintenance Payments in Ongoing MMIS Operations and Fiscal Agent Operations Stage	4.0%
Total Overall Value Of Price Proposal Evaluation	~~20.0%~~ **18.0%**

11.5.5. Evaluators will score the final Price Proposal criteria of suitability and alignment for the technical approach against the DDI price, based on a 0-10 (zero to ten) scoring scale.

11.5.6. Evaluators will score the Hourly Rate for Changes against industry standards, based on a 0-10 (zero to ten) scoring scale.

11.5.7. The Offeror with the lowest Total Lump Sum Price proposed for each pricing component will receive the maximum score for that component, based on the weights in Table 11.5.4.

11.5.8. Scores for the subsequent Offerors will be calculated using the following formula:

11.5.9. Score = (N/Z) x Y

11.5.9.1. N = the lowest Total Lump Sum Price for the pricing worksheet item proposed by an Offeror.

11.5.9.2. Z = the Total Lump Sum Price for the pricing worksheet item proposed by the Offeror being evaluated.

11.5.9.3. Y = the maximum points possible for applicable component.

11.5.9.4. Scores will be rounded to the nearest two decimal points (e.g., 4.51).

11.6. SOLUTION DEMONSTRATIONS AND ORAL PRESENTATIONS

11.6.1. The Evaluation Committee will hold oral presentations during the Proposal Evaluation Phase to clarify and/or demonstrate specific area(s) of Offerors' Proposals or to see live demonstrations of the proposed solutions. Oral presentations are at the option of the Evaluation Committee, and not all Offerors may be requested to present. At the sole discretion of the Evaluation Committee, Offerors whose Technical Proposals are within ten percent (10%) of the highest scoring technical proposal (after initial technical proposal review) may be asked to make oral presentations to the Evaluation Committee. The Evaluation Committee may change the ten percent (10%) threshold to limit the number of oral presentations or expand the number of oral presentations to increase competition. Offerors will be notified at least ten (10) business days in advance if selected for Phase II: Solution Demonstrations and Oral Presentations.

11.7. BEST AND FINAL OFFERS

11.7.1. The Evaluation Committee may request best and final offers from the Offerors during the Proposal Evaluation Phase to clarify Offerors' Price Proposals. Requests for best and final offers are at the discretion of the Evaluation Committee, and not all Offerors may be requested to present a best and final offer. At the sole discretion of the Evaluation Committee, Offerors whose Technical Proposals are within ten percent (10%) of the highest scoring Technical Proposal (after initial Technical Proposal review) may qualify to provide a best and final offer to the Evaluation Committee. The Evaluation Committee may change the ten percent (10%) threshold to limit the number of best and final offers or expand the number of a best and final offers to increase competition. Offerors will be notified ten (10) business days in advance if selected to submit a best and final offer.

Appendix A - Requirements and Performance Standards Matrix

Modification 4

Modification 4 - Corrected an error in the formulas in Offeror Response: Raw Tabulation (cells C12-H16) and Evaluation Validation: Reduced Tabulation (cells C21 through H25) on the Tabulation Dashboard tab. Error resulted from the addition of two (2) requirements (1873 and 1874) with no update to the Tabulation Dashboard formula. There is no highlight for this correction in this document.

Modification 3 - Modifications are highlighted in yellow and shown in green.

Modification 2 - Modifications are highlighted in yellow and shown in blue.

Modification 1 - Modifications are highlighted in yellow and shown in red .

Please refer to the instructions below for the appropriate use of this Appendix.

Column	Contents
Unique ID	This column contains identification numbers (ID #s) useful for referencing individual requirements, and each requirement has a unique ID#.
Applicable RFP Section One (1)	These three columns demonstrate the section of the RFP Body to which the requirement applies. Sequence does not indicate priority, but rather corresponds to the applicable order of the RFP Body. Offeror's must respond to each and all sections listed for these three columns within their Technical Proposal narrative.
Applicable RFP Section Two (2)	
Applicable RFP Section Three (3)	
Priority	Requirements were prioritized using **"Mandatory", "Optional", or "1", "2", or "3"** designations. Definitions are as follows: **M = Mandatory**. Requirements labeled as **MANDATORY** are intended to ensure that evaluation of the Technical Proposal can proceed and that the Offeror has the required experience with system development and implementation. Any Offeror that does not meet the Mandatory Offeror Requirements will be considered non-responsive and will receive no further consideration. **1 = Priority 1.** Requirements labeled **"1"** are necessary to make the System and Fiscal Agent Operations efficient and effective, such that they do not introduce any new manual processes and help the Department increase it's capability levels on the MITA Maturity Model. Some of these requirements are components of the MECT Checklist, and may be necessary for the System to be certified. **2 = Priority 2**. Requirements labeled as **"2"** focus on achieving the Department's mission and vision that include enhancements beyond the basics of claims processing, which eliminate or reduce current manual processes, and integrate new technologies into the Enterprise. **3 = Priority 3.** Requirements labeled as **"3"** will enhance user and provider functionality and business processes. Priority 3 requirements are seen to significantly improve the Department's operations and Fiscal Agent Operations, user experience, provider interactions, and customer service. **Optional.** Requirements labeled as **OPTIONAL** are the least critical and are not required to support the Department's current Medical Assistance Program. **OPTIONAL** requirements have been added as potential add-on functionality and are included primarily to understand pricing options.

Requirement	This column contains the requirement.
Other Notes or Performance Standards	This column contains notes or performance standards associated with the requirement.
Offeror Compliance Code: **BPR, Stage I, Stage II, Stage III, Ongoing MMIS Operations, Will Not Meet**	This column is where the Offeror will indicate when the requirement will be met. With reference to the codes below, the Offeror must use the drop-down menu to select whether the requirement will be met during *BPR* , *Stage I* , *Stage II* , *Stage III* , or *Ongoing MMIS Operations.* If the Offeror will not or cannot meet the requirement, *Will Not Meet* should be selected from the drop-down menu. Within the Offeror's Response to Requirements Tables in Appendix A, Offerors' responses must indicate that each requirement will be satisfied during one of the following COMMIT Project Stages: **BPR:** The Offeror's solution will satisfy the requirement during Business Process Re-Engineering. **Stage I:** The Offeror's solution will satisfy the requirement during Implementation Stage I: Online Provider Enrollment. **Stage II:** The Offeror's solution will satisfy the requirement during Implementation Stage II: Core MMIS and Supporting Services Implementation. **Stage III:** The Offeror's solution will satisfy the requirement during Implementation Stage III: Supporting Services Implementation. **Ongoing MMIS Operations:** The Offeror's solution will satisfy the requirement during Ongoing MMIS Operations and Fiscal Agent Operations. **Will Not Meet:** The Offeror's solution cannot or will not satisfy the requirement.
Associated Offeror's Response Question(s)	For scoring and traceability purposes, use this column to indicate which Offeror's Response Question(s) describe(s) the Offeror's solution to address the Department's requirement.

Notice: The Department is not responsible for any changes inadvertently made to this version of these requirements.

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1000	0.00 ALL Sections			Mandatory	Proposal shall adhere to all MECT Checklist requirements to receive CMS certification by the end of the CMS Certification Phase. Refer to: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/MECT.html	Mandatory requirements shall be met on the date of proposal submission.		
1001	0.00 Mandatory Offeror Requirements			Mandatory	Offeror shall demonstrate a minimum of three (3) years of experience, within the past ten (10) years (since January 2002), providing Fiscal Agent operations activities for claims/encounters processing of similar magnitude to the Colorado Medical Assistance program.	Mandatory requirements shall be met on the date of proposal submission.		
1002	0.00 Mandatory Offeror Requirements			Mandatory	Offeror shall demonstrate a minimum of three (3) years experience, within the past ten (10) years (since January 2002), in developing, implementing, operating, and maintaining a claims/encounters processing system of similar magnitude to the Colorado Medical Assistance program.	Mandatory requirements shall be met on the date of proposal submission.		
1003	0.00 Mandatory Offeror Requirements			Mandatory	Offeror shall demonstrate a minimum of one (1) year of experience, within the past ten (10) years (since January 2002), in operating, and maintaining a call center and/or help desk similar in magnitude to the Colorado Medical Assistance program.	Mandatory requirements shall be met on the date of proposal submission.		
1004	0.00 Mandatory Offeror Requirements			Mandatory	Offeror shall demonstrate a minimum of one (1) year of experience, within the past ten (10) years (since January 2002), of implementing, operating, and maintaining an EDMS similar in magnitude to the Colorado Medical Assistance program.	Mandatory requirements shall be met on the date of proposal submission.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1005	2.3 - Project Goals			1	Provide the flexibility to create and modify Health Benefit Plans within the System, such that the services, services limitations, prior authorizations, provider rates, and client cost sharing amounts within a Health Benefit Plan are easily Configurable through a rule-driven design.	This will allow the Department to define Health Benefit Plans that are population specific. In addition, payments (or rates) to providers and payment methodologies are allowed to differ by Health Benefit Plan. For example, this will allow payments to inpatient hospital providers under one Health Benefit Plan to be made on a per diem basis and under a prospective DRG basis in another. In addition, the payment methodology could be the same across Health Benefit Plans, but different rates are paid by service between the Health Benefit Plans.		
1006	2.4 - Contractor Relationship Expectations	7.3 - Contractor Responsibilities		1	The Core MMIS and Supporting Services Contractor shall be the Prime Contractor and shall be solely responsible for integration of all work to be performed under the COMMIT project, regardless of whether Subcontractors are used. As Prime Contractor, the Core MMIS and Supporting Services Contractor shall also be the System Integrator and ensure that Core MMIS and Supporting Services Contractor staff work cooperatively with key Interfacing Contractors (e.g., PBMS and BIDM) staff to ensure the success of the project as it relates to Core MMIS and Supporting Systems Contractor provided.	The Department will establish a Memorandum of Understanding (MOU) between all three contractors that shall establish roles and responsibilities. Any dispute regarding the development of the MOU shall be handled through the Remedies process.		
1007	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Design, develop, test, and implement changes and Enhancements, per the Configuration Management Plan, that may be selected by the Department through the Configuration Management Process for implementation during the duration of the Contract.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Configuration Management Plan.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1008	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide a report to the Department regarding all System changes that have been implemented in the previous month as well as a projection of Change Requests that will be implemented in the upcoming months.	Reporting will occur monthly or as otherwise indicated by the Department. Via the Change Management Process, reporting will also include traceability of actual vs. estimated resources, time, and cost. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1009	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Provide the ability to revert to the previous Configurations of the new change that causes the undesirable system impact, within a defined time period in the Change Request.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1010	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Document results of lessons learned for each Enhancement, and incorporate that information into the Change Management Plan to reduce the occurrence of defects in future artifacts and processes (continuous improvement).	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		
1011	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Implement and monitor an internal quality control process to ensure that all Deliverables, documents, and calculations are complete, accurate, easy to understand, and of high quality. Include a process to record and address corrective and preventive actions.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Quality Assurance Control/Quality Management Plan.		
1012	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	As defined in the Communication Management Plan, develop and provide standards and templates for all documentation and communications for review and approval by the Department. Documentation and communication includes: • Weekly Status Reports. • Monthly Status Reports. • System Generated Reports. • Meeting Agendas. • Meeting Minutes.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1013	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	As reasonable, attend in person, any meeting with the Department or other Department stakeholders at the location of the meeting, unless the Department gives approval to attend by telephone or video conference. In the event that the Contractor has any personnel attend by telephone or video conference, the Contractor shall be responsible for providing the conference line or virtual meeting place.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1014	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	As defined in the Communication Management Plan, maintain complete and detailed records of all meetings, System Development Life Cycle documents, presentations, project artifacts and any other interactions or Deliverables related to the project described in the Contract and make such records available to the Department upon request, throughout the life of the Contract.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1015	5.3 - COMMIT Project Phases, All Phases	7.4 - Deliverable Requirements	7.18 - Enterprise Architecture Requirements	1	Provide and maintain current documentation of, including but not limited to, the System's database schema, data dictionaries, entity-relationship diagrams, complete System architecture and Configuration diagrams, network diagrams (as applicable), and interface standards for the entire System, including those supporting Proprietary Contractor Material, however this does not include proprietary information related to COTS products. Provide and maintain all service delivery documentation related to the design of each module/component and its interaction with other modules/components as appropriate.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Configuration Management Plan. NOTE: Once under contract, the Department will have access to Proprietary Contractor Material that will be treated as confidential as described in the contract.		
1016	5.3 - COMMIT Project Phases, All Phases	7.4 - Deliverable Requirements	9.2 - FAO Business Requirements	1	Develop and maintain online, current documentation on all operational and reference processes, including desk level procedures for Contractor's Fiscal Agent Operations staff; that can be viewed by the Department.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1017	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Develop and submit for Department approval a Project Management Plan, as defined in the most current edition of "A Guide to the Project Management Body of Knowledge (PMBOK)". The plan shall define how the Contractor shall manage all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources. The plan shall include at a minimum: • Approach for executing monitoring and controlling the project. • Approach for managing resources and training. • Approach for managing communication and reporting. • Approach for managing scope, schedule, and cost. • Approach to managing risk and project issues. • Approach to managing changes. • Approach to configuration management. • Deliverable review and acceptance procedures. • Systems Development Life Cycle approach.	The plan shall be delivered to the Department during the Initiation and Planning Phase. The Department expects an approach such that “if the Contractor sees it, the Department sees it” to minimize asymmetric understanding of the Contract status.		
1018	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting		1	Establish a project management structure to manage projects related to System implementation, System maintenance, and ongoing operations throughout the Contract Stages, generate project-related work products and Deliverables, and report project status to the Department team. The project management structure will be responsible for generating key project management tools.			
1019	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Build and maintain the Project Work Breakdown Schedule, as defined in the most current edition of the PMBOK, that includes both Contractor and Department tasks. All tasks shall be identified at a detailed level of a rolling ninety (90) calendar day basis, unless otherwise coordinated and agreed to by the Department.	The plan Work Breakdown Schedule shall be delivered to the Department for review and approval during the Initiation and Planning Phase. Collaborate with the Department to make weekly updates to its portion of the overall project schedule.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1020	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Develop a Quality Assurance Control/Quality Management Plan by business activity to address the needs and specific opportunities for quality improvement throughout the Contract period. The Quality Assurance Control/Quality Management Plan should reflect the Contractor's experience and resolve toward: • Methodology for maintaining quality of the code, workmanship, project schedules, Deliverables, and Subcontractor(s) activities. • Quality in systems design, testing, and implementation. • Process design and staff training. • Performance standards development and measurement. • Customer satisfaction measurement and analysis.	The plan shall be delivered to the Department for approval during the Initiation and Planning Phase and then updated annually.		
1021	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Develop a Communications Management Plan, as defined in the most current edition of A Guide to the Project Management Body of Knowledge (PMBOK), for the services outlined in the Contract. The Communications Management Plan shall describe, at a minimum: • The Contractor's communication model with the Department and other entities. • The Contractor's approach to meeting the communication requirements throughout the course of the Contract performance period. • Approach to maintaining telephone and email contact with the Department's assigned Division Director and other designated staff on at least a weekly basis throughout the Contract period. • During critical implementation, development, and transition phases, approach to maintaining daily contact with the Department's project managers, as appropriate. *(continued in next cell)*	The plan shall be delivered to the Department for approval during the Initiation and Planning Phase and updated annually, or immediately if any changes occur. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		

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					• The Project Stakeholders. • The frequency and breadth of communication. • Communication methods. • The individuals responsible for communication including valid and after-hour contact information. • The review and approval process, including a process for facilitating a Department review of each Deliverable outline and draft documents to ensure common understanding of the purpose and content of documentation prior to final delivery. • Create Standard System Report Templates. • Establish the Quarterly Milestone reporting schedule. • Establish the trigger mechanism for initiating the Dispute Process (e.g., formal letter, email, phone contact).			
1022	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	The Contractor shall develop a Risk Management Plan to ensure that risks are identified, analyzed, mitigated, communicated, and solutions to identified risks are effectively executed.	This Deliverable shall be completed and provided to the Department during the Initiation and Planning Phase.		

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1023	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.4 - Deliverable Requirements	7.9 - Disaster Recovery and Business Continuity	1	Provide a Business Continuity and Disaster Recovery Plan that will include: • Timely failover and redundancy. • Data recovery. • Claims/encounters processing. • Short- and long-term continuity operations. • Remote access (in accordance with Department standards). • An alternate business site if the primary business site becomes unsafe or inoperable. • Root cause analysis reporting to the Department for unscheduled downtime. • Provide data backup. • Schedule and process for testing of the Business Continuity and Disaster Recovery Plan. Reference the Colorado System Security Plan Template for additional information.	Performance Standard: • Mission critical services (priority 1) will not be interrupted. • Core services that shall be maintained with limited service disruption (priority 2) shall be recovered within eight (8) hours. • Systems and data where service disruption will cause serious injury to government operations, staff or citizens (priority 3) shall be recovered within forty-eight (48) hours. • Systems and data required for moderately critical agency services and IT functions where damage to government operations, staff and citizens would be significant but not serious (priority 4) shall be recovered within five (5) business days. • Systems and data required for less critical support systems (priority 5) recovery timeframe shall be mutually upon by the Department and Contractor(s). • The alternative site shall be fully operational within five (5) business days of the primary business becoming unsafe or inoperable. The call center shall be fully operational within twenty-four (24)		

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1024	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and submit a Requirements Definition and Validation Plan that includes, at minimum: • A description of the Contractor's approach to capturing the results and problems of Requirement Review and Validation Sessions. • Tools that will be used to record and track requirements and problems. • A description of how potential training needs will be recorded during the requirements sessions. • Develop and submit a Requirements Review and Validation Session schedule for review by the Department. • Develop and distribute Requirements Review and Validation Session agendas prior to each session. • Facilitate requirements review and validation sessions to validate RFP requirements (as listed in this Appendix, Appendix A – Requirements and Performance Standards Matrix) with the Department. • Conduct interviews with Department staff to validate, clarify, update, and finalize requirements.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase		
1025	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and submit to the Department a draft Requirements Specifications Document (RSD) for Contractor-proposed System components, modules and functional areas. At minimum, the RSD should include: • An overview of System architecture and how components are integrated. • Detailed Requirements Specification Template. • Identification of changes to existing requirements. • Clarifying information associated with requirements, as needed. • Identification of new requirements. • Explanation of how requirements will be met. • Identification of the entity responsible for meeting the requirement. • Description of the hardware/software Configuration that will be used to meet the requirement. • A logical data model that identifies all entities, relationships, attributes, and access paths.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase		

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1026	5.3 - COMMIT Project Phases, Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Compile the final Requirements Specification Document (RSD) that incorporates the Department's review findings to reflect all requirements that need to be met as defined in the facilitated Requirement Review and Validation Sessions. Detailed requirement specifications may be delivered incrementally, as they are developed for each functional component or module.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		
1027	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	~~Develop and maintain a Health Benefit Plan Traceability Document to ensure that the System appropriately applies business rules in compliance with the Health Benefit Plan requirements.~~ **Develop and maintain a Business Rules Traceability Matrix to track joint Department and Contractor decisions made on System business rules, how rules are implemented, and any modifications made to accommodate new requirements. For example, the Business Rules Traceability Matrix will document Health Benefit Plans, eligibility processing, enrollment processing, claims processing, etc.**	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		
1028	5.3 - COMMIT Project Phases, Discovery and Requirements Validation/ Requirements Elicitation Phase	7.4 - Deliverable Requirements		1	Develop and maintain a Requirements Traceability Matrix (RTM) to ensure that detailed requirements comply with RFP requirements.	This Deliverable shall be completed and provided to the Department during the Discovery and Requirements Validation/ Requirements Elicitation Phase.		
1029	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and submit a Detailed System Design Plan that includes, at minimum: • Approach to tracking results and problems from Detailed System Design Sessions. • Tools to be used to manage session results and problems. • Approach to capturing and tracking potential training considerations identified during design sessions. • The format of the proposed Design Specification Document (DSD) Deliverable.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		

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1030	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and submit a Detailed System Design Session schedule for review by the Department.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1031	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Perform prototyping when appropriate to enable Department staff to review and accept windows, screens, reports or other layouts designs.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1032	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Create and provide to the Department for approval an Online Application Template.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1033	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and provide to the Department for approval an Environment Architecture and Implementation Plan.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1034	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop and provide to the Department for approval a Physical and System Security Plan.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1035	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Prepare and submit the Detailed System Design Session meeting notes and include the decisions, justification for changes (including new, modified, or deleted requirements), outstanding problems requiring follow-up, and impacts to future detailed design sessions.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1036	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Submit a draft Design Specification Document (DSD) that incorporates comments submitted by the Department.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		

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1037	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Develop a final DSD based on the facilitated design sessions. Detailed design specifications may be delivered incrementally, as they are developed for each functional component or module, with final approval when all are approved. The DSD shall also include a Systems Documentation Template depicting the outline for the proposed content of the Core MMIS and Supporting Services System documentation. Examples of information to be included in the System documentation are hardware and software, descriptions of the services and infrastructural components, and other necessary System information.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1038	5.3 - COMMIT Project Phases, Design and Definition Phase	7.4 - Deliverable Requirements		1	Update and maintain the Requirements Traceability Matrix (RTM) with results from Detailed System Design Sessions.	This Deliverable shall be completed and provided to the Department during the Design and Definition Phase.		
1039	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Develop and submit to the Department a Unit Test Checklist Template and Unit Test Plan that describes the Contractor's approach, methodology and schedule for unit testing of the System.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1040	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Conduct unit testing and submit results via Unit Test Checklists attesting that each component and module has been thoroughly unit-tested, meets the checklist criteria, and is therefore ready for the System test.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1041	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Provide weekly updates and performance metrics on unit testing and development progress to the Department as part of the weekly status reports	This Deliverable shall be completed and provided to the Department during the Development Phase.		

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1042	5.3 - COMMIT Project Phases, Development Phase	7.4 - Deliverable Requirements		1	Conduct development walkthroughs as appropriate to demonstrate to the Department that all System functions have been completely and accurately developed and unit-tested and record problems using the project control and problem reporting system described above.	This Deliverable shall be completed and provided to the Department during the Development Phase.		
1043	5.3 - COMMIT Project Phases, Data Conversion Phase	7.3 - Contractor Responsibilities		1	Takeover existing data and information storage from incumbent Contractor. Store and manage specified historical data covering a specified time.	Note: This Deliverable shall be negotiated by the Contractor and Department based on the Offeror's proposal and through the Contract with the successful Offeror.		
1044	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Develop and submit a phased Data Conversion Plan that provides detailed requirements including, at a minimum: • Discovery and legacy/source System/data evaluation process. • Recommended scope of data conversion based on discovery/evaluation results. • Relevant data sources including all sub-systems. • Department participation needs in the data conversion process development and execution. • Reporting migration requirements, including functionality validation of third-party tools and/or systems. • Documentation of success and failure metrics. • Post data migration cleanup process. • Final validation and acceptance procedure. • Emergency rollback contingency procedures, if applicable.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1045	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Acquire the hardware and software needed for a successful data conversion.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		

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1046	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Implement a fully functioning data migration environment to be used by both the Contractor and Department for current and ongoing migration needs. Include the following: • Relevant tools, utilities, and software. • Associated licenses with ownership transferred to the Department. • Appropriate access rights for management, operation, and maintenance.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1047	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Revise System and User Documentation as required.	This Deliverable shall be completed and provided to the Department initially in the Data Conversion Phase, and an ongoing basis.		
1048	5.3 - COMMIT Project Phases, Data Conversion Phase	7.4 - Deliverable Requirements		1	Perform a System test to compare all transferred programs, files, utilities, etc., to determine that the migration was successful.	This Deliverable shall be completed and provided to the Department during the Data Conversion Phase.		
1049	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide an integrated test environment consistent with the proposed SDLC process that allows the Department and the Contractor to monitor the accuracy of the Core MMIS and Supporting Services and test proposed changes to the system by processing test claims/encounters and other transactions through the System without affecting normal operations. The test environment shall allow for end-to-end testing including transmission of all System data to the BIDM.	The Test Plan, which shall be approved by the Department, shall contain details of when environments will be provided.		
1050	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	The test environment shall be sized to be capable of mirroring the production System in its files, databases, processing, and reporting.			

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1051	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	**The Contractor will verify that similar Legacy System and Systems tests will procude the same results.** ~~**The test environment(s) shall allow simultaneous testing of Legacy System and System (Core MMIS and Supporting Services) changes, modeling, functionality testing, integrated system test, regression testing, or some combination of these as required by Department defined priorities.**~~			
1052	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		1	The test environment(s) shall allow for the processing of mock data from production to populate claims/encounters with a volume and distribution similar to that of the production system. All system and integration testing shall be performed such that the data is not overwritten by multiple testing initiatives or the refresh. Refreshing data will be scheduled per the Department-approved Change Management Plan and will include the entire System.			
1053	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		1	As System improvements or Enhancements are implemented, that functionality shall also be deployed to test environments, so that test environments mirror production functionality.			
1054	5.3 - COMMIT Project Phases, Testing Phase	7.3 - Contractor Responsibilities		2	Provide the Department with online access to the integrated test environment.			
1055	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	Optional	Automate the testing process for changes or Enhancements to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1056	5.3 - COMMIT Project Phases, Testing Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	Optional	Automate the Defect tracking process for changes or Enhancements to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		

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1057	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Develop a Core MMIS and Supporting Services Test Plan that describes the Contractor's approach and commitment to all testing sub-phases required for a system of this magnitude, including, but not limited to: • System testing process. • Integration testing. • Data Conversion testing process. • Approach to supporting Department during UAT. The UAT process shall provide for authorized System users to exercise the entire System, including the use of converted data, in a separate, controlled environment. • Performance/stress testing. • Penetration testing. The approach to conducting all specified testing for all Core MMIS and Supporting Services programs per Department entrance and exit criterion. Any changes to test cases, including entrance and exit criteria, require written approval by the Department.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		

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1058	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Develop a Core MMIS and Supporting Services Test Plan that describes the Contractor's approach and commitment to all testing sub-phases required for a system of this magnitude, also including, but not limited to: • Roles and responsibilities throughout the Testing Phase. • Process for submitting, monitoring, and resolving Defects found during testing and Enhancements and assigning severities/priorities in accordance to Department standards. • Process for applying fixes to the Core MMIS and Supporting Services and regression testing of any fixes. • Assurance of parity between technical environments. • Description of the proposed system or tool for identifying, prioritizing, tracking, fixing, and re-testing System Defects or Enhancements. This tool may be the same Project Control and Problem Reporting System detailed in Section 7.2 (Project Management). • Structured promotion of functionality to subsequent testing levels. • Summary of testing tools used throughout the Testing Phase, including the approach to defining test cases that are representative of actual cases. • Testing of recovery processes and/or component outages/failures.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1059	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Design, implement, and document detailed test cases for each sub-phase of testing identified in the above requirement. Test cases should include identifications, detailed steps, expected results, actual results (where appropriate), and be traceable to requirements listed in this RFP in the RTM.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		

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1060	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Submit all Test Results (including Performance/Stress Testing Results, Final System Test Results, and Penetration Test Results) for each test sub-phase to the Department that includes, at minimum: • Summary of testing results. • Pass/Failure Rate. • Defect IDs and severity level of failed test cases. • Proposed resolution for identified defects.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1061	5.3 - COMMIT Project Phases, Testing Phase	7.4 - Deliverable Requirements		1	Perform regression testing for all defects identified as directed by the Department and provide regression testing results.	This Deliverable shall be completed and provided to the Department during the Testing Phase.		
1062	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide regular updates to Department during the Organizational Readiness period.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1063	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Provide support to the Department as part of Organizational Readiness, including providing a minimum of one organizational readiness lead and a minimum of two staff members who will be available as required to address questions and concerns.	This support shall be available during Department business hours. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1064	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.3 - Contractor Responsibilities		1	Ensure all necessary System access is in place, including passwords, at the time of Organizational Readiness training.			

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1065	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.3 - Contractor Responsibilities		1	Assist the Department in identifying information to be conveyed to Department staff and providers as part of Organizational Readiness.			
1066	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements		1	Maintain and update the training environment with training data to use during training.	This Deliverable shall be completed and provided to the Department during the Organizational Readiness and Training Phase.		
1067	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements	7.5 - Training	1	Provide regular refresher training sessions for Core MMIS and Supporting Services authorized System users to disseminate updated or new functionality or business processes related to the MMIS throughout the Contract term, extending as agreed upon.	This Deliverable shall be completed and provided to the Department initially during the Organizational Readiness and Training Phase and ongoing as needed.		
1068	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements		1	Develop and submit for Department approval a Training Plan that meets the requirements described in this Appendix.	This Deliverable shall be completed and provided to the Department during the Organizational Readiness and Training Phase.		
1069	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements	7.5 - Training	1	The Resource Management Plan shall include a Training Plan to be reviewed annually and approved by the Department. The plan shall demonstrate the commitment of the Contractor staff to meet the learning needs of the authorized System users and include a proposed plan for face-to-face training on a mutually agreed upon schedule. The Training Plan shall include a Provider Transition Training Plan.	The plan shall be delivered to the Department for approval during the Organizational Readiness and Training Phase. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		

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1070	5.3 - COMMIT Project Phases, Organizational Readiness and Training Phase	7.4 - Deliverable Requirements	9.5 - FAO Provider Management Services	1	As specified in the Training Plan, develop, deliver, update, maintain, and conduct a broad spectrum of comprehensive training programs including an evaluation and quality improvement component for all training sessions, and related documentation and materials, for initial and ongoing training for internal and external stakeholders, including, but not limited to, authorized System users from the Department, ~~partners,~~ providers, the Contractor, and other supporting contractors.	Update as directed per the training plan. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1071	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Develop an Implementation Strategy in conjunction with the Department that describes, at a minimum: • The phased approach to the Core MMIS and Supporting Services roll out to authorized System user groups and/or of functionality. • The proposed implementation schedule. • A tracking process for Problems and Defects. • Communication and Contractor support procedures. • Contractor and Department roles and responsibilities. • Operational Readiness Criteria and Operational Readiness Walkthrough approach that addresses Contractor and System and Department readiness. • System acceptance procedures.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1072	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Conduct an Operational Readiness Walkthrough with the Department prior to the initial Core MMIS and Supporting Services Implementation and Roll Out Phase. The Operational Readiness Walkthrough shall validate the Contractor's, System's, and Department's operational readiness. The Department shall formally sign off on each Operational Readiness Walkthrough prior to implementing the next Core MMIS and Supporting Services Roll Out Phase.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		

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1073	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Develop a "Go-Live" Support Plan that documents the onsite and offsite authorized System user support provided by the Contractor and Department during the initial Core MMIS and Supporting Services implementation. Go-Live is defined as the period when the Production environment is first accessed by authorized System users to support business functions to the time when the Department formally accepts the System. The Go-Live support model is different than the Help Desk, which is meant to support the Core MMIS and Supporting Services once operationally stable.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1074	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Develop an Implementation and Roll Out Plan that details planning and roadmaps for managing all System releases (if applicable). This includes managing dependencies across releases along with handling technology stacks, databases and infrastructure to match the roll out needs.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1075	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Develop a Post-Implementation Operational Monitoring Plan, including methods and schedules for the Department and the Contractor to conduct post-implementation monitoring of System operations related to performance expectations as described in this Appendix.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1076	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Update System documentation and operating procedures with lessons learned from the Implementation and Roll Out Phase.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		
1077	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Obtain formal Department approval for the implementation of the Core MMIS and Supporting Services.	This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		

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1078	5.3 - COMMIT Project Phases, Implementation and Roll Out Phase	7.4 - Deliverable Requirements		1	Prepare a Post-Implementation Evaluation Report that includes:
					• Lessons learned.
					• Project successes and failures.
					• Evaluation metrics including:
					  • Actual and planned budget comparisons.
					  • Actual and planned schedule comparisons.
					  • Actual and planned scope comparisons.
					• Core MMIS and Supporting Services authorized System user satisfaction.
					• Benefits gained over the previous Core MMIS and Supporting Services.
					• The current status of the Core MMIS and Supporting Services.
					• Ongoing contingencies or problems.
						This Deliverable shall be completed and provided to the Department during the Implementation and Roll Out Phase.		

1079	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Develop a System Operational Procedures Manual ~~Template~~ with the proposed format for the Core MMIS and Supporting Services Operational Procedures Manual, which provide guidelines for the operation and use of the Core MMIS and Supporting Services. At minimum, the System Operational Procedures Manual shall contain the following sections: • Policies, processes and workflows related to the Core MMIS and Supporting Services. • Policies, processes and workflows related to the data center. • General requirements for compliance with privacy and security.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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1080	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Perform operations and maintenance throughout the life of the Contract at no additional cost to the Department, and develop and make available electronically a System Operations and Maintenance Plan to include the following: • Monitoring of daily performance of the Core MMIS and Supporting Services. • Updates, patches, licenses, and repairs to components of the production, test, training, UAT, and all other accessible environments including but not limited to: • Hardware. • Operating systems. • Database systems. • Application and other software. • Utilities for Systems, database, software, communications. • Voice, video, data communication lines. • Communications software. • Drivers. • Configurations.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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1081	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	As defined by the System Operations and Maintenance Plan to include the following: • Defect identification, tracking, and correction process. • Plan for maintaining security on a database, network, and individual authorized System user level including maintenance of authorized System user accounts. Help Desk Support Plan including, at minimum: • Available support services and proposed help desk staffing model that will ensure the performance expectations detailed in this Appendix. • Internal Contractor policies to ensure Protected Health Information (PHI), Personally Identifiable Information (PII) and other Department or client data is only shared with appropriate staff. • After-hour contact and problem reporting process. • System documentation, including end-user and system administrator documentation. • Proposed Contractor staffing model for the Operations Phase. • Process for submitting operations problem reports to the Department when operational problems occur, describing the nature of the problem, the expected impact on ongoing functions, a corrective action plan, and the expected time of problem resolution.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1082	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Publish a System Software Version Release Schedule and provide updates to the Department as requested.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1083	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Provide online end user and System Administrative Documentation that includes information on System screens, workflows, data fields, reports, etc.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		

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1084	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Provide secure and encrypted email account(s) for the Department to report problems, questions or System problems while safely exchanging PHI/PII, as required.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1085	5.3 - COMMIT Project Phases, Operations and Maintenance Phase	7.4 - Deliverable Requirements		1	Provide a searchable library, with highly flexible search criteria to enable an authorized System user to quickly find needed information in policy manuals, training material, implementation memos and all necessary help functions.	This Deliverable shall be completed and provided to the Department during the Operations and Maintenance Phase.		
1086	5.3 - COMMIT Project Phases, Operations and Maintenance Phase			1	There shall be a Warranty Period, effective during the first year of the Ongoing MMIS Operations and Fiscal Agent Operations Stage, which shall begin on the day on which the System becomes operational and terminate 365 calendar days later. The Warranty Period covers the agreed upon functionality, and the Contractor shall be responsible for correcting all Defects that prevent the System from operating according to Department specifications. The Contractor does not necessarily need to correct all Defects during the Warranty Period, but all Defects identified by the Department or Contractor during the Warranty Period shall be corrected by the Contractor, as agreed upon through the Change Management Process, at its expense with no additional cost to the Department. The Contractor shall maintain routine System performance and Fiscal Agent Operations while correcting the Defects.			
1087	5.3 - COMMIT Project Phases, CMS Certification Phase	7.4 - Deliverable Requirements		1	Coordinate with the Department to develop CMS Certification Checklist documentation for each MECT Checklist requirement.	This Deliverable shall be completed and provided to the Department during the CMS Certification Phase.		
1088	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Develop an Enhancements Test Plan that describes the approach to all testing necessary to implement Enhancements.	This Deliverable shall be completed and provided to the Department during the Enhancements Phase.		

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1089	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Design, implement, and document detailed test cases (UAT initial test cases and detailed System test cases) for Enhancement testing. Test cases should include dummy IDs (not real ones), detailed steps, expected results, actual results (where appropriate), and be traceable to requirements listed in this RFP in the RTM.	This Deliverable shall be completed and provided to the Department during the Enhancements Phase.		
1090	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Submit all Test Results for each test sub-phase to the Department that includes, at minimum: • Summary of testing results. • Pass/Failure Rate. • Defect IDs and severity level of failed test cases. • Proposed resolution for identified defects. • Performance/Stress Testing Results. • Final Enhancements Test Results. • Penetration Test Results. The following tests should be done independently with the results, defects and severity level, pass/fail rate, and proposed resolution for identified defects submitted to the Department: • Performance/Stress Testing. • Final Enhancements Test Results. • Penetration Test Results.	This Deliverable shall be completed and provided to the Department during the Enhancements Phase.		
1091	5.3 - COMMIT Project Phases, Enhancements Phase	7.4 - Deliverable Requirements		1	Collaborate with the Department to identify and prioritize its System requirements that are not included in the base System and are outside of the contracted scope, following the Change Management Process.	This Deliverable shall be completed and provided to the Department during the Enhancements Phase. The format of the Deliverable shall be proposed by the Contractor and agreed to by the Department.		

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1092	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	Develop a System Turnover Plan at no additional cost to the Department. The System Turnover Plan shall include, at minimum: • Proposed approach to Turnover. • Tasks and subtasks for Turnover. • Schedule for Turnover. • Entrance and exit criteria. • Readiness walkthrough process. • Documentation update procedures during Turnover. • Description of Contractor coordination activities that will occur during the Turnover Phase that will be implemented to ensure continued functionality of System and services as deemed appropriate by the Department.	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		
1093	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	Develop a System Requirements Statement at no additional cost that would be required by the Department or another designee to fully take over System, technical, and business functions outlined in the Contract. The Statement shall also include an estimate of the number, type, and salary of personnel required to perform the other functions of the Core MMIS and Supporting Services. The Statement shall be separated by type of activity of the personnel. The Statement shall include all facilities and any other resources required to operate the System, including, but not limited to: • Telecommunications networks. • Office space. • Hardware. • Software. • Other technology. The Statement shall be based on the Contractor’s experience in the operation of the System and shall include actual Contractor resources devoted to operations activities.	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		

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1094	5.3 - COMMIT Project Phases, Turnover Phase	7.4 - Deliverable Requirements		1	Provide a Lessons Learned Document that describes valuable lessons learned during the COMMIT project.	This Deliverable shall be completed and provided to the Department during the Turnover Phase.		
1095	5.5 - FAO Phases, Transition Planning Phase	7.4 - Deliverable Requirements		1	Develop and submit a Transition Plan including, at minimum: • Proposed approach to transition. • Proposed approach for conducting a knowledge transfer from the Contractor to the new contractor. • Proposed approach for consolidating applicable sections from the Contractor's Turnover Plan into the transition planning activity. • Tasks and activities for transition. • Personnel and level of effort in hours. • Completion date. • Transition Milestones. • Entrance and exit criteria. • Schedule for transition. • Production program and documentation update procedures during transition. • Readiness walkthrough. • Parallel test procedures. • Provider training. • Interface testing. The Contractor shall execute the Transition Plan and activities at no additional cost.	This Deliverable shall be completed and provided to the Department during the Transition Planning Phase.		
1096	5.5 - FAO Phases, Transition Planning Phase	7.4 - Deliverable Requirements		1	Develop and submit a Relocation Risk/Contingency Plan. The Plan shall include: • Proposed approach to Contractor relocation risk/contingency planning. • Risk analysis: identification of critical business processes. • Risk analysis: identification of potential failures. • Risk analysis: business impacts. • Identification of alternatives/contingencies.	This Deliverable shall be completed and provided to the Department during the Transition Planning Phase.		

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1097	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Establish a Parallel Test Plan that describes the Contractor's approach to conducting the parallel test, including, at minimum: • Role and responsibilities. • Proposed activities and procedures. • Proposed timeline. • Proposed reporting structure. • Supporting tools and documentation to support the Parallel Test.	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1098	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Perform parallel test of the System with input from the incumbent contractor's operations and report test results to the Department.	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1099	5.5 - FAO Phases, Parallel Testing Phase	7.4 - Deliverable Requirements		1	Revise systems and user documentation as required to fully describe the Contractor's operations.	This Deliverable shall be completed and provided to the Department during the Parallel Testing Phase.		
1100	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Modify operating procedures to reflect changes with Contractor operations.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1101	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Develop or revise provider manuals to reflect changes with Contractor operations using a variety of notification methods including web portal, email, and/or provider bulletin mailings.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1102	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Develop a Department Operational Readiness Training Plan and conduct training for Department staff in order to ensure preparedness for operations.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		

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1103	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Conduct a formal Operational Readiness Plan Walkthrough with the Department, demonstrating that all operational areas are ready.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1104	5.5 - FAO Phases, Operational Readiness Phase	7.4 - Deliverable Requirements		1	Prepare a final Operational Readiness Assessment Document, including results of the parallel test and an assessment of the final operational readiness of Contractor.	This Deliverable shall be completed and provided to the Department during the Operational Readiness Phase.		
1105	5.5 - FAO Phases, Implementation and Start of Operations Phase	7.4 - Deliverable Requirements		1	Provide attestation to the Department that the System is operation-ready.	This Deliverable shall be completed and provided to the Department during the Implementation and Start of Operations Phase.		
1106	5.5 - FAO Phases, Fiscal Agent Operations Phase	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Update Requirements Specifications for Approved Change Requests.	This Deliverable shall be completed and provided to the Department during the Fiscal Agent Operations Phase.		
1107	5.5 - FAO Phases, Fiscal Agent Operations Phase	7.4 - Deliverable Requirements		1	Provide Monthly Reports on System Operation and Performance.	This Deliverable shall be completed and provided to the Department during the Fiscal Agent Operations Phase.		
1108	5.5 - FAO Phases, Fiscal Agent Operations Phase	7.4 - Deliverable Requirements		1	Develop and provide Modification/Change Request Forms.	This Deliverable shall be completed and provided to the Department during the Fiscal Agent Operations Phase.		
1109	5.5 - FAO Phases, Fiscal Agent Operations Phase	7.4 - Deliverable Requirements		1	Provide Updated Procedures and System Documentation, as needed.	This Deliverable shall be completed and provided to the Department during the Fiscal Agent Operations Phase.		

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~~1110~~ DELETED	~~5.5 - FAO Phases, Fiscal Agent Operations Phase~~	~~7.4 - Deliverable Requirements~~		~~1~~	~~Develop and provide an Ongoing Support Maintenance Plan.~~	~~This Deliverable shall be completed and provided to the Department during the Fiscal Agent Operations Phase.~~		
1111	5.6 - Performance Standards and Expectations	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Report on all performance standards as specified in the Contract, as specified by the Communication Management Plan.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1112	5.7 - Location of Contract Functions and Personnel	7.2 - Project Management and Reporting		1	The Contractor shall maintain a facility (including Fiscal Agent site) that shall be located within walking distance, a one- (1-) mile radius of the Department, and accessible by public transportation, in a location approved by the Department. In addition, the Contractor shall provide one (1) parking space for the Department to use at their location.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1113	5.7 - Location of Contract Functions and Personnel	7.2 - Project Management and Reporting		1	The Contractor will have business hours from 8:00 am to 5:00 pm Mountain Time, **Monday - Friday,** and follow the Holiday Schedule.	Holiday Schedule as defined in the Glossary.		
1114	5.7 - Location of Contract Functions and Personnel	7.2 - Project Management and Reporting		2	The Contractor shall supply sufficient meeting space at the Contractor's facility with WIFI access at their facility to satisfy the requirements of the Contract. The WIFI shall provide enough bandwidth to allow, and no security limitations that would prevent, the Department Staff to connect into their Virtual Private Network (VPN) from their State-issued laptops into the Department's network.	A minimum of three (3) conference rooms (with WIFI access) and at least one conference room shall hold at least twenty (20) people.		
1115	5.7 - Location of Contract Functions and Personnel	7.2 - Project Management and Reporting		1	The Contractor shall supply three (3) workstations (or cubicles) at the Contractor's facility with WIFI access for the Department Staff use. The WIFI shall provide enough bandwidth to allow, and no security limitations that would prevent, the Department Staff to connect into their VPN from their State-issued laptops into the Department's network.			

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1116	6.0 - Contract Personnel			1	During DDI, Contract Stage I, Contract Stage II, and Contract Stage III ensure that all of the following resources shall reside in the State at the Contractor's facility. • Business Analyst staff. • Project Management staff.	Note: Business Analysts and/or Project Management resources can work on DDI activities located outside of Colorado during the Implementation Contract Stages if the DDI activities are also performed outside of Colorado.		
1117	6.0 - Contract Personnel			1	During Ongoing Operations and Fiscal Agent Operations Stage ensure that all of the following resources shall reside in the State at the Contractor's facility. • Fiscal Agent Operations Staff. • Business Analyst staff. • Project Management staff. • Configuration Staff .			
1118	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Provide a Resource Management Plan that includes: • A description of the proposed organization for each of the Project Phases of the Contract (See Section 5.3 of the RFP Body). • An Organization Chart that identifies positions. • Position descriptions and qualifications for each Labor Category identified on the proposed organization charts. • A link or reference to the Department approved Training Plan that demonstrates the commitment of the Contractor staff to meet the learning needs of the authorized System users and include a proposed plan for face-to-face training on a mutually agreed upon schedule.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		
1119	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	The Resource Management Plan shall also include information for each position that shall include at least: • Labor Category title. • Position description. • Required education, training, licensure, and certification. • Required experience. • Specific skills or knowledge required.			

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1120	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	The Resource Management Plan shall also include: • A strategy for the organizational structure and team location(s) (specify in-State or out-of-State), and how this structure will contribute to project success. • A description for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service. • Identification of Subcontractors (if any).			
1121	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Identify and provide resumes for proposed Key Personnel who will be available to perform Work under the Contract. Any substitutions shall be approved by the Department prior to their assignment to perform Work under the Contract. Key personnel include: • Account Manager. • Compliance Manager. • DDI Manager. • Business Process Reengineering Manager. • Operational Transition and Readiness Manager. • Systems Manager. • Fiscal Agent Operations Manager. • Publication Manager. Other Key Personnel shall be identified by the Contractor, indicating the Contractor's commitment to team stability.	All Key Personnel designated by the Department or the Contractor in the proposal shall be approved prior to their assignment to perform Work under the Contract. Key Personnel shall be accessible to key Department personnel at all times. Key personnel will be evaluated yearly. All Key personnel shall be dedicated to the Contract and COMMIT project full-time during the term of the Contract. All Key Personnel are expected to be located locally. The exception is for Key Personnel working on DDI activities located outside of Colorado during the Implementation Contract Stages if the DDI activities are also performed outside of Colorado.		

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1122	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Key Personnel named shall, at minimum, possess the following qualifications: • At least five (5) years of experience in the particular named service (e.g., account management, compliance management, systems management, etc.) preferably within in the health care industry. • Demonstrated experience and knowledge of industry standard and best practices regarding large-scale and enterprise-level projects. • Specific practical experience their submitted area of expertise. • At least three (3) years of experience in performing similar services on complex systems-based modern technology or operational systems. • Extensive experience in technical writing. • Preferred experience in health care related concepts.			
1123	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide an Account Manager for the BPR Contract Stage, Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and the Ongoing Operations and Fiscal Agent Operations Contract Stage. The Account Manager serves as the Contract primary point of contact to maintain communication with the Department's MMIS Contract Administrator and Department Management for activities related to contract administration, project management and scheduling, correspondence between the Department and Fiscal Agent Operations, and status reporting to the Department.	The Account Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		

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1124	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide a Compliance Manager for the BPR Contract Stage, Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and the Ongoing MMIS Operations and Fiscal Agent Operations Contract Stage. The Compliance Manager provides proactive analysis and options for system and operations changes to implement regulatory authority from CMS regarding the System. The Compliance Manager is responsible for contacting the Department when CMS rules (draft and final) are released, organizing meetings to present the rules and help to provide comment to CMS and to propose solutions to implement the rules in the Systems. The Compliance Manager shall focus on any rule that impacts the System and Fiscal Agent Operations. The Compliance Manager is also responsible for assisting the Department in preparing Fiscal Notes to proposed State legislation. The Compliance Manager shall be in place at the Contract effective date.	The Compliance Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		
1125	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide a Business Process Re-Engineering Manager for the BPR Contract Stage, Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, and Contract Stage III: Supporting Services Implementation. The BPR Manager manages activities related to the coordination and supervision of re-engineering of Department business processes, facilitating Deliverable reviews during the BPR Contract Stage.	The Business Process Re-Engineering Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		
1126	6.0 - Contract Personnel			1	Provide a DDI Manager for Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, and Contract Stage III: Supporting Services Implementation. The DDI Manager manages activities related to, Contractor resources, Deliverable reviews, system development and testing activities during the these Contract Stages. The DDI Manager shall be dedicated to the COMMIT project full-time during these Contract Stages.	The DDI Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		

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1127	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide an Operational Transition and Readiness Manager for Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and the Ongoing MMIS Operations and Fiscal Agent Operations Contract Stage. The Operational Transition and Readiness Manager manages activities related to Contractor resources and Deliverable reviews during the Contract Stages described. The Operational Transition and Readiness Manager shall be dedicated to the COMMIT project full time during these Contract Stages.	The Operational Transition and Readiness Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		
1128	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide a Systems Manager for the System Operations and Maintenance Project Phase. The Systems Manager coordinates System Customization and Configuration. ~~**The System Operational manager shall be dedicated to the COMMIT project full-time during this Project Phase.**~~ **The Systems Manager shall be dedicated to the COMMIT project full time during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.**	The Systems Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		

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1129	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide a Fiscal Agent Operations Manager for Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and the Ongoing MMIS and Fiscal Agent Operations Contract Stage. The Fiscal Agent Operations Manager manages all operations activities encompassed in the Contract; overseeing Contractor operations and maintenance staff; assisting the Department's MMIC Contract Manager with Contract monitoring and ensuring that Contract responsibilities and performance standards are met during the Operations and Maintenance Project Phase of the project; reviewing operational reports and resolving operational, telecommunications and equipment maintenance problems to ensure maximum operational performance; developing operational policies and procedures, including but not limited to User Support and Help Desk functions, in collaboration with other key personnel. The Fiscal Agent Operations Manager shall be in place no later than the initiation of start-up activities for Contract Stage I: Online Provider Enrollment and shall be dedicated to the COMMIT project full-time during these Contract Stages.	The Fiscal Agent Operations Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		
1130	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide a Publication Manager who shall oversee production of any publications and materials for providers. The Publications Manager shall be available through Contract Stage I: Online Provider Enrollment, Contract Stage II: Core MMIS and Supporting Services Implementation, Contract Stage III: Supporting Services Implementation, and also during the Ongoing MMIS and Fiscal Agent Operations Contract Stage.	The Publication Manager shall be in place at the Contract effective date and shall be dedicated to the COMMIT project full-time.		

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1131	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Obtain Department review and approval of the Resource Management Plan and materials and any subsequent updates.	Department will approve at each update or revision of the Resource Management Plan. Note that the Department's approval of any resource plan does not imply that the staffing levels are sufficient; the Contractor may still have to increase staffing if they are not meeting the Contract requirements.		
1132	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide sufficient staff to meet all requirements of the Contract.	Increase staffing levels if requirements or standards are not being met at no additional cost to the Department.		
1133	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide sufficient staffing resources to support architecture and design activities to ensure that the System and supporting technical and business activities relying on the System are not interrupted.	Increase staffing levels if requirements or standards are not being met at no additional cost to the Department.		
1134	6.0 - Contract Personnel	7.2 - Project Management and Reporting		1	Provide the personnel and resources necessary for the automated and/or manual sampling of claims/encounters and reference file data, including, but not limited to, the retrieval of historical data for auditing, quality control, and research.	Increase staffing levels if requirements or standards are not being met at no additional cost to the Department.		
1135	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities	1	Support the Department in all testing activities by providing support staff, technical expertise and the tools required to track activities, outcomes, and test results.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1136	6.0 - Contract Personnel	7.2 - Project Management and Reporting		2	Provide the Department the ability to conduct an exit interview with Fiscal Agent Operations Staff who resign or the Department shall receive an exit questionnaire completed by the resigning employee.			

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1137	6.0 - Contract Personnel	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Use of Subcontractors shall be clearly explained in the Resource Management Plan, and any Subcontractor shall be identified by the organization's name. At a minimum, the Subcontractor information shall include name; address; the general scope of work to be performed by each Subcontractor; Subcontractor's willingness to perform such work; and certification that it does not discriminate in its employment practices. The Contractor shall report to the Department annually any information on its use of Subcontractors, certifying that the Subcontractor meets the employment practices mandated by federal and State of Colorado statutes and regulations.	In the event that the Contractor hires a new subcontractor within the annual time frame, the Contractor shall notify the Department within thirty (30) business days of the hiring process of the new subcontractor.		
1138	6.0 - Contract Personnel			1	The Contractor shall manage and be accountable for the actions, inactions, and performance of all Subcontractors. The Contractor is solely responsible for the Work performed under this Contract including the work of Subcontractors. The Contractor is the Department's single point of contact for all services to be performed under this Contract including services performed by Subcontractors.			
1139	7.2 - Project Management and Reporting			1	The Contractor shall manage all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources. The Contractor shall provide transparency into its management plans and execution. The Department expects an approach such that "if the Contractor sees it, the Department sees it" to minimize asymmetric understanding of the Contract status.			
1140	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements		1	The Contractor shall develop, support, report (using dashboards), and provide weekly project management reports on the status of the project activities to allow both the Contractor and the Department to assess the progress for the systems during the Project Phases.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1141	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements		1	The Contractor shall provide reporting on all aspects of the Contract that affect price, schedule, performance (scope and quality), risk/issues/opportunities, and applicable resources, as defined by the Communication Management Plan.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1142	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements		1	The Communication Plan shall include a monthly Contract Management report that includes the following: • Progress toward achieving goals stated in the business plan. • Activities, by each function or unit of the Contractor organization (e.g., claims/encounters, Provider Enrollment and Relations, etc.). • Achievement of performance standards for the previous month and identification of all performance standards that were not met. • A summary of Contractor activities and key volume indicators, for the month and cumulative to the fiscal year end. • Establish the Quarterly Milestones and reporting schedule. • Establish the Dispute Process trigger mechanism (to submit an item for resolution via the dispute process via letter, email, phone, etc.). • Other activities necessary for the Department to monitor Contractor activities.	Monthly reports shall be provided to the Department within seven (7) business days following the close of the month.		
1143	7.2 - Project Management and Reporting			1	Participate in weekly status meetings in person or by telephone/video conference call, as approved by the Department, to review status reports. The Contractor shall be responsible for providing the meeting space and conference line/virtual meeting place for the Department and the Contractor.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1144	7.2 - Project Management and Reporting			1	Ensure that the Contractor's staff attending applicable meetings between the Department and the Contractor have the authority to represent and commit the Contractor regarding work planning, problem resolution, and program development.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1145	7.2 - Project Management and Reporting			1	Provide all necessary software to support Transmittals and the process the Contractor and Department will use to submit, review, and approve Transmittals.			
1146	7.2 - Project Management and Reporting			1	Enable all assigned Contractor personnel to easily exchange documents and electronic files with the Department in compatible formats. The Contractor is to maintain the same software and version of software as the Department including, but not limited to, the following: • Microsoft Word. • Microsoft Excel. • Microsoft Project. • Microsoft Access. • Microsoft PowerPoint.	Upgrade within thirty (30) business days of the Department's notification of upgrade. Note: The Department expects to upgrade Microsoft Version to 2010 in early 2013.		
1147	7.2 - Project Management and Reporting			2	Stay abreast of federal and State initiatives (specifically health care reform upcoming standards and transactions) and work in partnership with the Department to identify possible solutions and resolutions to meet the changing requirements. The Contractor shall participation in NMEH groups and national list serves.	This shall be met through participation by the Contractor's Compliance Manager.		
1148	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities		1	Notify the Department immediately of any potential System problems and the potential impact of those problems, including unscheduled downtime (see Unique ID 1320).	Report any problems within 30 minutes of Contractor identifying problem, will notify appropriate Department staff by phone and email, as outlined in Communication Management Plan.		
1149	7.2 - Project Management and Reporting	7.3 - Contractor Responsibilities		1	Perform the research to identify impacts and root causes of System problems, and communicate to the Department a plan to resolve problems. Implement the plan to resolve problems and report the results to the Department.			

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1150	7.2 - Project Management and Reporting			1	The Contractor's project management software shall be compatible with the Department's project management software.	Note: The Department current project management software is Clarity.		
1151	7.2 - Project Management and Reporting	9.5 - FAO Provider Management Services		1	Capture and collect notification of undeliverable communication (e.g., return receipt notice from email, or undeliverable notice from mail) and update address information as appropriate.			
1152	7.3 - Contractor Responsibilities			1	Provide price and schedule estimates to support proposed legislation, budget requests, and other initiatives, as directed by the Department.	After receiving notification and requirements from the Department, Contractor will respond within two (2) business days during the Colorado Legislative Session, within five (5) business days outside of the Colorado Legislative Session, or as agreed to by the Department and the Change Management Plan.		
1153	7.3 - Contractor Responsibilities	7.4 - Deliverable Requirements		1	Develop and maintain a process to provide assistance (technical and business process related) as needed to assist users in researching problems, reviewing production outputs and understanding report formats.			
1154	7.3 - Contractor Responsibilities	7.12 - System Interfaces	7.15 - Data Management	1	Coordinate with other contractors to provide batch control, balancing and scheduling of data load cycles (e.g., eligibility files, financial payment processing).			
1155	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Identify and track all errors and discrepancies found in the System, notify the Department, and correct all errors and discrepancies.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		

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1156	7.3 - Contractor Responsibilities			1	Support the Department and its contractor(s) in Independent Verification and Validation (IV&V) activities associated with the Contract.			
1157	7.3 - Contractor Responsibilities	7.23 - Other Technical requirements	7.12 - System Interfaces	1	Purchase and maintain infrastructure hardware and software updates including upgrades and technology refreshes to maintain functionality of all interfaces.			
1158	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting		1	Manage and maintain software upgrades and site licenses so they are compatible with standard Department software. Provide training on software upgrades authorized System users, as necessary.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1159	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting		1	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.			
1160	7.3 - Contractor Responsibilities			1	Perform SSAE-16 audits annually (by an independent auditor) at the Fiscal Agent Operations facility and data center sites. Responses to findings, action plans, and remediation plans shall be submitted to and approved by the Department. Coordinate responses to initial findings with the Department that may impact Department operations.	No additional funding will be allocated to perform the audit tasks therefore; these audits should be included in the price of the Contract. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1161	7.3 - Contractor Responsibilities			1	Provide reasonable access to and the ability to inspect, all facilities (or any site) in which the Contractor or Subcontractor(s) performs any Work related to this Contract or maintains any records related to this Contract and provide assistance to the federal and State representatives during audits, inspections and evaluations.			
1162	7.3 - Contractor Responsibilities			1	Contractor will have insight into internal policy discussions, contractual issues, price negotiations, State financial information, and advanced knowledge of potential/draft legislation. As a result, the Contractor shall maintain confidentiality and privacy of this information.			
1163	7.3 - Contractor Responsibilities	5.3 - COMMIT Project Phases, All Phases		1	Contractor shall work cooperatively with all Department staff, State staff, and other contractors to ensure success of this Contract. In addition, the Contractor shall identify efficiencies for the Department that could be leveraged by altering requirements, changing functionality, adapting business processes, or making other changes to the architecture or overall solution.			
1164	7.3 - Contractor Responsibilities	7.12 - System Interfaces		3	Ensure that all Fiscal Agent Operational data from the System is delivered to the BIDM in order to support reporting and analysis.			

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1165	7.3 - Contractor Responsibilities	7.4 - Deliverable Requirements		1	On an annual basis, prepare a Business Plan for Department review and approval. Department staff shall participate in initial planning activities. The Business Plan shall be a working long-term document that describes how potential changes to technology (e.g., Near Field Communication) and/or architecture could improve operations. The Business Plan shall be reviewed and approved by the Department and revised by the Contractor, as necessary, to reflect changing situations throughout the year. The Business Plan shall include: • An outline of all major activities and training planned for the upcoming year. • Business improvement objectives for the upcoming year. • Methodology for performing activities and meeting objectives. • Recommendations in any area the Contractor feels improvements can be made, based on industry standards, best practices and/or cost efficiencies.	The Business Plan shall be delivered to the Department for approval during the ~~**Operations and Maintenance Phase**~~ **Initiation and Planning Phase and then** ~~**annually**~~ **updated** ~~**thirty (30) business days prior to the beginning of each State fiscal year**~~ **annually in the Ongoing Operations and Maintenance Phase.** Prepare a six- (6-) month evaluation of activities performed as compared to the Business Plan, and revise the Business Plan, as necessary, to reflect updated goals and activities.		
1166	7.3 - Contractor Responsibilities	7.12 - System Interfaces		1	Ensure that all Systems data from the MMIS are delivered to the BIDM in order to support reporting and analysis.	Department expects daily updates except as otherwise recommended by the Contractor.		
1167	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting		Optional	Provide requirements management software for the addition, deletion, and refinement of established and emerging requirements.			

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1168	7.3 - Contractor Responsibilities	7.2 - Project Management and Reporting		Optional	Automate the Project Control and Issue Tracking process by providing a role based change management software that can be accessed by the Department as well as Contractor staff.			
1169	7.3 - Contractor Responsibilities			1	Maximize use of industry standards for System design and exchange of data.			
1170	7.3 - Contractor Responsibilities			1	Provide audit support to the Department, including selection of samples, production of hard-copy documents, and gathering of other required data. The Contractor shall assist Department staff in responding to all federal and State auditing agencies. This level of support shall also be provided to all other State and federal audit agencies or their designees.			

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1171	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, Initiation and Planning Phase	7.2 - Project Management and Reporting	1	The Contractor shall develop, in accordance with the Project Management Institute's standards contained in the Project Management Book of Knowledge (PMBOK), a Change Management Plan that addresses and defines processes for managing changes to the project such as: • Establish a process to manage Change Requests. • Changes in the scope of work. • Changes in business process definition. • Changes in federal or State regulatory change support. • Changes to the budget and procurement activities. • Changes in Configuration and Customization (i.e., Configuration Management as defined in industry terms). • Schedule for routine System maintenance and upgrading System software. • Changes in training needs. The Contractor shall obtain Department review and approval of the Change Management Plan and materials and any subsequent updates prior to use. The Change Management Plan shall be implemented once approved and adhere to the processes included in the plan.	This Deliverable shall be completed and provided to the Department during the Initiation and Planning Phase. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Project Management Plan.		
1172	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	1	Meet with the Department weekly on the status of all active System Enhancements or projects as defined in the Change Management Plan.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1173	7.4 - Deliverable Requirements	5.3 - COMMIT Project Phases, All Phases	7.2 - Project Management and Reporting	1	As defined in the Change Management Plan, develop, maintain, and submit for Department approval all System Development Life Cycle documentation, including all requirements, test planning, technical specifications, UAT, test results, post-implementation verifications, data conversion, strategy, and systems documentation.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		

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1174	7.4 - Deliverable Requirements	7.2 - Project Management and Reporting		1	Deliverables shall meet the Department-approved standards, format and content requirements, and the Department will specify the number of copies and type of media for each deliverable.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1175	7.5 - Training	9.5 - FAO Provider Management Services		1	Provide training and support for providers on HIPAA and HIPAA compliance for all transactions involving the System.			
1176	7.5 - Training	8.14 - Web Portal	7.2 - Project Management and Reporting	1	Propose, develop, produce, publish and deliver HIPAA compliant training materials specific to the System for the Department and its designees.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1177	7.5 - Training			1	Coordinate the roll out, delivery, publication and distribution of all System training programs and System training materials across all functional areas.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1178	7.5 - Training	7.2 - Project Management and Reporting		1	As defined in Training Plan, provide ad-hoc one-on-one and group training as requested by the Department, including on-site training if required, to instruct providers in using the billing application or to facilitate the resolution of billing problems.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1179	7.5 - Training	5.5 - FAO Phases, Organizational Readiness and Training Phase		1	Develop and deliver a comprehensive training program to support the roll out of the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		

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1180	7.5 - Training	5.5 - FAO Phases, Organizational Readiness and Training Phase		1	As part of organizational readiness preparation, schedule and conduct interviews and sessions with the Department's subject matter experts (SMEs) and stakeholders, as required, to clarify the training and readiness expectations and requirements.			
1181	7.5 - Training			1	As part of testing and in conjunction with organizational readiness conduct structured acceptance testing training for the Department and its' designees per the Training Plan.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1182	7.5 - Training	8.5 - Operations Management, General		3	Maintain ongoing training programs for Contractor staff and Department staff in the use of the reference functions (e.g., loading procedure code updates, provider rates, DRG file, diagnosis file, etc.).	Training occurs annually, at a minimum. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1183	7.5 - Training			1	Provide a dedicated training classroom to support hands on, face-to-face training that includes at least thirty (30) workstations. This shall also include the ability for remote training participation and presentations (e.g., WebEx).			
1184	7.5 - Training			2	Provide the ability for video conferencing (or other remote method) training participation and presentations.			

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1185	7.5 - Training	7.23 - Other Technical requirements		1	Provide the ability for students completing a course to print a certificate of completion.			
1186	7.5 - Training	9.5 - FAO Provider Management Services		2	As defined in the Training Plan, train Department and Contractor staff as well as other authorized System users on the System and billing procedures.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1187	7.5 - Training			Optional	Propose, produce, deliver, and support initial and ongoing training materials and computer-based and web-based training and tutorials addressing all areas of Contractor-provided System functionality and use.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1188	7.5 - Training	8.14 - Web Portal		1	Develop and maintain web-based training for the interactive application used by Providers.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1189	7.5 - Training	9.5 - FAO Provider Management Services		2	Provide training on any new initiatives that occur through the term of the Contract (e.g., train providers on changes to the enrollment, revalidation and dis-enrollment process, billing procedures).			
1190	7.5 - Training			1	Provide training on Provider Enrollment Portal (e.g., train providers on the enrollment, revalidation and dis-enrollment processes).	Perform in Contract Stage I.		

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1191	7.5 - Training			3	Track and provide confirmation of attendance at all training sessions and what versions of training materials were presented at the training.			
1192	7.5 - Training			1	Provide training evaluation reports by participant or summaries of evaluations to the Department.			
1193	7.5 - Training	7.23 - Other Technical requirements		Optional	Provide access to the learning management product used by the Contractor to allow the Department to revise learning/training content, as necessary.			
1194	7.6 - Security and Confidentiality Requirements			1	Comply with federal and State security criteria as outlined by the Colorado Office of Information Security, Office of Civil Rights, etc. in the standard system security plan template. *Criteria is provided in the Procurement Library			

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1195	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Provide detailed security control implementation and status information (where applicable) for the following Control Categories: • Management Controls: Risk Assessment, Planning, Systems and Services Acquisition, Certification, Accreditation and Security, and Program Management. • Operational Controls: Personnel Security, Physical and Environmental Protection, Contingency Planning, Configuration Management, Maintenance, System and Information Integrity, Media Protection, Incident Response, and Security Awareness and Training. • Technical Controls: Identification and Authentication, Access Controls, Audit and Accountability, and System and Communications Protection.			
1196	7.6 - Security and Confidentiality Requirements	~~7.10~~ 7.8 - Compliance with Federal Standards		1	Demonstrate that the System infrastructure (hardware, software, and linkages) is operational and meets federal and State architectural, technical, security and privacy requirements as well as the business and functional requirements.			
1197	7.6 - Security and Confidentiality Requirements			1	Keep all documents, data compilations, reports, computer programs, photographs, and any other work provided to or produced by the Contractor in the performance of the contract confidential until publicly released by the Department or until written permission is granted by the Department for its release.			
1198	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Obtain written approval from the Department prior to release of Protected Health Information (PHI) to any non-Department entity. The Contractor shall verify with the Department that the requesting party is authorized to receive information.			
1199	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		1	Obtain written approval from the Department prior to disclosing any privileged information (e.g., attorney/client information).			

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1200	7.6 - Security and Confidentiality Requirements	8.14 - Web Portal	7.8 - Compliance with federal Standards	1	Provide the ability for any user, as defined by the Department, to have secure, role-based, single sign-on user access to any current and historical data, System components, or Web-based material.			
1201	7.6 - Security and Confidentiality Requirements			1	Provide client and provider information protection per Colorado's Address Confidentiality Program (ACP) as specified through the Communication Management Plan.			
1202	7.6 - Security and Confidentiality Requirements			1	Provide a third party cyber security assessment to execute the security audit prior to go-live. The selected third party assessor will work with the Colorado Office of Information Security and provide reports to the Department.			
1203	7.6 - Security and Confidentiality Requirements			1	Apply all security patches for any Windows Operating System and any other software for the System.	Contractor will inform Department that patches are available within twenty-four (24) hours of receipt of the patches. Contractor will coordinate with the Department for deployment..		
1204	7.6 - Security and Confidentiality Requirements			1	Provide a user administration module that allows authorized System users, including authorized providers and system administrators, to assign access to Systems functions in a secure manner in accordance with privacy and security requirements.			
1205	7.6 - Security and Confidentiality Requirements			Optional	Provide an easy-to-use module for authorized System users to edit, create, and implement role-based and group-based security at the individual data field level for all authorized users based upon individual characteristics or group memberships.			

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1206	7.6 - Security and Confidentiality Requirements			2	Provide privacy/litigation controls that indicate who/what has access to provider data contained within the provider/client record.			
1207	7.6 - Security and Confidentiality Requirements	8.7 - Business Relationship Management		3	Provide the ability to support both role-based and group-based security at the individual data field level so that users are not able to view sensitive information or other information which they have no business need to view.	Includes suppressing the results returned from searches as well as information viewable in the user's own display environment.		
1208	7.6 - Security and Confidentiality Requirements			Optional	Provide the ability for security personnel to view, in real time, the exact same screens and information being viewed by an authorized System user.			
1209	7.7 - Audit Requirements			2	Provide the ability to review all changes made to fields in the System and maintain audit trail for all actions performed.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Change Management Plan.		
1210	7.7 - Audit Requirements			1	Maintain a audit trail of all actions performed on a provider record. This includes: • Status changes (accepted, denied, pended re-verification). • Limitations and changes. • Communication sent and received and all notification/alert activities. • Verifications with third party sources regarding credentialing/third party validation.			

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1211	7.7 - Audit Requirements	8.3 - Client Management, Information		1	Maintain audit trail of all actions performed on a client record. This includes: • Eligibility, ineligibility and retro eligibility, and associated spans. • Enrollment/Disenrollment spans and benefit package enrollment, limitations and changes. • Communication and notification activities. • Sources of eligibility. • Provide cross-reference of prior client ID's.			
1212	7.7 - Audit Requirements			1	Maintain an audit trail for each claim record (e.g., each stage of processing, the date the claim was entered into each state, any error codes posted).			
1213	7.7 - Audit Requirements	8.5 - Operations Management, Claims Processing		2	Provide the ability to quickly and easily track the life cycle of claims/encounters from original submission date through all adjustments, including partial and System-generated adjustments.			
1214	7.7 - Audit Requirements			1	Maintain claim resolution (e.g., overrides or manual intervention) information by the individual user.			
1215	7.7 - Audit Requirements	7.12 - System Interfaces		1	Maintain audit trail of all actions performed and any data modifications initiated from the interface feed.			

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1216	7.7 - Audit Requirements	8.12 - EDMS		2	Maintains audit trail of all actions performed on EDMS content. For example: • Date document is entered in the System. • Any actions taken on the document or attachment; including the date of the edits/modification. • Record the user responsible for the changes.			
1217	7.7 - Audit Requirements			3	Ensure that all audit trails are easy-to-use (e.g., through the use graphical user interfaces, paper layouts) easy to read (e.g., little or no use of codes or abbreviations) and easy to understand (e.g., activities and logs use complete English sentences describing what happened).			
1218	7.7 - Audit Requirements			Optional	Track all users accessing the System and maintain records of the information the user viewed.			
1219	7.7 - Audit Requirements	8.14 - Web Portal		3	Support the logging, tracking, and auditing of web access for any client-data or provider-data queries.			
1220	7.7 - Audit Requirements			3	Maintain screens which allow users the ability to view and print the entire audit trail in the System.			
1221	7.8 - Compliance with federal Standards			1	The System shall meet the federal requirements for certification and licensure as prescribed in the State Medicaid Manual, Part 11, as well as 42 and 45 CFR.			

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1222	7.8 - Compliance with federal Standards	8.4 - Provider Management - Enrollment/Disenrollment	8.8 - Program Integrity	1	The Contractor shall implement ACA Provider Screening Rule in the Provider Enrollment Tool for all provider types (e.g., goods, medical, pharmacy), as directed by the Department.			
1223	7.8 - Compliance with federal Standards	7.22 - System Reporting		1	Maintain and make available source data and methodological documentation from all federal reports for the purposes of validating and verifying reports. Ensure data is transferred to appropriate System.			
1224	7.8 - Compliance with federal Standards	8.6 - Program Management	9.2 - FAO Business Requirements	1	Capture and provide to the BIDM all data that will be required to produce for submission to CMS the federally required T-MSIS files. This includes but is not limited to the following functionality: • Maintain data sets required for T-MSIS reporting. • Merge outside data sources into T-MSIS data if required. • Provide and maintain T-MSIS data for adjudicated claims/encounters. • Provide and maintain encounter data in appropriate claim(s) file. • Conform to and maintain reporting requirements from T-MSIS File Specifications and Data Dictionary document. • Meet T-MSIS submission and timeline reporting requirements.	Comply with the most up-to-date federal reporting guidelines.		
1225	7.8 - Compliance with federal Standards	7.22 - System Reporting	9.2 - FAO Business Requirements	1	Capture and provide to the BIDM all data required for the BIDM to report on quality performance measures for the production of the CMS-372 and CMS-372S annual reports, for any calendar year or fiscal year and for all current and future HCBS Waivers or waiver related programs, in accordance with CMS requirements.	Comply with the most up-to-date federal reporting guidelines.		

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1226	7.8 - Compliance with federal Standards	7.22 - System Reporting		1	Capture and provide to the BIDM all data that will be required to generate standard EPSDT reports to meet federal and State reporting requirements.	Comply with the most up-to-date State and federal reporting guidelines.		
1227	7.8 - Compliance with federal Standards	7.22 - System Reporting	9.2 - FAO Business Requirements	1	Capture and provide to the BIDM all data required for the BIDM to produce CMS-416 EPSDT reports, both quarterly and annually, that contain client demographics and program participation, and detail and summary data to meet federal and State reporting requirements.	Provide the CMS-416 data to BIDM no later than ninety (90) business days prior to the federal due date.		
1228	7.8 - Compliance with federal Standards	7.22 - System Reporting		1	Capture and provide to BIDM all data required for BIDM to produce the National Payment Error Rate Measurement (PERM), in accordance with most up to date specifications.	Provide the PERM data to BIDM no later than fifteen (15) business days prior to the federal due date.		
1229	7.8 - Compliance with federal Standards	7.22 - System Reporting		1	Capture and provide to the BIDM all data required (e.g., COFRS, cash collections, claims payment, etc.) for the BIDM to produce financial reporting based on Department-defined criteria and produce quarterly estimates and expenditure reports for federal CMS-37, CMS-64, CMS-21, and CMS-21b.			
1230	7.8 - Compliance with federal Standards	8.10 - Managed Care		1	Produce and distribute ANSI X12N 820 and X12N 834 transaction.			

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1231	7.8 - Compliance with federal Standards	7.2 - Project Management and Reporting		1	Comply with all sections of the Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act, and the Web Content Accessibility Guidelines WCAG 2.0. in the Web Portal and include comprehensive online help features (e.g., mouse-over help, “what is this?” detail, etc.).			
1232	7.8 - Compliance with federal Standards	7.2 - Project Management and Reporting		1	Provide client and provider communications that meet the health literacy levels established by the federal (National Institute for Health) and State guidelines for medical terms and descriptions.			
1233	7.8 - Compliance with federal Standards	7.2 - Project Management and Reporting		1	Provide published content that meets 6th grade reading literacy levels on client and provider-facing materials.			
1234	7.9 - Disaster Recovery and Business Continuity			1	Provide results of Business Continuity and Disaster Recovery Plan testing. Allow Department Staff or their designee to participate in testing, if requested by the staff.	Annually		
~~1235~~ DELETED	~~7.10 - Data Retention~~			~~1~~	~~Provide on-line retrieval and access to documents and files for a Configurable time parameter, as defined through the Operations Procedures Plan.~~	~~Maintain document retrieval for at least six (6) years.~~ ~~Maintain document archive for the life of the Contract.~~		
1236	7.10 - Data Retention			1	Maintain provider, client, claims/encounters processing, benefit utilization, financial, reference and other data to support management reports and analysis.	In accordance with the Operations Procedures Plan.		

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1237	7.10 - Data Retention			1	Maintain all current and historical provider (electronic and paper) and client (electronic) records.	In accordance with the Operations Procedures Plan.		
1238	7.10 - Data Retention			1	Keep records, as specified by the Department, involving matters in litigation, for the period of time agreed upon.	In accordance with the Operations Procedures Plan.		
1239	7.10 - Data Retention			1	Maintain a current and updated cross-walk between NDC and HCPCS/CPT, and maintain historical cross-walk data for claims/encounters processing and drug rebate.	In accordance with the Operations Procedures Plan.		
1240	7.10 - Data Retention			1	Retain all original paper submitted by providers under the Contract until quality, human readable electronic media is produced of that material.	In accordance with the Operations Procedures Plan.		
1241	7.10 - Data Retention			1	Contractor shall ensure that data maintained by the System are properly and routinely purged, archived, and protected from destruction, as appropriate, as identified in the Operations Procedures Plan.	In accordance with the Operations Procedures Plan.		
1242	7.10 - Data Retention			1	The Contractor shall retain and archive, in electronic media specified by the Operations Procedures Plan .	In accordance with the Operations Procedures Plan.		
1243	7.10 - Data Retention			1	Data retention for Protected Health Information shall comply with HIPAA Privacy Standards, and data generated and/or maintained by the System shall be retained and be accessible according to federal and State Requirements.	In accordance with the Operations Procedures Plan.		

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1244	7.10 - Data Retention			2	Provide on-line retrieval and access to documents and files for a Configurable time parameter, as defined through the Operations Procedures Plan.	Maintain document retrieval for at least six (6) years. Maintain document archive for the life of the Contract.		
1245	7.10 - Data Retention			2	Provide ability to archive and index the archived data with the ability to access a directory view of the archive's contents.	When data is requested from the archive, the request will be addressed within five (5) business days, and the request will be fulfilled within thirty (30) business days.		
1246	7.10 - Data Retention			3	Provide a data storage archive and management approach that allows a "never delete a record" approach for ease and timeliness in accessing historical records, if so chosen by the Department.			
1247	7.10 - Data Retention			1	When converting claim history from incumbent contractor, provide a solution that ensures all existing TCNs are maintained on the original claim.			
1248	7.12 - System Interfaces			1	Support the exchange of data between the System and the systems it interfaces with to facilitate business functions that meet the requirements of Department policy, and federal and State rules and regulations.	A current interface inventory listing is contained in the Procurement Library.		
1249	7.12 - System Interfaces			1	Collaborate with the Department and other contractors to provide technical assistance to establish and support interfaces with the System.			

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1250	7.12 - System Interfaces			1	Provide and maintain data layout documentation, data dictionary, data mapping crosswalk, inbound/outbound capability, and frequency for all interfaces. Data dictionary shall be developed using industry best practices identified and cited by the Contractor and approved by the Department. At a minimum, the data dictionary shall contain for each field: • Human readable/"plain English" field name. • A field description. • Database field name. • Database table. • Field Type and length. • Codes associated with the field. • Descriptions of each code. • Original field source (e.g., CBMS, 837, practitioner claim).			
1251	7.12 - System Interfaces	8.10 - Managed Care		1	Provide the ability to receive adjudication results for claims, capitations, and encounters from the PBMS contractor.	At minimum a daily interface is required		
1252	7.12 - System Interfaces			1	Provide the ability to send client eligibility data to the PBMS contractor.	As close to real-time as possible.		
1253	7.12 - System Interfaces	8.10 - Managed Care		1	Provide and support a data interface/data exchange with the enrollment broker contractor and other Department-defined entities, and provide direct, update access to the enrollment and disenrollment functionality of the System.			

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1254	7.12 - System Interfaces	8.3 - Client Management, Eligibility/ Enrollment		1	Provide the ability to validate, edit and accept other eligibility files outside of CBMS, as identified by the Department.			
1255	7.12 - System Interfaces	8.10 - Managed Care		1	Provide the ability to securely export managed care encounter data to other Department contractors.			
1256	7.12 - System Interfaces	8.13 Case Management		2	Provide the ability to interface with case management systems and link that data to client and client claims/encounters records.			
1257	7.12 - System Interfaces			1	Provide the ability to accept data (e.g., names, addresses, social security number, or tax ID numbers) provided through the Colorado Financial Reporting System (COFRS) interface.			
1258	7.12 - System Interfaces	8.8 - Program Integrity		2	For each Program Integrity and Department's contractor recovery, offset or adjustment, send appropriate accounting information through COFRS.			
1259	7.12 - System Interfaces			1	Capture, store, and transmit to BIDM on all data elements submitted on drug related claims/encounters from PBMS.			
1260	7.12 - System Interfaces	8.3 - Client Management, Eligibility/ Enrollment		2	Process system files from the Department's Eligibility System (CBMS) and update client eligibility records as received.	Contractor processes the client eligibility file as close to real-time as possible.		

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1261	7.12 - System Interfaces			Optional	Ability to accept, maintain, and link Electronic Health Record (EHR) information to client data within the System.	EHR data shall be submitted by CORHIO or other entity in the state that manages clinical data.		
1262	7.12 - System Interfaces	8.13 - Case Management Tool		3	Develop and maintain an interface between the System and Case Management Tool that triggers automated prompts to case managers, in instances such as hospitalization, emergency room visits, new chronic condition diagnosis and multiple chronic condition diagnosis.			
1263	7.12 - System Interfaces	8.13 - Case Management Tool		3	Provide the ability to post data analytic reports to authorized System users in the case management tool generated from the BIDM.			
1264	7.13 - Rules Engine			1	Provide a web-based rules-based engine with the flexibility and capacity to support diverse and complex health care programs, including the ability to Configure alerts, notification triggers and pre-adjudication business rules.			
1265	7.13 - Rules Engine			1	Provide the ability for authorized System users to create system rules for business functions, including but not limited to: provider enrollment, managed care plan enrollment, managed care client enrollment, client service plan design, Health Benefit Plan design, rate payments, exclusionary rates, Health Benefit Plan administration, claims/encounters processing, prior authorization, pre-claims/encounters adjudication processing, program integrity validation, and reference data update functions.			

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1266	7.13 - Rules Engine			1	Provide Department review and approval on the rules Configuration and rules engine design.			
1267	7.13 - Rules Engine			1	Provide the ability to Configure rules to be date specific, including date added, date modified, start date, end date, and effective date.			
1268	7.13 - Rules Engine			1	Produce and maintain documentation regarding all business rules, including any exception handling rules.			
1269	7.13 - Rules Engine	7.5 - Training		2	Provide ongoing training and training documentation on any exception handling rules created or updated to satisfy the Department needs.	At minimum, training will occur annually. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1270	7.13 - Rules Engine			1	Provide tracking and reporting of rule usage, exception usage, and when the rules fail to work as designed, and provide recommendations to resolve rule failure.			
1271	7.13 - Rules Engine			3	Provide a user interface to the Rules Engine enabling authorized System users to easily connect and apply rules, as well as to view active and inactive rules.	User interface shall be for all environments.		

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1272	7.13 - Rules Engine			3	Provide ability for the Department to create program specific alerts (e.g., to providers, clients, Department staff) through easily defined parameters.			
1273	7.13 - Rules Engine			3	Provide and maintain online documentation linking every business rule in the Rules Engine to the particular part of the System design documents that called for the rule functionality.			
1274	7.13 - Rules Engine			1	Provide the ability to schedule implementation of rules into the System.			
1275	7.13 - Rules Engine			3	Provide the ability to clone rules, modify them and then implement them as new separate rules.			
1276	7.13 - Rules Engine			1	Provide the ability to Configure rules exception to be date specific, including date added, date modified, start date, end date, and effective date.			
1277	7.13 - Rules Engine			1	Provide the ability to respond to changes in the business by using business rules management, business process management, and business activity monitoring tools where practical.			
1278	7.13 - Rules Engine	7.2 - Project Management and Reporting		1	Provide a process for a built-in multi-level rule review and approval process that will validate logic errors, conflicts, redundancy and incompleteness across business rules to identify any conflicts in business rules as they are being developed, tested, and implemented.			

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1279	7.13 - Rules Engine	7.2 - Project Management and Reporting		1	Provide a workflow and rules approval process for the rules engine.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1280	7.14 - Workflow Management			2	Provide a workflow engine that supports workflow access, assignments, and execution for all essential components of the business processes (e.g., provider enrollment, provider screening, client communications).			
1281	7.14 - Workflow Management			3	Provide Department access to workflow monitoring that includes indicators and statistics by sub process, organization, or individual staff.			
1282	7.14 - Workflow Management			2	Support workflow management for multiple simultaneous processes.			
1283	7.14 - Workflow Management			2	Provide the ability to create workflows that route and assign cases to the appropriate staff.			
1284	7.14 - Workflow Management			2	Support supervisory functions for workflow management (e.g., prioritization, delegation, re-routing).			
1285	7.14 - Workflow Management	8.8 - Program Integrity		2	Provide the ability to assign caseload “weights” to cases, Program Integrity requests, or PAR requests based upon difficulty or other criteria (e.g., Complexity, Priority).			

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1286	7.14 - Workflow Management	8.8 - Program Integrity	8.13 - Case Management Tool	2	Provide the ability to assign authorized System users and manage capacity levels to case managers at the agency or program level, PAR reviewers, or Program Integrity reviewers.			
1287	7.14 - Workflow Management			2	Provide an automatic real time update process as tasks are completed.			
1288	7.14 - Workflow Management			2	Create work items in workflow as a result of automated alerts when defined changes occur.			
1289	7.14 - Workflow Management			2	Establish Training Workflow for authorized System users.			
1290	7.14 - Workflow Management			3	Integrate Fiscal Agent Operations workflow management processes with Department utilized office productivity applications to support process execution. Integration with these applications will be done by leveraging the productivity application's database, or through the use of output files generated by the productivity application.			

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1291	7.14 - Workflow Management			3	Provide authorized System users the ability to monitor, intervene in and resolve rules based actions or unexpected failures, for example: • Ability for the System to display and to generate “pull lists” or “to-do” lists. • Ability to transfer pull lists and to-do tasks to other authorized System users. • Ability for a business user to create system rules to route issues. • Ability to keep a diary or log of the investigations into the actions, and their resolutions. • Ability to track resolutions over time to identify trends and patterns. • Ability for management to monitor the workflow (duration) and caseloads (volume) of the reviewers and others in the edit workflow process. • Ability for reviewers to assign tasks and reminders to other authorized System users. • Ability to report on reviewer assignments and workloads.			
1292	7.14 - Workflow Management			3	Allow authorized System users to submit requests to update System profiles which initiates a workflow for the Department to approve, as necessary.			
1293	7.14 - Workflow Management	9.2 - FAO Business Requirements		Optional	Use the EDMS to support and assist in mapping business processes and sub-processes to the workflow application.			
1294	7.14 - Workflow Management			3	Automatically and securely route grievances and appeal requests to the authorized System users or user groups for multiple levels of review, per business rules.			

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1295	7.15 - Data Management			1	Data management within the Core MMIS and Supporting Services and the Contractor's operational policies and practices shall: • Meet HIPAA, HITECH, ARRA and other federal and State privacy and security requirements as they currently exist and be Configurable to assist in meeting future requirements. • Ensure security, accuracy, and timeliness of data interfaces. • Incorporate electronic and digital signatures that comply with HIPAA and State law.			
1296	7.15 - Data Management			1	Contractor shall maintain: • Data Confidentiality – Prevent disclosure to unauthorized persons or systems. • Data Integrity – data cannot be modified undetectably. • Data Availability – access is not inappropriately blocked or denied. • Data Authenticity – validation of transactions. • Data Security – encryption and Department approved security protocols and processes. • Non-repudiation of Data – parties to a transaction cannot deny their participation in the transaction.			
1297	7.15 - Data Management	8.7 - Business Relationship Management		1	Ensure secure and reliable data exchange across the Department's Medicaid enterprise and with external systems to maximize data integrity. This includes, but is not limited to: • A unified data exchange solution to ensure successful data exchange. • Monitors and alerts appropriate parties of potential issues. • A data model that is consistent with the Department's business processes and MITA business processes.			

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1298	7.15 - Data Management			1	Provide ability to accommodate data changes and/or additions for State, federal, and administrative and clinical data structures/elements.			
1299	7.15 - Data Management			1	Use consistent provider naming conventions to differentiate between first names, last names, and business or corporate names and to allow flexible searches based on the provider name, allowing last name, first name, middle name, initial, credentials, and degrees (for example) to be divided into separate fields.			
1300	7.15 - Data Management			1	Establish the System as the master source for shared data to enforce data integrity.			
1301	7.15 - Data Management			1	Provide the ability to identify the source of data and the date added to the System.			
1302	7.15 - Data Management			3	Provide access to business processes for all authorized System users and business partners.			
1303	7.15 - Data Management			2	Provide the ability to view online the data dictionary information (see requirement #1250) for any given System field while viewing the actual data in the System.			

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1304	7.15 - Data Management	5.3 - COMMIT Project Phases, Data Conversion Phase	5.5 - FAO Phases	1	Convert all applicable data from the Department's Legacy System and produce comparative reports for previous periods of operation (3 years).			
1305	7.15 - Data Management			1	Provide the ability to view raw interface files for up to sixty (60) calendar days.			
1306	7.15 - Data Management			Optional	Archive raw interface files after sixty (60) calendar days and maintain for up to six months.			
1307	7.15 - Data Management	7.13 - Rules Engine		2	Without the need for Customization, allow authorized System users to add/update valid values.			
1308	7.15 - Data Management	8.5 - Operations Management		1	Maintain a snapshot of client eligibility and plan enrollment information that existed at the time of claims/encounters/capitation payment and link to the specific Claim/ Encounter/capitation.			
1309	7.15 - Data Management	8.10 - Managed Care	7.22 - System Reporting	1	Maintain enrollment and PMPM payment data and provide enrollment records to managed care entities and the Department.			
1310	7.15 - Data Management	8.10 - Managed Care	7.22 - System Reporting	2	Provide the ability for managed care entities and the Department to view enrollee record of recouped capitations and status.			

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1311	7.15 - Data Management			1	Provide and maintain documentation for all structured data.			
1312	7.15 - Data Management			3	Build and maintain a directory of all contact information of clients, providers, vendors, Department employees, and Contractor employees to support local user letter creation through data-merge in standard PC desktop applications, but still maintain Address Confidentiality Program integrity and allow for opt-out.			
1313	7.15 - Data Management	8.14 - Web Portal	8.4 - Provider Management, Enrollment/ Disenrollment	Optional	Provide the ability to accept through an interface and store an electronic picture and other biometric identifiers of each provider and/or each client. This will allow • Providers the ability to validate that the client is who they say they are through the Web Portal. • To verify if an excluded individual is attempting to enroll/re-enroll with a different name/persona as a provider.			
1314	7.15 - Data Management			Optional	Monitor, report, and compare to client address of record via address information submitted on claims/encounters to identify when a client may have moved from their address of record, validate whether the new address is still within the service area of the currently assigned Managed Care Organization, and inform the Department, eligibility systems and/or other Department-defined entities of the possible address change.			
1315	7.15 - Data Management			2	Provide the ability to create and maintain role-based authorized System user profiles to allow for the direct data entry into the System.			

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1316	7.16 - Application Environments			3	Provide the ability to run multiple sessions/environments/applications/areas/views simultaneously.			
1317	7.16 - Application Environments			1	Provide all various System environments (e.g., multiple environments, multiple application layers, hub architecture, etc.) necessary to perform all required functions such as testing, training, production operations, modeling, disaster recovery, etc.			
1318	7.16 - Application Environments			1	Minimize production System Configuration errors by using clear, concise, and automated business rules. Configurations, data alterations, and other changes from one System environment to another (e.g., acceptance test to production).			
1319	7.17 - System Performance Requirements			1	Provide tools that deliver asynchronous communication, timely alerts and notifications to ensure broad availability of data to users in a timely manner.			

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1320	7.17 - System Performance Requirements			1	Ensure that unscheduled system downtime (anytime the user cannot access the System or carry out business functions) due to any failures is limited. The following are indications that the system is operating outside of acceptable performance boundaries: • Delays or interruptions in the operation of System and related services caused by inadequate equipment or processing capacity. • Components not available for use by authorized System users as required except during periods of scheduled maintenance. • Inability to adjudicate to a paid, denied, or suspended status, all claims received by the Department within one business day of receipt. • Screen response time in excess of defined response times in this RFP. • Web Portal not available for use at all times except during periods of scheduled downtime. • Inability of authorized users to create, process or store reports	Report any unscheduled System downtime within thirty (30) minutes of incident. Maintenance occurs on Sundays between 1:00 am - 3:00 am MT unless otherwise approved by the Department.		
1321	7.18 - Enterprise Architecture Requirements			2	Provide an approach to System Configuration that can be easily updated and expanded to support changing Department needs.			
1322	7.18 - Enterprise Architecture Requirements			2	Promote an enterprise view that supports enabling technologies that align with State and nationally recognized Medicaid business processes and technologies.			
1323	7.18 - Enterprise Architecture Requirements			2	Provide an architecture that clearly defines service end points that add functionality without requiring pervasive or broad changes to the System.			

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1324	7.18 - Enterprise Architecture Requirements			2	Provide Enterprise Application Integration (EAI) to include web services technology and industry standards to promote web-based and backend System applications integration including, for example, an enterprise service bus for interfaces that are interoperable inside and outside of the Department.			
1325	7.18 - Enterprise Architecture Requirements			2	Provide a scalable and open architecture, which can interface with other systems upon implementation and in the future as required by the Department.			
1326	7.18 - Enterprise Architecture Requirements			2	Provide a service-based architecture that makes it possible to implement common interoperability and access across the Medicaid enterprise, including other applications, other agencies, federal and State systems, or by other new systems as needed.			
1327	7.18 - Enterprise Architecture Requirements			2	Ensure components will integrate with the overall enterprise to: • Provide convenient, instant access to current and historical information without requiring a separate sign-on beyond the initial authorized System user sign-on. • Employ a security approach that integrates with other system components to provide role-based access with a single log-on. • Integrate with and provide support to other system components as defined by the Department. • Produce status reports and processing statistics. • Ensure that all content and activity is date-stamped.			

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1328	7.18 - Enterprise Architecture Requirements			1	Provide the flexibility to create new tables and fields and to report on the data within the tables and fields as needed by transmitting all new tables and fields to the BIDM.			
1329	7.18 - Enterprise Architecture Requirements	7.3 - Contractor Responsibilities		1	**~~The data from the System~~ Data** shall be available **within the system for six (6) years and archived after six (6) years, or unless otherwise directed by the Department.~~to authorized systems users in accordance with the performance standards for data maintenance.~~**			
1330	7.18 - Enterprise Architecture Requirements			1	Provide a holistic, multi-dimensional data view to the architecture requirements (i.e., a way to 'link' everything together), using the most current architecture methodology possible.			
1331	7.18 - Enterprise Architecture Requirements			3	Provide authorized System users a one-stop centralized access to client data including case management, provider relationships, eligibility, enrollment, prior authorization information, and client/encounter data regardless of System-integrated source (e.g., BIDM, case management tool, PBMS).			
1332	7.18 - Enterprise Architecture Requirements			3	Provide authorized System users a one-stop centralized access to client data including case management, eligibility, prior authorization information and claims/encounter data.			
1333	7.18 - Enterprise Architecture Requirements			Optional	Provide the ability for authorized System users, such as Department designees, clients, providers, and Department vendors, to obtain secure, real-time access to the System as defined by the Department, through applications on their smart phones, tablets, and other mobile technologies.			

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1334	7.19 - User Interfaces and Navigation			1	Ensure compatibility with the following major web browsers: Internet Explorer, Safari, Google Chrome, **Firefox**.	Support the current version and two prior versions.		
1335	7.19 - User Interfaces and Navigation			Optional	Create web based pages accessible on mobile platforms.			
1336	7.19 - User Interfaces and Navigation			3	Provide a graphical user interface for authorized System users to define plans, benefits, and pricing.			
1337	7.19 - User Interfaces and Navigation			2	Provide an unlimited free-form text note within the System for various functions such as provider enrollment process, prior authorizations, and case management, accessible by authorized System users that includes, for example: • Provides the ability to display the narrative sorted by user and business unit. • Provides the ability to display free form narrative in chronological or reverse chronological sequence. • Provides basic word processing functionality such as sentence case, spell check, auto text, bold, underline, italics, color font, bulleted lists, tabs, indents, wrap-text, tables, printable, etc.			
1338	7.19 - User Interfaces and Navigation			Optional	Provide the ability to search the provider directory in multiple languages.	Department considers the relevant languages to be: English, Spanish, and Russian.		

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1339	7.19 - User Interfaces and Navigation			3	Provide the ability for authorized users and its designees to search and query by Department defined fields as well as pull reports and documentation associated with these fields.			
1340	7.19 - User Interfaces and Navigation			1	Provide the ability to view the results of filtered searches based on multiple or single criteria, the capability to search on multiple criteria at the same time, and the ability to perform secondary and tertiary searches within the primary search results.			
1341	7.19 - User Interfaces and Navigation			1	Provide the ability to view the results of wild card searches (including both single character and string wildcard search) for all searchable fields, including searches with partial ID numbers.			
1342	7.19 - User Interfaces and Navigation			3	Provide the ability to save and name multiple user-defined search and sort parameters so that users can repeat the same search/sort queries at a later time.			
1343	7.19 - User Interfaces and Navigation			3	Design the user interface to allow for the efficient keying of information into the System (e.g., without requiring additional keystrokes or mouse movements, such as slashes, dashes, or double entry and context sensitive auto completion of fields).			
1344	7.19 - User Interfaces and Navigation			Optional	Build an interface to easily allow the Department, through the PC environment such as the desktop Microsoft Word application, to data-drag provider information into merge letters.	Names, addresses, salutations, etc. Convert all-uppercase information to proper format.		
1345	7.19 - User Interfaces and Navigation	8.14 - Web Portal		3	Provide the ability for a robust search capability function of the information contained in the Web Portal.			

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1346	7.19 - User Interfaces and Navigation	8.4 - Provider Management, Enrollment/ Disenrollment		2	Accept digital signatures from providers.			
1347	7.19 - User Interfaces and Navigation			3	Support Window's based shortcuts, or similar functionality (e.g., ctrl-c for copy, ctrl-v for paste).			
1348	7.20 - Online Help			1	Propose, develop, produce, publish and deliver all applicable System User Guide/Help updates.			
1349	7.20 - Online Help			1	Propose, develop, produce, and maintain frequently asked questions (FAQs) on System screens and functionality.			
1350	7.20 - Online Help			2	Provide online help function to users on available shortcuts and other user-interface tips.			
1351	7.20 - Online Help			3	Provide a search capability to find posts and threads by date or relevance.			

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1352	7.20 - Online Help			3	Provide additional functionality other than telephone, for authorized System users to contact the Contractor for technical System support, Web Portal support, and other questions, utilizing, for example, a “Live Chat” feature to connect the user to the Contractor's support staff via instant messaging or email.			
1353	7.20 - Online Help			3	Provide a forum for authorized System users to post inquiries, and to respond to other posters and create topical “threads” on problems. Allow Department staff and other designated users to access the forum and to participate and moderate the posts and threads, based upon user roles. Provide a search capability to find posts and threads by date or relevance.			
1354	7.21 - Alerts	7.3 - Contractor Responsibilities		1	Provide messages, alerts, and a "system is down" webpage to notify users about System changes and System downtimes.			
1355	7.21 - Alerts			1	Provide an exception or failure notification for batch processing and claims processing, and identify a resolution process.			
1356	7.21 - Alerts			1	Provide the ability to create automated alerts for providers, contractors, and Department-specified users and their designees (e.g., conditions where the requesting provider is not eligible to provide the requested services, detecting when the provider is requesting an authorization for services out of their approved category of service, when treatment for Emergency-Only eligible members is needed) based on Department-defined criteria.			

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1357	7.21 - Alerts			3	Provide and maintain user-controlled and user-Configurable parameters for alerts, messages, emails, System letters, and other System generated notices.			
1358	7.21 - Alerts	8.9 - Care Management		3	Alert the Department as the number of participants enrolled in any Health Benefit Plan is approaching or exceeding the number of participants approved for the program (e.g., enrollment caps for HCBS waivers).	Note: Alerts are provided when capacity reaches a defined percentage as determined by the Department. This alert does not necessarily need to be in email format, format can be determined at a later date by the Contractor and Department.		
1359	7.21 - Alerts			3	Alert the specified authorized System user and/or provider when a client is approaching prior authorization benefit/service maximum.			
1360	7.21 - Alerts			3	Alert the Department when the expenditures associated with a specific program are within a predefined percentage of the total spending authority/appropriation (e.g.,. Old Age Pension-State Only, CHP+, and Nursing Home services).	Note: The Department provides information on the total spending authority/appropriation.		
1361	7.21 - Alerts			2	Provide the ability to alert the Department, specified contractors or authorized System user, when a type of provider, like hospital/urgent care facility, verifies specific eligibility criteria for a client.			
1362	7.21 - Alerts	9.3 - FAO Claim/ Encounter Related Services		3	Provide alerts and reporting on claims/encounters that are not followed up or associated with an expected second claim.	Reporting will occur monthly or as otherwise indicated by the Department.		

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1363	7.21 - Alerts			3	Provide the ability to send and receive data or flags that trigger automated prompts for an authorized System user to perform an action based on Department defined criteria (i.e., the System sends data to the Case Management Tool that triggers automated prompts to case managers when a client has a hospitalization, emergency room visit, new chronic condition diagnosis, or multiple chronic condition diagnosis).			
1364	7.21 - Alerts	8.13 - Case Management Tool		3	Provide the functionality to send a case management alert that activity is needed. These criteria will be defined by the Department. For example: • Criteria based on claims processed (e.g., DRG ALOS and early discharge). • Conducting client assessment based on diagnosis, prior utilization, services provided, age, and/or prognosis. • Performing quality review. • Eligibility verifications by specified provider types (e.g., ED, hospitals).			
1365	7.21 - Alerts	8.13 - Case Management Tool		2	Maintain a report that identifies providers with clients, or clients without providers who need a service, but that service is not currently available.			
1366	7.21 - Alerts			2	Provide the ability for authorized System users to Configure communication delivery mechanism alerts and notifications as defined by the Department, to Department staff, and Department designees.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1367	7.21 - Alerts			3	Allow users to subscribe to, and unsubscribe from, publications and content (e.g., threads, hot topics) and to receive notification by email when additions or changes are made to subscribed content.			

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1368				Optional	Allow users to subscribe to, and unsubscribe from, publications and content (e.g., threads, hot topics) and to receive notification by SMS, IM, or other media when additions or changes are made to subscribed content.			
1369	7.22 - System Reporting	9.2 - FAO Business Requirements	7.2 - Project Management and Reporting	1	Provide the ability to regularly and accurately produce operational reports using System data.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1370	7.22 - System Reporting	7.2 - Project Management and Reporting	7.4 - Deliverable Requirements	1	Ensure that the data in reports are current, accurate, and accessible and that the report is produced in a timely fashion to meet the report's delivery deadline.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1371	7.22 - System Reporting			1	Complete transparency of all data fields in reports generated by the System including: providing the Department with SQL, pseudo code, narrative description, or some combination thereof to document completely the algorithms and formulas used in all reported fields and computed variables, analytic protocols and assumptions. Maintain and provide documentation of the logic that is used to derive calculations and reports, along with descriptions of data elements used in calculations and reporting. Have full report documentation available, human readable, and online accessible to Department.			
1372	7.22 - System Reporting			2	Create and maintain a suite of Contractor-defined on-line reports which allow users to choose from multiple pre-built defined parameters (such as provider number, procedure code, date of service, etc.) singly or in combination, to generate user Customized results that help users monitor the daily operations of the System and Fiscal Agent Operations.			

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1373	7.22 - System Reporting	5.5 - FAO Phases		2	Provide the ability to generate a summary of historical file transfers.			
1374	7.22 - System Reporting			1	Ensure that all codes and abbreviations used in the System have corresponding and easy-to-view narrative descriptions.			
1375	7.22 - System Reporting			3	Ensure that any reporting functionality supports the ability to pull and use the narrative descriptions of codes and abbreviations in addition to the codes and abbreviations themselves.			
1376	7.23 - Other Technical Requirements			1	Provide scalable IT infrastructure with role based capability to establish user credentials and permissions.			
1377	7.23 - Other Technical Requirements	8.14 - Web Portal		2	Provide the ability for an authorized System user to have single sign-on access, interface, and/or linkage to various resources and other sites/portals as requested by the Department.			
1378	7.23 - Other Technical Requirements	7.19 - User Interfaces and Navigation		2	Provide an online, viewable, indexed, and content-searchable archive with version control for all System forms, documents, data files, data, and manuals to identify archived information to expedite the retrieval of archived information.	Using the developed index, Contractor should be able to retrieve 95% of the information within seven (7) business days when requested by the authorized System user.		
1379	7.23 - Other Technical Requirements	8.12 - EDMS		2	Provide Optical Character Recognition to convert appropriate paper documentation received through Fiscal Agent Operations into indexed, content searchable electronic format (e.g., claims, correspondence, provider information).			

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1380	7.23 - Other Technical Requirements	8.12 - EDMS		1	Present authorized System users with the latest revision of a document with the option to view previous versions.			
1381	7.23 - Other Technical Requirements	8.14 - Web Portal		1	Provide the ability to receive proprietary transactions as requested by the Department (e.g., warrant inquiry, PAR status inquiry).			
1382	7.23 - Other Technical Requirements			1	Provide the ability to troubleshoot and debug data processing errors (e.g., if a user-input change was not accepted by the System, if a value was changed within the System without authorization).			
1383	7.23 - Other Technical Requirements	8.5 - Operations Management		1	Perform batch control and reporting.			
1384	7.23 - Other Technical Requirements			2	Support the functionality to trigger electronic correspondence to client, provider, submitter, and Contractor by email distribution, fax, posting, social media, automated letter generation (using standard letters or forms, letter templates, and free-form letters), as well as interface with an automated correspondence generation functionality.	PHI and PII will not be distributed inappropriately.		
1385	7.23 - Other Technical Requirements			2	Provide the ability to automate some or all of the currently manual 1099 review process.			

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1386	7.23 - Other Technical Requirements			3	Provide the ability to facilitate access to approved data and notifications through Web browsers and mobile devices in order to support the distributed and mobile nature of providers, clients, Department staff and stakeholders. Design should support changes and additions to new access channels that may become available or popular over the life of the Contract.			
1387	7.23 - Other Technical Requirements			3	Provide the ability to support different/multiple aspect ratios and screen resolutions for System displayed data, with the ability to maximize, minimize, and show multiple screen displays.			
1388	7.23 - Other Technical Requirements			1	Procure and maintain infrastructure hardware and software including upgrades and technology refreshes to maintain functionality of all interfaces.			
1389	7.23 - Other Technical Requirements	8.12 - EDMS	5.5 - FAO Phases	2	Provide takeover information archives in a manner that facilitates fast and accurate information retrieval including a viewable, indexed, and content-searchable format.			
1390	7.23 - Other Technical Requirements			2	Provide the ability to automate the meta-tagging of documents based upon their contents, and to allow user defined meta-tags.			
1391	7.23 - Other Technical Requirements			3	Provide the ability to create and maintain multiple group-based Customized display environments of System information so that a group sees only the information the group wants or is allowed to see, in the order that the group desires to see it.	Groups may be business units, or may be defined by job category, employee status (e.g., permanent, temporary, new hire pre-HIPAA training), or other Department defined criteria.		

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1392	7.23 - Other Technical Requirements			2	Provide the ability to generate and track internal messaging notes between system administrators regarding an authorized System user's profile. Include maintenance features for each message, such as update and delete, as well as a date/time stamp and the authorizing user name for each message.			
1393	7.23 - Other Technical Requirements	8.10 - Managed Care		3	Allow flexibility to support managed care geographical service areas, (e.g., by county, city, zip code, mileage, census track, longitude and latitude, or various combinations).			
1394	7.23 - Other Technical Requirements			1	Provide the ability to track and maintain changes to the Contractor-maintained Web Portal and website to validate that postings, newsletters, bulletins, and links are the most up to date and accurate.			
1395	7.23 - Other Technical Requirements			Optional	Provide Department staff the capability to create and maintain Web Based Training survey questions, dependent subsequent questions, and overall structure of the surveys.			
1396	7.23 - Other Technical Requirements			Optional	Provide an easy-to-use training module for authorized System users to edit, create, define, and to release into production group-based Customized training.			
1397	7.23 - Other Technical Requirements			Optional	Provide the ability to utilize latest technology to display online-friendly audio-visual presentations.			

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1398	7.23 - Other Technical Requirements			Optional	Provide ability to generate and administer surveys to a random sample of a selected population group (e.g., clients and providers).			
1399	8.3 - Client Management, Eligibility/ Enrollment	8.4 - Provider Management - Enrollment/Disenrollment		1	Allow Department to perform manual enrollment/disenrollment functions so that business operations are not interrupted by System limitations.			
1400	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Support accurate and timely automatic or choice-based enrollment of clients into an Managed Care Organization. System generates error report when client is incorrectly enrolled.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1401	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Facilitate an efficient process for enrollment, disenrollment, and/or transfer of recipients to Health Benefit Plans, as well as Managed Care Organizations.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1402	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Enroll clients into one a Health Benefit Plan or Managed Care Organization according to criteria established by the Department.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1403	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Allow for Configuration of hybrid, fee-for-service managed care models as a Health Benefit Plan.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1404	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Allow recipients to be exempted or excluded from managed care program enrollment by type of Managed Care Organizations according to Department-specified criteria and consistent with federal and State guidelines.	Within 48 hours Contractor will resolve any enrollment issues within their control.		

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1405	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Provide for mass enrollment, disenrollment and transfer of clients between Health Benefit Plans and/or Managed Care Organizations.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1406	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Allow authorized System users to manually enroll and disenroll a client into a Health Benefit Plans and/or Managed Care Organization according to criteria established by the Department.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1407	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Provide the ability to automatically reenroll a Managed Care client into the same Managed Care Organization when the client has lost eligibility for a defined period of time.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1408	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Support the ability to retroactively enroll and disenroll a client or client group into Managed Care Organization and to identify that the enrollment was retroactively completed. Provide the ability to Configure varying limits for retroactive enrollment to client groups defined by the Department.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1409	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		2	Support the ability to retroactively enroll and disenroll a client or client group into managed care and support the ability to automatically retroactively make claims adjustments based on such program enrollment changes.	Within 48 hours Contractor will resolve any enrollment issues within their control.		
1410	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		1	Support, generate, and distribute scheduled client eligibility maintenance and discrepancy reports (e.g., presumptive eligibility and death reports). Contractor maintains historical reference of discrepancies and their solution within fields in the System that are usable for both eligibility and claims/encounters payment.	Contractor performs and reports on ad hoc client reconciliation.		

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1411	8.3 - Client Management, Eligibility/ Enrollment	8.10 - Managed Care		2	Contractor shall use a pre-defined set of criteria including priority of data source (e.g., date of death from SSA) and other criteria determined by the Department and the Contractor to resolve discrepancies in client eligibility.			
1412	8.3 - Client Management, Eligibility/ Enrollment			2	Maintain current and historical records of benefit assignment(s) for clients.			
1413	8.3 - Client Management, Eligibility/ Enrollment	9.2 - FAO Business Requirements		1	Provide real-time response to client eligibility and benefit inquiries. • Real-time responses to eligibility lookup for benefits and services. • Real-time responses for managed care enrollment/eligibility lookup. • Operate the inquiry interchange for client eligibility and enrollment verification. • Operate an Interactive Voice Response (IVR) system for eligibility inquiries. • Support switch vendor client swipe card identity and eligibility verification at the point of service.	Timeliness: The Contractor updates eligibility data from the CBMS/TRAILS in near-real time while the CBMS/TRAILS, or a replacement batch process is in place. Quality: Eligibility results transmitted in response to authorized queries are 100% consistent with data obtained from the Department's eligibility system(s).		
1414	8.3 - Client Management, Eligibility/ Enrollment			1	Provide ability for data load staging of ongoing eligibility to produce validation reporting and error logs for reconciliation prior to loading data into the System.			

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1415	8.3 - Client Management, Communication			1	Contractor generates any communications as may be required by System duties. (e.g., sending client notices regarding billing issues or decisions (EOBs), service limitations or exceptions, and new programs or other client related requirements). The System can be used to review all services requested and claims/encounters paid for the client.			
1416	8.3 - Client Management, Communication	8.4 - Provider Management, Communication		1	Contractor will generate appropriate approval, pending, and denial notices to providers or clients including denial reason, grievance and appeal rights, and procedures.			
1417	8.3 - Client Management, Communication			3	Support electronic, outbound call service, mail, and/or email communication based on client selected preferences.			
1418	8.3 - Client Management, Communication			3	Support multiple communications to and from clients and track and monitor all responses of the communications (e.g., Medical Service Questionnaires (MSQ), Explanation of Medical Benefits).			
1419	8.3 - Client Management, Information			3	Accept and maintain information provided via external data feeds from agencies and other sources.			
1420	8.3 - Client Management, Information			1	Maintain historical eligibility data online for Department-defined time period.			

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1421	8.3 - Client Management, Information	8.4 - Provider Management, Information		1	Maintain PAR notifications delivered by the Department's Prior Authorization contractor and store all data used to populate the notification.			
1422	8.3 - Client Management, Information			2	Track and maintain records of inquiries regarding clients' eligibility and provide regular reporting.			
1423	8.3 - Client Management, Information			2	Provide ability to link and cross-reference clients within a family or household including relationships (e.g., connect child to a parent, connect with head of household status, or with a household representative).			
1424	8.3 - Client Management, Information			2	Collect and manage additional addresses and other contact information for all client records, not only head of household.			
1425	8.3 - Client Management, Information	8.13 - Case Management Tool		2	Maintain Colorado Medical Assistance program client waitlists, and special needs lists, for specific benefits or programs.			
1426	8.3 - Client Management, Inquiry			1	Identify for providers, at the point of service, when a client is enrolled in the Health Benefit Plan, the amount, duration, and scope of benefits. Provide the contact information for the Managed Care Organization, if applicable, and other information, as defined by the Department.			

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1427	8.3 - Client Management, Inquiry	8.10 - Managed Care		2	Provide selected client information back to third parties (e.g., Case Management, CBMS, enrollment broker, ACC and managed care entities, CHP+, UM vendor, and other parties designated by the Department) including managed care enrollment and benefit package enrollment.			
1428	8.3 - Client Management, Inquiry			Optional	Support client access to data elements through the client portal to meet the requirements of this RFP.			
1429	8.3 - Client Management, Inquiry			2	Contractor performs client copay reset processing. The System shall track the percentage of the client's or family's income spent on copays. The System shall be able to 'turn off' the client's copay requirement when the amount paid reaches Department defined limitations for a specified time frame.	Contractor performs annual client copay reset processing. The Department will provide the Client or Family federal poverty level (FPL) or income in the eligibility interface to facilitate this process.		
1430	8.3 - Client Management, Inquiry	8.10 - Managed Care		1	Provide the ability to uniquely identify the Managed Care Organization associated with an encounter			
1431	8.3 - Client Management, Client Portal			Optional	Provide online and telephonic client access to real-time information, including enrollment status, eligibility information, and PAR status.			

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1432	8.3 - Client Management, Client Portal			Optional	Provide centralized access for clients that includes eligibility, prior authorization information, and Claim/ Encounter/capitation data.			
1433	8.3 - Client Management, Client Portal			Optional	Support secure online client access to System data, including claims data, EOMBs, and other communications, through the web, based on the user's security profile in accordance with technology policies.			
1434	8.3 - Client Management, Client Portal			Optional	Provide the ability for the client to track the progress of their hearing request for appeals through the client portal.			
1435	8.3 - Client Management, Client Portal			Optional	Provide the ability for a client enrolled in a premium assistance program to track the status of a premium reimbursement (e.g., CHP+ at work, QMB, HIBI).			
1436	8.3 - Client Management, Client Portal			Optional	Require a real-time (or near real-time) client portal to view provider directory information and (recommended) scheduling module to include the ability to send notice to the practice of a cancelation prior to the appointment. It shall be searchable by distance from a location and ideally would have links and/or interfaces to the NEMT Contractor's online transportation scheduling site.			

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1437	8.3 - Client Management, Client Portal			Optional	Provide clients with an easy-to-view and understand on-line description of their covered benefits and benefit limitations.			
1438	8.3 - Client Management, Client Portal			Optional	Allow for the online entry of referrals for a client including tracking and notification, making the referral available for claims adjudication processes.			
1439	8.3 - Client Management, Client Portal			Optional	Include applications enabling client access to client EOMBs based on policy and criteria defined by the Department, and allow the clients to identify services they did not receive.			
1440	8.3 - Client Management, Client Portal			Optional	Allow a client to view provider availability, provider information, managed care availability, program affiliation, clinic affiliation, and location based on client benefit profile, location, zip code, or county.			
1441	8.3 - Client Management, Client Portal			Optional	Provide the ability for a client to report alleged provider fraud and then generate a workflow process to track, respond and resolve the referral.			
1442	8.3 - Client Management, Client Portal			Optional	Via the web portal provide the ability to allow a client to initiate provider selection and self-enroll in a Managed Care Organization, as well as choose a primary care physician within the plan’s network based on policy as defined by the Department.			
1443	8.3 - Client Management, Client Portal			Optional	Via the web portal provide the ability to allow a client to submit TPL information, and forward that information via workflow to the appropriate authorized System users.			

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1444	8.3 - Client Management, Client Portal			Optional	Provide the ability to allow a client to enter and view appeals and grievances, including the ability to check status and receive related notifications and alerts via the Web Portal.			
1445	8.3 - Client Management, Eligibility/ Enrollment	8.13 - Case Management Tool		Optional	Allow authorized System users to manually enroll Colorado Medical Assistance program clients whose eligibility is not submitted or received through CBMS.			
1446	8.4 - Provider Management, Enrollment/ Disenrollment	8.14 - Web Portal		1	Support provider enrollment, disenrollment, recertification, account maintenance, and enrollment status via the Provider Enrollment Tool.	Ninety-nine percent (99%) of providers enrolled properly.		
1447	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Provide the ability to accept, manage, and track provider enrollment fees including the ability to accept and process credit cards and deposit money in State accounts.	Any incurred fees will be reimbursed to the Contractor. The Department assumes that any credit card fees are incorporated into the charges to the Provider.		
1448	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Track and support any established provider review or survey schedule to ensure providers continue to meet provider eligibility requirements as established by the Department.			
1449	8.4 - Provider Management, Enrollment/ Disenrollment			1	Capture changes in provider enrollment status.			
1450	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Require providers to disclose any conflicts of interest upon provider enrollment and revalidation.			

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1451	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.14 - Web Portal	3	Maintain links to applicable federal and State regulations in the Provider Enrollment Tool.	Update documentation based on Department requirements.		
1452	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Fiscal Agent Operation staff shall maintain knowledge of all applicable federal and State provider enrollment and certification/licensure regulations.			
1453	8.4 - Provider Management, Enrollment/ Disenrollment	8.8 - Program Integrity		1	Record the provider termination and/or denial reason/explanation, as determined by Department business rules, with a searchable reason and explanation.			
1454	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.4 - Provider Management, Information	1	Support multiple provider enrollment “roles” and process provider enrollment and contracting, as required by the Department, including but not limited to: • FFS provider • Billing • Rendering • Limited Pay • ACC (RCCO and PCMP) • Primary Care Provider (PCP) • Managed Care Organization • Client as a payee • In-home caregivers			

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1455	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		1	Perform all of the Program Integrity provider screening functions on managed care entities and their networks as they will be performed for FFS providers enrolling in the Colorado Medical Assistance program (i.e., third party validation functions, LEIE, crimes). Track and support the screening of applications, enrollment status information, and ongoing provider updates, for National Provider Identifier (NPIs), State licenses, Certifications, Specialty Board certification as appropriate, review team visits when necessary, and any other federal and State Requirement.	The Department will only implement this requirement if the Department mandates that managed care entities and their networks enroll in the Colorado Medical Assistance program using the Contractor's Provider Enrollment Tool.		
1456	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services		2	Provide a limited-purpose provider enrollment process to track formal ~~and informal providers for~~ out-of-state providers.			
1457	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.14 - Web Portal	1	Provide provider outreach and communications approved by the Department to give providers enrollment information as needed through the Web Portal.			

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1458	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	7.4 - Deliverable Requirements	1	Update documentation based on Department requirements.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1459	8.4 - Provider Management, Enrollment/ Disenrollment	9.5 - FAO Provider Management Services	8.4 - Provider Management, Communication	1	Produce notices through the Provider Enrollment Tool to notify applicants of pending status, approval, or rejection of their applications.			
1460	8.4 - Provider Management, Enrollment/ Disenrollment	9.7 - FAO Program Integrity Support Services		1	Inform third parties of provider terminations.	Provide notice to Medicare, other states and to other parties as directed by the Department and ACA Provider Screening Rule.		

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1461	8.4 - Provider Management, Enrollment/ Disenrollment	8.4 - Provider Management, Information		1	Provide the ability to manage relationships to other Medicaid provider IDs for the same provider (e.g., multiple provider roles, numbers used before the NPI was established, erroneously issued prior numbers, multiple NPIs for different subparts). Captures/crosswalks subpart NPIs used by Medicare (but not Medicaid) to facilitate coordination of benefits claims/encounters processing.			
1462	8.4 - Provider Management, Enrollment/ Disenrollment	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services	3	Maintain current and historical record of multiple address and license capabilities for providers.			
1463	8.4 - Provider Management, Enrollment/ Disenrollment	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services	3	Support multiple provider email addresses.			
1464	8.4 - Provider Management, Enrollment/ Disenrollment	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services	3	Provide automated verification/validation of provider email address(es).			
1465	8.4 - Provider Management, Enrollment/ Disenrollment	7.12 - System Interfaces		1	Provide the ability to interface and capture necessary data from relevant federal and State databases, in accordance with the ACA Provider Screening Rule +G474.			
1466	8.4 - Provider Management, Enrollment/ Disenrollment	7.12 - System Interfaces	9.5 - FAO Provider Management Services	1	Upload sanctioned, terminated, exclusions and other required information to federal databases, in accordance with ACA Provider Screening Rule.			

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1467	8.4 - Provider Management, Claims Related			1	Capture providers and associated encounter data received from the managed care plan with each provider.			
1468	8.4 - Provider Management, Claims Related	9.5 - FAO Provider Management Services		1	Provide the ability to prevent providers from submitting claims/encounters or verifications successfully unless the provider is actively enrolled in the System. There is a need for exception criteria to the general rule with regard to report retrieval by entities who are not enrolled as billing providers.			
1469	8.4 - Provider Management, Claims Related	9.5 - FAO Provider Management Services		1	Accept, validate, and process transactions or user entries to update and maintain provider information.			
1470	8.4 - Provider Management, Claims Related	8.5 - Operations Management, Claims/Encounters		1	Enable providers to submit, inquire, and adjust claims/encounters electronically.			
1471	8.4 - Provider Management, Claims Related	8.14 - Web Portal		1	In addition to the electronic transaction, support the ability for providers to generate and retrieve a human readable view of the 835 transaction information in the Web Portal.			
1472	8.4 - Provider Management, Claims Related	8.5 - Operations Management, General		1	Maintain identifiers for designating providers who are allowed to submit paper claims or are using electronic claims/encounters submission.			

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1473	8.4 - Provider Management, Claims Related	9.4 - FAO Prior Auth Services	8.14 - Web Portal	2	In addition to the electronic transaction, support the ability for providers to generate and retrieve a human readable view of the Prior Authorization status and service detail information in the Web Portal.	As close to real time as possible.		
1474	8.4 - Provider Management, Claims Related	8.14 - Web Portal	9.4 - FAO Prior Auth Services	2	As acceptable under HIPAA privacy regulations, enable providers to receive information on clients they serve (e.g., eligibility, prior authorizations, service history, accumulators of service history, TPL, primary care providers, benefits and restrictions, copayments) in the Web Portal.			
1475	8.4 - Provider Management, Claims Related	9.4 - FAO Prior Auth Services	8.14 - Web Portal	2	Enable providers to search for and retrieve service specific information that have limitations including Prior Authorizations through the web portal.	Available as close to real time as possible.		
1476	8.4 - Provider Management, Communication	9.5 - FAO Provider Management Services		1	Maintain and staff a provider communications/relations function including, but not limited to, toll-free lines, email communications, webinar communication, toll-free fax communication. Provide a message informing provider about hold/wait time.	Staffed from 8:00 a.m. to 5:00 p.m. Mountain Time, Monday through Friday in accordance with the Holiday Schedule. Maintain a sufficient number of telephone lines, technology, and personnel so that at least ninety-five percent (95%) of all calls are answered/queued within fifteen (15) seconds, and no more than five percent (5%) of answered calls are on hold for more than one (1) minute.		
1477	8.4 - Provider Management, Communication	9.5 - FAO Provider Management Services		1	In conjunction with the Department develop and maintain provider publication formats/updates and content.			

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1478	8.4 - Provider Management, Communication	9.2 - FAO Business Requirements		1	Maintain information on professional relationships furnished by providers to other entities, such as groups, managed care entities, chains, networks, ownerships, and partnerships, and managing employees, between individual providers, practices, and billing organizations within the System.			
1479	8.4 - Provider Management, Communication			2	Provide authorized System users online access to edit and publish all provider publications (e.g., manuals, bulletins, billing instructions, notices, and subsequent updates).			
1480	8.4 - Provider Management, Communication			2	Provide subscription options for provider communication delivery.	This gives providers the options to choose what publications they wish to receive via email and the ability to subscribe and unsubscribe through their user profile.		
1481	8.4 - Provider Management, Communication	9.5 - FAO Provider Management Services		1	Archive historical provider publications in a searchable area accessible to the Department staff.			
1482	8.4 - Provider Management, Communication	8.14 - Web Portal		3	Provide the ability to automate communications with providers (e.g., automate the letter to notify the provider of both involuntary and voluntary termination).			
1483	8.4 - Provider Management, Communication	8.3 - Client Management, Communication		3	Support desktop mail merge functionality. Allow authorized System users to easily export System information on clients and providers so that it can be merged into template letters and forms to communicate with clients, providers, and others as directed by the Department.	This requirement is to allow for the ability to export data to allow the Department to produce Custom letters or forms using a desktop application such as Microsoft Word, outside of the System letter generation solution.		

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1484	8.4 - Provider Management, Communication			1	Provide the ability to target specific provider groups with communications (audience and timing), per Department requirements.			
1485	8.4 - Provider Management, Communication			Optional	Provide a secure forum for providers or their designees to post inquiries, to respond to other posters, to create topical “threads” on issues. Allow Department staff and other designated users to access the forum and to participate and moderate the posts and threads, based upon user roles. Provide a search capability to find posts and threads by date or relevance.			
1486	8.4 - Provider Management, Communication			Optional	Collect, maintain, and report client feedback on providers.			
1487	8.4 - Provider Management, Communication	9.5 - FAO Provider Management Services		Optional	Maintaining social media functions (e.g., Facebook, Twitter) for Fiscal Agent Operations and System functions, and a hosted provider-centered web area with communication “forums”, Q&A forums, “YouTube-like” video trainings/demonstrations, and an extensive user-searchable knowledge base.			
1488	8.4 - Provider Management, Information			1	The System shall maintain provider data supporting claims processing, prior authorization, referrals, financial, re-certification, management and operational reporting functions.			
1489	8.4 - Provider Management, Information			2	Provide a robust provider profile that allows the provider to view his/her profile, submit requests to update information (e.g., availability, whether accepting new patients), and to initiate workflow for the Contractor to approve (or Department), if necessary.			

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1490	8.4 - Provider Management, Information			2	Enable the process definition to be specified and captured in terms of the group practice and other organizations and roles, (i.e., Pay To Provider information, Service Location information, and Rendering Provider information) and provide ability to link to specific providers later, as required.			
1491	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services	8.12 - EDMS	1	Maintain all Department-approved provider agreements.			
1492	8.4 - Provider Management, Information			1	Track and control the process of reconciliation of errors in transactions that are intended to update provider information. Maintain a human readable audit trail.			
1493	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Assign and maintain unique provider numbers for providers not required to obtain an NPI number.			
1494	8.4 - Provider Management, Information			1	Support NPI, provider taxonomy, and legacy provider IDs.			
1495	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Maintain an identifier for providers who are using Electronic Funds Transfer (EFT).			

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1496	8.4 - Provider Management, Information	8.4 - Provider Management, Enrollment/ Disenrollment		1	Maintain and update the affiliations between supervising physicians and non-physician practitioners. Include tables to store all required provider disclosures, Ownership/relationship of owners, managing employees, significant transactions, and affiliations with other provider IDs.			
1497	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		3	Update and maintain financial data including current and prior year 1099 reported amounts.			
1498	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Provide the ability to meet all 1099 reporting and IRS requirements and support the Department during audits.			
1499	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		3	Allow providers to manage their own submitter contracts (i.e., switch vendors, clearing houses, and software vendors) and track updates between their Trading Partner associations.			
1500	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Flag and route for action if multiple provider numbers are assigned to a single provider.			
1501	8.4 - Provider Management, Information			2	Provide the ability to identify all providers who provide care under a Managed Care Organization. This includes providers such as rendering, prescribing, ordering, and referring providers who are in the Managed Care Organization network.			

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1502	8.4 - Provider Management, Information			1	Maintain an audit trail of all updates to the provider data, including date-specific provider enrollment, reenrollment, termination and demographic data.			
1503	8.4 - Provider Management, Information	9.5 - FAO Provider Management Services		1	Maintain electronic provider files and electronic claims/encounters submitter files and update the contents as required. Incorporate the EDI enrollment of submitters, clearinghouses, and providers into the Provider Enrollment Tool so users can access trading partner information and reports.			
1504	8.4 - Provider Management, Information	8.4 - Provider Management, Enrollment/ Disenrollment		2	Provide the ability for providers to update their Colorado Medical Assistance provider directory listing that is available to the public in real-time (or near real-time) through the Web Portal or Provider Enrollment Tool to allow them to update information including (but not limited to): • Status of accepting new patients. • Descriptions of the practice (e.g, services offered, philosophy). All updates to this material should be noted on search results pages (e.g., " record last updated 5/2/12"). The System shall provide the ability to send an automated message to the provider portal administrator (email address of record) that the information requires confirmation that it is current or to be updated. This may also include the ability for a scheduling component for providers to list schedule openings within a short period of time (e.g., 48-72 hours).			
1505	8.4 - Provider Management, Inquiry	8.5 - Operations Management, TPL		1	Provide selected client information (e.g., managed care enrollment, benefit package enrollment) back to third parties designated by the Department (e.g., Case Management, CBMS, enrollment broker, ACC and managed care entities, CHP+, UM vendor).			

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1506	8.4 - Provider Management, Inquiry	9.5 - FAO Provider Management Services		3	Collect, maintain, and make available to providers information that is useful, including information on available specialists and community resources for their clients (e.g., where and how to apply for food stamps).			
1507	8.4 - Provider Management, Inquiry	8.4 - Provider Management, Enrollment/ Disenrollment		1	In the Provider Enrollment Tool, allow providers the ability to opt-out of the provider directory.			
1508	8.4 - Provider Management, Inquiry	8.4 - Provider Management, Enrollment/ Disenrollment		1	Allow the public to search for providers within a specified radius.			
1509	8.4 - Provider Management, Inquiry	9.5 - FAO Provider Management Services		1	Provide the ability for providers to update their information in the provider directory through the Web Portal or Provider Enrollment Tool .	As close to real time as possible.		
1510	8.4 - Provider Management, Inquiry	9.5 - FAO Provider Management Services		1	Provide the ability for authorized System users to check the status of a provider enrollment application in the System.			
1511	8.4 - Provider Management, General	9.5 - FAO Provider Management Services		1	Support, document, and maintain an appeals process for provider enrollment rejections, denials, terminations, and changes to program participation eligibility effective dates in accordance with federal and State guidelines.			
1512	8.4 - Provider Management, General	8.14 - Web Portal		2	Provide the ability to allow a provider to enter and view appeals and grievances, including the ability to check status and receive related notifications and alerts via the Web Portal.			

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1513	8.4 - Provider Management, General	9.5 - FAO Provider Management Services		1	Maintain detailed documents and procedures. Department will develop and establish detailed guidelines to ensure proper enrollment of all provider types, to include review of provider application before an approval or rejection is assigned.			
1514	8.5 - Operations Management, Claims/ Encounters Reporting	8.5 - Operations Management, Claims Processing		1	Provide the ability to accept, translate, and process electronic claims/encounters transactions, and send any appropriate associated response, containing valid formats as follows (single and batch submission): • Dental health care claims/encounters (X12N 837D) • Professional health care claims/encounters (X12N 837P) • Institutional health care claims/encounters (X12N 837I)			
1515	8.5 - Operations Management, Claims/ Encounters Reporting	8.5 - Operations Management, Claims Processing		1	Provide the ability to accept, translate, and process electronic claims/encounters transactions, and send an appropriate response, containing valid formats as follows (single and batch submission): • Coordination of benefits data, when applicable • Claims/encounters status/response 276/277 • EOB/RA (X12 835) • Referrals (X12 278) • Claims/encounters attachments (X12 275) • HL7	The 275 transaction has not been finalized at this point. The 275 transaction will be implemented after the final EDI standard has been published by CMS.		
1516	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide a traceable and consistent unique claims/encounter identifier. Original claims/encounters and all subsequent adjustments should be linked and identifiable for a consistent audit trail.			
1517	8.5 - Operations Management, Claims/ Encounters Reporting	7.12 - System Interfaces		1	As pharmacy claims are transmitted from the PBMS, maintain in the System the unique identifier assigned by the PBMS.			

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1518	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide an audit trail that links original claim/capitation/encounter to all adjustments. This shall provide a solution to readily retrieve all claims/capitations/encounters associated with one service and identify the most recent version.			
1519	8.5 - Operations Management, Claims/ Encounters Reporting	8.14 - Web Portal	8.5 - Operations Management, Claims Processing	1	Provide and maintain the capability for online end-to-end processing of a claim (process flow) through the System, and return processing and error messages to the submitter.	As close to real time as possible		
1520	8.5 - Operations Management, Claims/ Encounters Reporting	9.3 - FAO Claim/ Encounter Related Services	7.12 - System Interfaces	1	Provide the ability for the System to reconcile claims/encounter payment information with COFRS for accounting purposes such as: • Void payments issued by canceling outstanding checks and/or EFTs. • Reissue payments; issue manual or automated payments. • Split payments received. • Suspend or hold a payment or group of payments based on user-defined criteria. • Automatically reverse all related financial transactions upon entry of any voided entry. • Perform mass recoupment based on user-defined selection criteria with automated provider notification to include appropriate claim detail. • Perform mass and individual financial adjustments with automated provider notification to include appropriate claim detail.			

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1521	8.5 - Operations Management, Claims/ Encounters Reporting			1	Capture, store and maintain data necessary to: • Correctly adjudicate claims/encounters. • Perform online Claim/ Encounter corrections. • Maintain and perform edits and audits. • Allow online claims/encounters adjustments. • Allow online access to claims/encounters history. • Correctly price all claims/encounters at the detail service line and header level. • Allow online access to suspended claims/encounters. • Provide and allow online access to claims/encounters adjudication and status reporting and maintain claims/encounters history.	• Ninety-five percent (95%) of all clean claims shall be adjudicated for payment or denial within seven (7) business days of receipt. • Ninety-nine (99%) of all clean claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt. • Non-clean claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclean. • All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations. • Ninety-five (95%) of claims/encounters shall be entered correctly.		
1522	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide claim information that can be used for proving fraud and abuse cases in a legal setting. Store and make available original claim information submitted by the provider and generate facsimile of the appropriate claim format, on a claim-by-claim basis.			
1523	8.5 - Operations Management, Claims/ Encounters Reporting			1	On all Claim/ Encounter records, System shall retain client enrollment and eligibility information that was current for the dates of service at the time of processing the Claim/ Encounter.			
1524	8.5 - Operations Management, Claims/ Encounters Reporting			1	Accept and use all common, approved national standard paper claim forms.	The Department requires electronic submission of all claim forms unless they have attachments. Currently 97% of all claims are submitted electronically.		

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1525	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide a process for the storage of paper and electronic attachments associated with each claim. All information in the attachments should be viewable and searchable.	The Department requires electronic submission of all claim forms unless they have attachments. Currently 97% of all claims are submitted electronically.		
1526	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide the ability to view and search all imaged (scanned from paper) and electronic attachments associated with each Claim/ Encounter in the System.			
1527	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide the ability to view and search all imaged (scanned from paper) and electronic attachments associated with each PAR in the System.			
1528	8.5 - Operations Management, Claims/ Encounters Reporting			1	Provide ability for authorized System users to perform claim and capitation corrections in the System prior to final payment.			
1529	8.5 - Operations Management, Claims/ Encounters Reporting	8.14 - Web Portal	8.5 - Operations Management, Claims Processing	1	Provide ability for providers to perform claim corrections through the Web Portal prior to final adjudication. Provide tracking and reporting on the number of times a provider modified a claim prior to final adjudication.	Note: If providers are able to correct claims/encounters, Department must identify parameters for which corrections are allowed.		
1530	8.5 - Operations Management, Claims/ Encounters Reporting			1	Capture, store and maintain data necessary to: • Correctly adjudicate claims/encounters. • Perform claim/encounter/capitation corrections. • Maintain and perform pricing and editing activities. • Perform claim/encounter/capitation adjustments (including partials). • Provide access to claims/encounters/capitation history.			

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1531	8.5 - Operations Management, Claims/ Encounters Reporting	8.14 - Web Portal		3	Provide the ability for providers to generate reports that shows the full picture of their claim/encounter activity, including their associated claims status (e.g., submitted, suspended, paid/adjudicated).			
1532	8.5 - Operations Management, Claims/ Encounters Reporting			1	Report claims/encounters that are non-payable. ~~(e.g., 110)~~			
1533	8.5 - Operations Management, Claims/ Encounters Reporting	9.3 - FAO Claim/ Encounter Related Services		1	Provide the ability to review, apply, and report on claim billing and coding errors, according to industry guidelines and the National Correct Coding Initiative (NCCI).			
1534	8.5 - Operations Management, Claims/ Encounters Reporting	8.10 - Managed Care		1	Provide a HIPAA-compliant transmission response (e.g., acceptance message, rejection message) to the submitting provider, including managed care entities, on the success/failure of the submission of claims/encounters/files.	As close to real time as possible		
1535	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to accept, store and edit PARs, including the ability to automatically and manually edit PARs.			
1536	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to produce notices to clients, contractors, case managers and providers regarding PARs.			
1537	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to create PAR types on all services.			

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1538	8.5 - Operations Management, Prior Authorizations			1	Provide the ability for the System to assign a unique control number to all PARs entered into the System. Generate a report back to submitter of all PARs and their unique control numbers. This process is used to track submissions and monitor contractors.			
1539	8.5 - Operations Management, Prior Authorizations			1	Provide an auto-assigned unique, non-duplicated PAR number for tracking throughout the life of the PAR. This PAR number is used in claims processing to validate the services and is recorded on the claim record.			
1540	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to reconcile the Department-assigned prior authorization IDs with external vendors.			
1541	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to accept electronic revisions on PARs from all contractors.			
1542	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to track revision history at the PAR level.			
1543	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to update PAR language when business rules are updated (e.g., changing denial reasons).	Note: The Department expects that PAR language can be updated without Customization or by an authorized System user.		
1544	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to conduct a mass adjustment of PARs (e.g., service adjustment, rate adjustment, COLA adjustment).			

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1545	8.5 - Operations Management, Prior Authorizations	9.4 - FAO Prior Auth Services		1	Coordinate and standardize processing and tracking of PAR data for purpose of utilization review.			
1546	8.5 - Operations Management, Prior Authorizations	9.4 - FAO Prior Auth Services		1	Provide the ability to identify, search, and report on PARs with potentially conflicting or duplicative data.			
1547	8.5 - Operations Management, Prior Authorizations	9.4 - FAO Prior Auth Services		1	Identify and reject duplicate PARs.			
1548	8.5 - Operations Management, Prior Authorizations			1	Provide the ability for authorized System users to search and view prior authorizations by selected criteria (e.g., provider, client, PAR type) in the System.			
1549	8.5 - Operations Management, Prior Authorizations			1	Provide the ability to link and view multiple PARs to a client record.			
1550	8.5 - Operations Management, Claims Processing			1	The System shall edit claims/encounters for medical policy (e.g., duplicates, bundled services). Claims/encounters can be identified, adjusted, re-processed, using the information that was available when the claim was first submitted.			
1551	8.5 - Operations Management, Claims Processing	8.5 - Operations Management, Claims/ Encounters Reporting		1	Provide detail and summary reporting on paid, re-priced, suspended, or denied claims/encounters that are identified through claim edits to the Department weekly .			

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1552	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		1	Adjudicate claims in accordance with Department policies and federal requirements.			
1553	8.5 - Operations Management, Claims Processing			1	Provide the ability to identify, edit, and adjudicate claims/encounters for services carved out of a managed care contract as a fee-for-service claim.			
1554	8.5 - Operations Management, Claims Processing			1	Provide the ability to override automated system pricing for pricing that exists on prior authorizations. • Integrate with a Diagnosis Relationship Grouping (DRG) to determine the DRG and support DRG authorization/pricing capabilities. • Allow users to manually override pricing related parameters at the detail service line and header level.			
1555	8.5 - Operations Management, Claims Processing			1	Support rent-to-own pricing conversion (e.g., DME, supplies).			
1556	8.5 - Operations Management, Claims Processing			2	Support lower-of price methodology (i.e., invoice-plus vs. MSRP-discount). Record and collate, from submitted MSRP and/or invoice data, real-time benchmark data to validate MSRP and invoice submissions.			
1557	8.5 - Operations Management, Claims Processing			1	Each Health Benefit Plan has its own unique services that need to be edited for available benefits and limitation, and services have their separate rates and payment methodology between Health Benefit Plans.			

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1558	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services	9.4 - FAO Prior Auth Services	1	Include functionality to support all HIPAA transactions including, but not limited to, attachments (275 and HL7), and the Unsolicited 277, Prior Authorization 278, and Unsolicited 278.			
1559	8.5 - Operations Management, Claims Processing			1	For each Health Benefit Plan, process claims/encounters and capitations against defined service, policy and payment parameters within the Health Benefit Plan.			
1560	8.5 - Operations Management, Claims Processing			1	Provide the ability to perform adjudication for individual claims/encounters and batch claims/encounters once received into the System.	As close to real time as possible		
1561	8.5 - Operations Management, Claims Processing			2	Provide the ability to pilot business rules to be applied to a designated group (e.g., client, provider) in a test environment. Provide the flexibility to add and change indicators and parameters easily and to allow for authorized user-defined adjudication rules.			
1562	8.5 - Operations Management, Claims Processing	8.10 - Managed Care		1	Provide the ability to suppress payment of capitation payments in whole, by provider, Health Benefit Plan, and client eligibility.			
1563	8.5 - Operations Management, Claims Processing	8.10 - Managed Care		2	Provide the ability to adjudicate capitations for retroactivity of client eligibility.			

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1564	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		1	Provide the ability to flag, re-price, suspend, or deny claims/encounters from the same provider billing more than once for a service or defined episode of care.			
1565	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		2	Provide the ability to flag, re-price, suspend, or deny claims/encounters from different providers (even different provider types) billing separately for a service or defined episode of care.			
1566	8.5 - Operations Management, Claims Processing			1	Provide the ability to suspend, deny, or reduce payment for serious reportable events (as defined by the ACA), according to federal and State rule and law.			
1567	8.5 - Operations Management, Claims Processing			1	Provide the ability to process, verify, and adjudicate mass adjustments for all paid and denied claims/encounters, capitation payments, and zero pays.			
1568	8.5 - Operations Management, Claims Processing			1	Provide parameter-driven multi-selection criteria for mass adjustment processing.			
1569	8.5 - Operations Management, Claims Processing			1	Provide the ability to exclude claims/encounters from mass adjustments that have zero impact to a payment.			
1570	8.5 - Operations Management, Claims Processing			1	Create and process system-generated claims/encounters, including, but not limited to managed care capitations, case management payments, and financial transactions.			

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1571	8.5 - Operations Management, Claims Processing			1	Provide the ability to perform the claim reconsideration process electronically. The claims and attachments are submitted electronically and connected in the System.	The Department's current reconsideration process is burdensome and the Department expects Offerors to propose a solution that works for their system.		
1572	8.5 - Operations Management, Claims Processing	7.13 - Rules Engine		1	Provide the ability to deny payments for Provider Preventable Conditions, according to federal and State rule and law.			
1573	8.5 - Operations Management, Claims Processing	7.13 - Rules Engine		1	Provide outlier and provider peer group pricing options for inpatient/outpatient claims/encounters.			
1574	8.5 - Operations Management, Claims Processing	7.13 - Rules Engine		1	Provide the ability to deny claims/encounters with certain diagnoses only when the “uncovered” diagnosis is the primary diagnosis, but allow payment if the “uncovered” diagnosis is not the primary diagnosis.			
1575	8.5 - Operations Management, Claims Processing			1	Provide the ability to adjust, process, and/or price Medicaid/Medicare dual eligible claims/encounters in accordance with Medicare guidelines. This includes claims/encounters for clients who are in Medicare Managed Care, including Part C.			
1576	8.5 - Operations Management, Claims Processing			1	Provide the ability to adjudicate claims/encounters based on national standard adjustment reason codes and remark codes from third parties where Medicaid is not the primary payer.			
1577	8.5 - Operations Management, Claims Processing			1	Provide the ability for authorized System users to view the pricing methodology and calculation used to process each claim/encounter.	Track the rate applied to a claim, the rate source and document them on the claim record.		

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1578	8.5 - Operations Management, Claims Processing			1	Calculate and set Medicaid co-pays by Health Benefit Plan and by client eligibility.			
1579	8.5 - Operations Management, Claims Processing			1	Provide the ability to calculate and set Medicaid co-pay maximums by Health Benefit Plan, client eligibility, and by client income and household parameters.	The Department will provide the Client or Family federal poverty level (FPL) or income in the eligibility interface to facilitate this process.		
1580	8.5 - Operations Management, Claims Processing			1	Provide the ability to price claims/encounters irrespective of submission media type.			
1581	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		1	Maintain active and inactive date spans on all updateable fields in the System and include controls so that updating the field cannot delete the inactive data.			
1582	8.5 - Operations Management, Claims Processing			1	Manage current and historical reference data so that updates do not overlay, historical information is maintained and made accessible, and ensure that only the most current reference file information is used in business functions, including but not limited to processing claims/encounters and capitations, and producing reports.	Possess the capability of being date-specific and allow for multiple date periods to remain accessible for the business functions		
1583	8.5 - Operations Management, Claims Processing	9.3 - FAO Claim/ Encounter Related Services		3	Provide the ability to automate requests for additional information to be incorporated into claim processing while suspending the claim until the information is received.			

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1584	8.5 - Operations Management, Claims Processing			2	Provide the ability to manage requests for non-covered services through an exception workflow (e.g., “non-covered” requests for EPSDT clients).			
1585	8.5 - Operations Management, Claims Processing	8.9 - Care Management		1	Provide the ability for Colorado Medical Assistance program HCBS waivers to be defined and managed in the System as Health Benefit Plans.			
1586	8.5 - Operations Management, Claims Processing			1	Use co-insurance, co-pay, and deductibles from third parties at the detail level for detail oriented claims/encounters, and at the header level for header level oriented claims/encounters during claims/encounters processing.			
1587	8.5 - Operations Management, Claims Processing			1	Provide a solution to accommodate prospective payments for outpatient hospital claims (e.g., Enhanced Ambulatory Patient Groupings) that could potentially be applied to other ambulatory care settings.			
1588	8.5 - Operations Management, Claims Processing			1	Provide the ability to prioritize transactions by submitter and transaction type, before the financial cycle, to delay or change processing order of transactions based on Department criteria.			
1589	8.5 - Operations Management, Claims Processing	8.13 - Case Management Tool		1	Limit payment for services to those described within the Client Service Plan as authorized through a PAR. Deny claims/encounters exceeding dollar or utilization limits established in the Health Benefits Plan and those not approved in the Client Service Plan.			
1590	8.5 - Operations Management, Claims Processing			1	Automate Health Insurance Buy-In cases to avoid paying multiple premiums for a client when they change insurance providers.			

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1591	8.5 - Operations Management, Claims Processing			1	Provide the ability to categorize and separate claims from encounters in the System.			
1592	8.5 - Operations Management, Claims Processing			1	Provide the ability to store and identify claims, capitations, and encounters as discrete data sets.			
1593	8.5 - Operations Management, Claims Processing			2	Within a Health Benefits Plan, provide the ability to define an episode of care and all associated claims/encounters clearly with the episode of care. (e.g., construct an inpatient admission episode of care that links all outpatient, physician, and pharmaceutical claims/encounters related to that admission).			
1594	8.5 - Operations Management, Claims Processing			3	Provide the ability to track all claims/encounters reviewed by contractors (e.g., RAC, PI, OIG, CMS, PERM), including the ability to track when a claim/encounter have been reviewed by multiple contractors.			
1595	8.5 - Operations Management, Claims Processing			3	Provide the ability to use provider credentialing information in claims/encounters adjudication and pricing including the ability to set denial status when a license expires.			
1596	8.5 - Operations Management, Claims Processing	8.10 - Managed Care		2	Allow batch process and online process of encounter corrections, replacements, and voids.			

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1597	8.5 - Operations Management, Claims Processing	8.8 - Program Integrity		3	Provide the ability to suppress claims processing based on criteria determined by the Department.	Examples: Suppress all claims, certain kinds of claims, lines of service within a claim, many claims. Suppress claims paid on behalf of certain clients. Suppress payment once a ceiling amount is hit for a new provider.		
1598	8.5 - Operations Management, Claims Processing			3	Provide the capability to capture benefits used in managed care plan and then apply those services to the benefit limits when a client returns to FFS.			
1599	8.5 - Operations Management, Claims Processing	7.13 - Rules Engine		Optional	Provide the ability to have the authorized System user to define the encounter validation (edits) criteria for each managed care program and perform the data edits.			
1600	8.5 - Operations Management, Claims Processing	7.12 - System Interfaces		1	Store and link to the claim(s) payment tracking details supplied by the COFRS interface (e.g., warrant numbers, EFT numbers, warrant status).			
1601	8.5 - Operations Management, Claims Processing			1	Provide the ability to distinguish between claims/encounters and capitations by Department defined major funding streams (e.g., Medicaid, state-only, CHP+, hospital provider fee, tobacco tax).			
1602	8.5 - Operations Management, Claims Processing			2	Provide the ability to store, maintain, and use in claims/encounters processing reasonable and customary charge information.	Department will supply reasonable and customary charge information.		

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1603	8.5 - Operations Management, Payment			1	Provide a comprehensive trading partner management process in the System that allows for the trading partner to be linked to the billing provider (where payment is going) and allow for that information to also be incorporated, updated, and viewable, in the Web Portal.			
1604	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Provide the ability to perform accounts payable and accounts receivable (AP/AR) functions: • Track and provide user-defined aging criteria for accounts payable and accounts receivable. • Allow scheduled payments from the System to a payee based on percentages, set payment amounts or other criteria relating to the total amount owed. • Allow creation of ARs that can be a percentage of payment or a defined amount to be paid. • Allow easy online access to outstanding account summary information. • Reduce the amount of open accounts receivable by applying Claim/ Encounter or other payment amounts to the debt and automatically create accounts receivable during recoupment. • Provide the capability to allow the transfer of accounts receivable when providers go through change of ownership. • Create hierarchy(s) for resolution of ARs based on Department defined rules.			
1605	8.5 - Operations Management, Payment			1	Provide the ability to manage accounts payable and receivable transactions to be sure that they are recognized and posted, manage financial transactions related to program delivery and processing, and allow management of program funds.			
1606	8.5 - Operations Management, Payment	8.8 - Program Integrity		2	Provide the ability to track and manage existing cases, AR/AP, overpayments (i.e., check numbers payer, payee, date, amount, memo).			

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1607	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Provide the ability to complete and track both full and partial adjustments to claims/encounters.			
1608	8.5 - Operations Management, Payment	8.8 - Program Integrity	7.22 - System Reporting	3	Monitor all AP/AR with user-defined reporting and alerts to notify authorized System users of changes in values.			
1609	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Provide the ability to define financial transactions by type and category (e.g., court settlements, audits, TPL).			
1610	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Accommodate prospective payments not based on claims/encounters, and be able to recover payments based on user-defined criteria.			
1611	8.5 - Operations Management, Payment			1	Provide the ability to track and pay clients and other non provider payments, for programs such as Health Insurance Buy In (HIBI) and Medicare buy-in.			
1612	8.5 - Operations Management, Payment			1	Provide the ability for providers to report client payments on their claims/encounters (e.g., PETI, copay, co-insurance, deductible).			
1613	8.5 - Operations Management, Payment			1	Store premium assistance and special payments tracking details such as client insurance policy numbers.			

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1614	8.5 - Operations Management, Payment	8.5 - Operations Management, Claims Processing	7.13 - Rules Engine	1	Prevent or suspend payments for clients or beneficiaries who have become ineligible for Colorado Medical Assistance program or who are not eligible for a specific services (e.g., long-term care services).			
1615	8.5 - Operations Management, Payment			1	Within the Colorado Medical Assistance program, provide the ability to distinguish between Medicaid and non-Medicaid (e.g., CHP+ and State only programs) claims/encounters and reimbursement.			
1616	8.5 - Operations Management, Payment			1	At the time of adjudication, write the applicable FFP rate to the Claim/ Encounter and capitation that includes different FFP rate reported by service on the same Claim/ Encounter and capitation. In addition to total payment amount, include total state payment and total federal payment (e.g., for a $100 family planning service, the total payment would be $100, the state payment would be $10, and the federal payment would be $90; the FFP would be 90/10).	FFP is populated at either the line or header depending on how payment is determined.		
1617	8.5 - Operations Management, Payment			1	Pay, report, and track service expenditures by funding source. Tracking shall be based on current and prior fiscal year. Allow for reassignment of expenditures (including claim adjustments), by fiscal year, according to general accounting principles.			
1618	8.5 - Operations Management, Payment			2	Provide the ability to report on (or change) the federal match rate (FFP) on recoveries and offsets to be what the rate was for the original payment, rather than what the rate is on the date of recovery or offset.	FFP is populated at either the line or header depending on how payment is determined.		
1619	8.5 - Operations Management, Payment	9.5 - FAO Provider Management Services		1	Provide procedures and workflow process to manage paper claims and other items that need to be returned to providers.			

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1620	8.5 - Operations Management, Payment	9.3 - FAO Claim/ Encounter Related Services		1	Provide the ability to generate and distribute notification letters to providers for accounts receivables through multiple channels (e.g., paper, email, web posting) as defined by Department.	Generate follow-up letter within thirty (30) calendar days after delivery of the initial letter.		
1621	8.5 - Operations Management, Payment	9.3 - FAO Claim/ Encounter Related Services	7.22 - System Reporting	1	Provide the ability for an authorized System user to apply payment to the correct accounts receivable (AR) record. • Identify delinquent accounts both individually and in mass, with the proper authority based on a user-defined accounts receivable threshold. • Once delinquent accounts have been identified, generate a report. • Allow future claims/encounters to hit against any AR uncollectible accounts. • Differentiate between federal and State funding for any written-off accounts to ensure any recovered money is appropriately allocated. • Perform accounting functions on individual providers which includes a full query history of both open and uncollectible AR. • Correct AP/AR and payment information with the proper authority. • Allow for claim-specific AP/AR at both header and detail levels.			
1622	8.5 - Operations Management, Payment	8.14 - Web Portal		3	Provide the ability for a provider to apply online payment to the correct accounts receivable record.			
1623	8.5 - Operations Management, Payment	8.14 - Web Portal		2	Provide authorized System users and providers access to AP/AR detail to related accounts and receipts.			

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1624	8.5 - Operations Management, Payment			1	Support at least one (1) provider payment cycle weekly.	More often as directed by the Department and feasible.		
1625	8.5 - Operations Management, Payment	8.8 - Program Integrity		1	Provide the ability for authorized System users to withhold or suspend provider payments after adjudication and prior to a final paid claims status.			
1626	8.5 - Operations Management, Payment	8.8 - Program Integrity	7.12 - System Interfaces	3	Provide the ability to accept data from the BIDM and use the data to set post-processing edit(s) or flag claims to suspend payment prior to final paid claim status and indicate the reason for which the claim was suspended.	Note: BIDM will Provide the ability to conduct pre-payment program integrity reviews. The pre-payment analytics identify fraud, waste, abuse, upcoding, unnecessary services and other irregular billing or service practices. Feed data to the System (MMIS) that can be used to identify claims for which payment should be suspended and the reason for the suspense.		
1627	8.5 - Operations Management, Payment			1	Support the immediate identification of any payment balancing issues between the State financial reporting system (COFRS) and the payment file.	Resolve any payment balancing issues within three (3) business days.		
1628	8.5 - Operations Management, Quality	7.13 - Rules Engine		1	Provide the capability to validate the client diagnosis code(s) submitted supports the service being billed.			

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1629	8.5 - Operations Management, Quality			1	Perform quality control procedures to screen and capture electronic images, date-stamp, julian date, assign unique control numbers and batch hardcopy claim forms and attachments, adjustment/reconsiderations, MED178, and updated documents.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Quality Assurance Control/Quality Management Plan.		
1630	8.5 - Operations Management, Quality			1	Utilize quality and validation procedures to ensure accuracy of the information from paper claims/encounters and attachments entered into the System and validate data entry before it is adjudicated.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Quality Assurance Control/Quality Management Plan.		
1631	8.5 - Operations Management, Quality	7.13 - Rules Engine		1	Prior to payment, verify that the services on one or more claims do not exceed Department defined limits associated with the services or procedures a Health Benefit Plan (e.g., post partum care provided six months after delivery or therapist cannot provide more than 24 hours worth of services in one day).			
1632	8.5 - Operations Management, TPL	7.13 - Rules Engine		1	Edit all benefits and services, and benefits utilization services claims/encounters for Third Party Liability (TPL) coverage prior to payment to ensure Medicaid is the payer of last resort.			
1633	8.5 - Operations Management, TPL	7.13 - Rules Engine		1	Provide the ability to edit claims/encounters based on TPL to be treated as cost avoid or pay and chase based on procedure code, category of service, and/or eligibility data (e.g., age, pregnancy, institutionalized status).			
1634	8.5 - Operations Management, TPL	9.6 - FAO Third Party Liability Support Services		1	Provide the ability to produce TPL data and/or cost avoidance reporting as required by federal and State rules and regulations.			

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1635	8.5 - Operations Management, TPL			1	Provide the ability to capture TPL health insurance coverage provided by other contractors and match information to clients.			
1636	8.5 - Operations Management, TPL			1	Provide TPL billing information on 835 and TPL coverage information on eligibility responses to providers for clients with third party coverage.			
1637	8.5 - Operations Management, TPL	7.13 - Rules Engine		1	Maintain the trauma indicators in the System and provide appropriate edits to identify potential TPL cases.			
1638	8.5 - Operations Management, TPL	9.3 - FAO Claim/ Encounter Related Services		1	Accept and process claims/encounters adjustments from Medicare enrolled clients.			
1639	8.5 - Operations Management, TPL	9.3 - FAO Claim/ Encounter Related Services		3	Accept and process claims/encounters adjustments from third parties (e.g., primary insurance companies).			
1640	8.5 - Operations Management, TPL			1	Provide the ability for individual payments, including Medicare Parts A and B, to be applied to the client's history and reconcile with the report sent to the federal government.	Note: This refers to recoveries of payments (either full amount or a partial amount) that Medicaid paid as primary, but should have been paid by Medicare. In the Legacy System, end users (fiscal agent operations) manually data enter incoming checks into the system.		

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1641	8.5 - Operations Management, TPL			1	Support Medicare Buy-In processing to generate automatic accretion, discontinuation, re-accretion and/or change requests for Medicare Buy-In, as applicable.			
1642	8.5 - Operations Management, TPL	8.8 - Program Integrity		1	Provide the ability to apply, track, and document recovered or recoverable monies to the appropriate claims/encounters, at the level corresponding to the allowed charge.			
1643	8.5 - Operations Management, TPL	8.8 - Program Integrity		1	Provide the ability to apply, track, and document partially recovered and partially recoverable monies to the appropriate claims/encounters, at the level corresponding to the allowed charge.			
1644	8.5 - Operations Management, TPL	9.6 - FAO Third Party Liability Support Services		1	Capture and provide to the BIDM all cash collections, post-payment recoveries, cost-avoidance, Medicare buy-in, and health insurance buy-in necessary to complete the third-party section of the CMS-64 and other Department reporting needs.			
1645	8.5 - Operations Management, TPL			1	Provide the capability to track Third Party Liability (TPL) recoveries and support the following Department functions: • Cost-avoidance • Trauma Editing – Medical Service Questionnaires (MSQ) • Post-payment Recovery actions • Health Insurance Buy-In • Medicare Buy-In			
1646	8.5 - Operations Management, TPL			2	At the time of third party recovery use the FFP rate applicable at the time of original adjudication on the Claim/ Encounter and capitation (includes different FFP rate reported by service on the same Claim/ Encounter and capitation) for federal reporting.			

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1647	8.5 - Operations Management, TPL			2	Automate TPL recovery data to minimize paper transactions. System shall support the upload of recovered money and automated association of those funds to claims at the service level.			
1648	8.5 - Operations Management, TPL			Optional	Automate post payment recovery process based on federal and Department defined criteria.			
1649	8.5 - Operations Management, General	8.3 - Client Management, Information	7. 12 - System Interfaces	2	Ability to report client ID discrepancies to the system of record.			
1650	8.5 - Operations Management, General	8.10 - Managed Care	Rules Engine	1	Provide the ability to define the accounting codes associated with any payment methodology and Health Benefit Plan.			
1651	8.5 - Operations Management, General			1	Provide the capability to access multiple, concurrent versions of valid/invalid code sets (such as ICD-9 and ICD-10).			
1652	8.5 - Operations Management, General			1	Define appeal types, data structures, and content necessary to process transactions as defined by current HIPAA criteria.			
1653	8.5 - Operations Management, General	8.10 - Managed Care		1	Provide the ability to assign client to provider(s) (e.g., MCOs, PCPs, PCMP, pharmacy) within a Health Benefit Plan such that the assignment cannot change without authorized approval.			

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1654	8.5 - Operations Management, General	8.10 - Managed Care		1	Provide the ability to exempt client from provider(s) (e.g., MCOs, PCPs, PCMP, pharmacy) within a Health Benefit Plan such that the client cannot be assigned without authorized approval.			
1655	8.5 - Operations Management, General			1	Provide the ability to price and edit encounters or other information from managed care entities with the same pricing and edit logic as applied to claims.			
1656	8.5 - Operations Management, General	8.4 - Provider Management, Enrollment/ Disenrollment		3	Provide the ability to enroll and identify a Managed Care Organization's provider network information separately and to affiliate with the Managed Care Organization.			
1657	8.5 - Operations Management, General	8.4 - Provider Management, Enrollment/ Disenrollment		2	Provide the ability to process encounters capturing the Managed Care Organization's specific providers (e.g., rendering, attending, supervising) on the encounter.			
1658	8.5 - Operations Management, General			1	Provide the ability to identify multiple providers associated with the claim (e.g., rendering, supervising, billing, attending, prescribing) in accordance with the HIPAA Implementation guides.			
1659	8.5 - Operations Management, General	9.4 - FAO Prior Auth Services	8.14 - Web Portal	2	Make available online to providers and other authorized System users information on the services clients have received and been authorized to receive, including the number of authorized units (e.g., services, dollar amounts, frequency) that have already been provided the number of many additional authorized services that remain.			

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1660	8.5 - Operations Management, General			1	According to Address Confidentiality Program (ACP), provide the ability for authorized System users to use the residential zip code of protected clients for calculation of premiums while protecting the privacy of these clients.			
1661	8.5 - Operations Management, General	7.13 - Rules Engine		1	Provide the ability within the Rules Engine to establish and implement new accounting codes for federal and State reporting requirements. Provide the ability to expand and adjust accounting coding based on programmatic changes, as well as new reporting requirements required by State and federal needs.	New accounting code (changes) will be ready for Department testing within five (5) business days of request to generate new code, unless otherwise agreed upon.		
1662	8.5 - Operations Management, General	7.13 - Rules Engine		1	Provide the ability to perform clinical claims/encounters edits using nationally accepted medical review criteria, including but not limited to: • American Medical Association Current Procedural Terminology (CPT) guidelines (including CPT modifiers). • Health Care Common Procedure Coding System (HCPCS/CPT) (including HCPCS/CPT modifiers). • Diagnosis Codes -NUBC. • American Dental Association CDT codes. • CMS claims/encounters editing guidelines.			
1663	8.6 - Program Management	7.13 - Rules Engine		1	Provide the ability for authorized System users to define the Services, limitations, and other aspects of a Health Benefit Plan.			
1664	8.6 - Program Management	8.9 - Care Management		1	Provide the ability to identify, track, and report unduplicated participants enrolled in 1915C programs, other waiver programs, and other long-term care services.			

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1665	8.6 - Program Management	7.12 - System Interfaces		1	Provide the data to the BIDM to develop, produce, and maintain all reporting functions, files and data elements to meet current and future federal and State reporting requirements, State and federal rules and regulations, federal MMIS certification requirements, and Part 11 of the State Medicaid Manual. Modifications to federal and State reporting requirements made after System implementation will be applied using the approved Change Management Process.			
1666	8.6 - Program Management	7.12 - System Interfaces		1	Capture and provide to the BIDM all data that will be required to produce financial and utilization reports to facilitate cost reporting and financial monitoring of all waivers, other long-term care benefits and services, and benefits utilization services programs.			
1667	8.6 - Program Management			1	Provide the ability to accept the results of third-party and Department surveys and to combine all results together for analysis.			
1668	8.6 - Program Management			1	Provide the ability to automate and securely deliver (or post) static, ad hoc or user-defined reports to meet federal, State and Contract requirements.			
1669	8.6 - Program Management			3	Provide the ability to record encounters for State funded programs such as State SLS and FSSP.			
1670	8.6 - Program Management	8.13 - Case Management Tool	8.9 - Care Management	1	Provide the ability to support and track the results of a health risk assessment at time of enrollment for Department-specified program type/aid categories, prior history of assessment, and other criteria defined by the Department.			

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1671	8.6 - Program Management, Rate Setting	7.13 - Rules Engine		1	Provide the ability to price or set reimbursement rates by provider type or other provider characteristics, such as, but not limited to provider taxonomy.			
1672	8.6 - Program Management, Rate Setting	8.10 - Managed Care	7.13 - Rules Engine	1	Provide the ability to load and modify the capitation rates for specified managed care entities and primary care physicians and generate appropriate premium adjustments for retroactive rate changes.			
1673	8.6 - Program Management, Rate Setting	8.10 - Managed Care	7.13 - Rules Engine	1	Provide the ability to establish multiple rates and types of payment for managed care entities and maintain a history of multiple capitation rates for multiple Health Benefits Plans associated with one Managed Care Organization.			
1674	8.6 - Program Management, Rate Setting	8.10 - Managed Care	7.13 - Rules Engine	2	Provide the ability to develop combinations of fixed and/or variable rates for managed care entities, including different rate add-ons, for a client and a defined characteristic or service.			
1675	8.6 - Program Management, Rate Setting	7.13 - Rules Engine		1	Provide the ability to edit and price encounters for benefits that are not covered in a FFS Health Benefit Plan (e.g., mental health, play therapy, hippotherapy).	Department is responsible for defining and establishing rates for these services		
1676	8.6 - Program Management, Rate Setting	8.10 - Managed Care	7.13 - Rules Engine	1	Provide the ability for the System to generate capitations based on multiple risk criteria (e.g., gender, geography).	Department is responsible for defining and establishing rates for these services.		

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1677	8.6 - Program Management, Rate Setting			1	Provide the ability to identify active codes that have not had a pricing update based on the most current update period.			
1678	8.6 - Program Management, Reference	9.2 - FAO Business Requirements	7.13 - Rules Engine	1	Provide systematic ability to perform mass updates to reference files as defined by the Department, for such periodic updates (e.g., quarterly and annual HCPCS updates, annual APR/DRG update, NCCI updates).			
1679	8.6 - Program Management, Reference	9.2 - FAO Business Requirements	7.13 - Rules Engine	1	Provide ability for authorized System users to manually update reference files as defined by the Department.			
1680	8.6 - Program Management, Reference	7.12 - System Interfaces		1	Transmit all reference files to the BIDM.			
1681	8.6 - Program Management, Reference	9.3 - FAO Claim/ Encounter Related Services		1	Maintain all codes (e.g., revenue and HCPCS/CPT/CDT codes) and provide online update and inquiry access, including: • Coverage information • Restrictions • Service limitations • Automatic error codes • Pricing data • Effective and end dates for all items	Codes will be updated and reviewed periodically as defined by the Department.		
1682	8.6 - Program Management, Reference			2	Provide and maintain a coding reference library, in the System, that contains not only diagnosis and procedure codes, but the combinations of codes that can be used to identify and/or classify more complex concepts such as disease states, chronic conditions, possible fraudulent billing, and Provider Preventable Conditions.			

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1683	8.6 - Program Management, Reference			1	Provide the ability in the System to select any code, (e.g., DRG, REV code, CPT) in any System screen and automatically launch a feature that provides information about the code (e.g., description, limitations, PAR requirements).			
1684	8.6 - Program Management	7.13 - Rules Engine		2	Within a Health Benefit Plan, provide the ability to group individual, ranges of codes, and combinations of code sets to define episodes of care or service combinations, including but not limited to the following types of codes: • ICD diagnoses and procedures. • HCPCS/CPT/CDT. • Procedure modifiers. • Revenue codes. • Bill types. • Places of service. • Provider taxonomy. • Provider type.			
1685	8.6 - Program Management, Reference	7.13 - Rules Engine		1	Provide the ability for authorized System users to add or remove modifiers, on any procedure codes, and/ or procedure code modifier relationships.			
1686	8.6 - Program Management, Reference	9.3 - FAO Claim/ Encounter Related Services		1	Maintain, monitor, and publish online for providers an electronic searchable crosswalk of the HIPAA adjustment reason codes and remark codes to edits within the System.	Ensure that the most up-to-date code standards are used.		
1687	8.6 - Program Management, Reference	9.2 - FAO Business Requirements		1	Maintain, monitor, and publish online for providers reports, manuals, bulletins, online listings and other documents as specified by the Department.			

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1688	8.6 - Program Management, Reference			1	Provide the ability in the System to store, maintain, and query all reference data with effective dates to support claims processing. This includes code sets such as modifiers, provider type, third party resource codes, and occurrence codes.			
1689	8.6 - Program Management, Reference			1	Provide the ability to function “natively” with National Provider Identifier (NPI)/ taxonomy, Accredited Standards Committee (ASC) X12 Version 5010, and Revision 10 of the International Classification of Diseases (ICD-10), without the need for crosswalks to legacy standards.			
1690	8.6 - Program Management, Reference			1	Provide reference files containing all data required to provide validation and pricing verification during claims/encounters processing for all approved claim types and reimbursement methodologies.			
1691	8.6 - Program Management, Reference			1	Provide the ability to retrieve archived reference data.			
1692	8.7 - Business Relationship Management			3	Employ an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions.			
1693	8.8 - Program Integrity	9.2 - FAO Business Requirements		1	Provide access to all data elements as required by the Department and all additional data required for appropriate analysis of the Colorado Medical Assistance program.	Data shall be available within the system for six (6) years and archived after six (6) years, or unless otherwise directed by the Department.		

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1694	8.8 - Program Integrity	5.3 - COMMIT Project Phases, Data Conversion		1	Facilitate the transfer of legacy MMIS-based SURS data to the BIDM-based SURS program	Wherever case tracking resides, need to bring in existing data.		
1695	8.8 - Program Integrity			3	Provide the ability, in the System, to identify claims/encounters currently, and previously, subject to audit or recovery down to the line detail level.			
1696	8.8 - Program Integrity			Optional	Provide the ability to conduct pre-payment program integrity reviews independently of receiving information from the BIDM. The pre-payment analytics identify fraud, waste, abuse, upcoding, unnecessary services and other irregular billing or service practices.			
1697	8.8 - Program Integrity	8.14 - Web Portal		Optional	Within the Client Portal, provide the ability to automate referrals, that include the EOMB, to the Department's Program Integrity Section when a client identifies services on an EOMB that were not actually received.			
1698	8.8 - Program Integrity	9.5 - FAO Provider Management Services	8.5 - Operations Management, Enrollment/Disenrollment	1	Validate provider identity through fingerprinting, as specified in the ACA Provider Screening Rule.			
1699	8.8 - Program Integrity	8.4 - Provider Management, Information		1	Provide the ability for authorized System users to view, search, sort and flag providers that are identified with sanctions, terminations, and exclusions.			

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1700	8.9 - Care Management	9.5 - FAO Provider Management Services		2	Maintain, for each EPSDT enrollee, current and historical EPSDT screening data, referrals, diagnoses, immunization data and treatments for abnormal conditions identified during the screenings, based on periodicity schedule, and be able to link the follow up treatments to the screenings for reporting purposes. Allow authorized providers access to this information, and provide online, updateable document templates for all EPSDT notices for authorized System users.			
1701	8.9 - Care Management			2	Provide the ability to generate manual and automatic initial and follow up EPSDT notices, based on Department-defined periodicity schedules.			
1702	8.9 - Care Management			2	Match and track client treatments and referrals (including EPSDT) using paid claims/encounters data based on Department-approved criteria. Provide the ability to generate an automated referrals to providers and case managers.			
1703	8.9 - Care Management			2	Provide the ability to allow providers to request case management follow-up for clients (including EPSDT).			
1704	8.9 - Care Management			2	Provide the ability to cross reference case management activities to overall client care management and maintain history record over time.			

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1705	8.9 - Care Management			2	Provide the ability to capture and store a provider's plan of care for a client and make it available to authorized System users.	Note: A provider's plan of care may be supplied through various electronic or paper formats depending on type and scope of service provision. The System shall be able to accept various formats including scanned documents or a data entry option. The state envisions that online uploads or HIE connections for care planning will have set System requirements that providers shall be able to accommodate to upload automatically		
1706	8.9 - Care Management			3	Provide the ability to store qualitative (text) data related to client health management.			
1707	8.9 - Care Management	7.12 - System Interfaces		3	Provide reports to the Department, or data to the BIDM for it to provide reports, to assist in the coordination of care for all clients (e.g., children and pregnant women covered by EPSDT, Utilization Management, Health Management, Disease Management). In addition to administrative data, reports should leverage known clinical data from EPSDT online input, local immunization registries, known EHR/HIE available data, and supplied CCD data from external systems to maximize reporting value.			
1708	8.9 - Care Management	7.12 - System Interfaces		2	Provide the ability to collect, track and maintain survey information of clients for all Colorado Medical Assistance programs and feed to BIDM.			

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1709	8.9 - Care Management	8.13 - Case Management Tool	7.12 - System Interfaces	3	Provide the ability to collect, track, and search all health demographics information (e.g., BMI, diagnostic information, medications, pregnancy) related to notes, history, contacts, eligibility, correspondence, authorizations, care plans, claims/encounters, capitations, state health information exchange data, attachments, financial, and appeals, all based on security roles.	Note: The Department cannot provide specific data elements that will exist at this point due to upcoming creation of HIE. The Department anticipates the Contractor to provide solutions.		
1710	8.10 - Managed Care			2	Provide the ability for default (passive) managed care enrollment using multiple criteria including having mechanisms to distribute clients among multiple available managed care plans, and across programs, to protect preexisting provider-client relationships that existed prior to enrollment. The State enrollment broker will manage active enrollments.	Ability to review at least once a year		
1711	8.10 - Managed Care			1	Identify when clients enrolled in a Managed Care Organization are getting direct access to physicians not enrolled with the Managed Care Organization not paid through FFS or another Health Benefits Plan, but are instead paid by the managed care organization.			
1712	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability to define the rate and the pricing methodology according to Department policy, CMS, national coding standards, and HIPAA standards separately from FFS claim process. And to perform capitation and encounter pricing according to Department policy, CMS, national coding standards, and HIPAA standards, as completely as claim pricing.			
1713	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability to price encounters based off any provider ID field contained in HIPAA transaction.			

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1714	8.10 - Managed Care	8.5 - Operations Management, Payment		1	Provide the ability to pay different case management PMPM rates to providers based on client and/or provider demographics.			
1715	8.10 - Managed Care	8.5 - Operations Management, Payment		1	Provide the ability to make lump sum incentive payments to providers based on provider performance, demographics, or other external parameters etc.			
1716	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.13 - Rules Engine	1	Provide the ability to auto-enroll clients into a Managed Care Organization using multiple criteria within the System, that does not need direct intervention by the Department's enrollment broker to enroll the client.			
1717	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.13 - Rules Engine	2	Provide an auto-enroll mechanism in the System that will distribute clients managed care organization or Health Benefit Plans.			
1718	8.10 - Managed Care	8.3 - Client Management, Eligibility/ Enrollment	7.12 - System Interfaces	2	Provide the ability to enroll clients based on preexisting provider-client relationships as determined by claims based attributions that existed prior to the current enrollment.			
1719	8.10 - Managed Care	7.13 - Rules Engine		2	Provide the ability to add clients in the same household in the same Managed Care Organization or Health Benefit Plan.	The Department will provide client's household information through the eligibility interface to facilitate this process.		
1720	8.10 - Managed Care	7.13 - Rules Engine		2	Provide the ability for the System to automatically assign a child to the parent's or caretaker’s Managed Care Organization or Health Benefit Plan.	The Department will provide client's household information through the eligibility interface to facilitate this process.		

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1721	8.10 - Managed Care	7.13 - Rules Engine		1	Provide the ability for authorized System users to create a hierarchy in the System to prioritize managed care enrollment, including auto-disenrollment from lower priority programs.			
1722	8.12 - EDMS			2	Documents shall be indexed based on mutually agreed upon meta-data (e.g., provider ID, document type, TCN) and the solution shall provide version control and multiple search options based on indexing functionality approved by the Department and transmit to BIDM.			
1723	8.12 - EDMS	7.12 - System Interfaces		2	All imaged documents shall be stored in the EDMS and be accessible from the System. Access to the EDMS shall be controlled to ensure compliance with HIPAA privacy and security requirements regarding security of protected health information (PHI).			
1724	8.12 - EDMS			2	Provide the ability for authorized System users to print and download any EDMS content from search.			
1725	8.12 - EDMS			Optional	Provide the ability to expand EDMS for the Department's document management and workflow process.			
1726	8.12 - EDMS			2	Provide the ability for EDMS to have OCR and scanning capability for direct data entry and imaging (e.g., paper claims and attachments, claims/ encounters reporting, and correspondence, PARs).			
1727	8.13 - Case Management Tool			3	Provide the ability to collect and maintain current and historical multiple comprehensive assessment data across populations and programs.			

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1728	8.13 - Case Management Tool	8.14 - Web Portal		2	Provide the ability to collect, edit and maintain information on Program Approved Service Agency (PASA) administration, including their contact information, the Community Center Boards with which they work, and the services the agencies are approved to provide.			
1729	8.13 - Case Management Tool			2	Provide the ability to track a client eligible for specific services after major changes such as the client's provider leaving the program and changes to the client's eligibility for specific (e.g., waivers, other long-term care benefits and services, and benefits utilization services). Alert the client's case manager of such changes.			
1730	8.13 - Case Management Tool			2	Provide the ability to capture, identify, and alert the date of a participant's plan of care (POC) assessment completion and the date of the next POC reevaluation, if applicable.			
1731	8.13 - Case Management Tool			1	Provide the ability to track, manage and maintain case management activities through the following: • Allow for intake, screening, referrals, presentation of services and benefits available to the client and functional eligibility determination. • Allow for assessment and client service plan creation, maintenance, amendment and authorization(system and manual authorization process of prior authorization requests). • Coordination and facilitation activities. • Scheduling. • Measuring progress toward completion of "goals". • Creating correspondence. • Scheduling site visits to provider and client. • Utilizing an alert/follow-up system.			

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1732	8.13 - Case Management Tool			1	Provide the ability to create, track, and monitor all case management activities (e.g., notes, history, eligibility, contacts, correspondence, authorizations, claims/encounters, attachments, financial, and grievances and appeals).	As close to real time as feasible		
1733	8.13 - Case Management Tool			3	Produce monitoring reports to determine if services approved in the provider plan of care are provided and communicate the information to authorized System users.			
1734	8.13 - Case Management Tool			1	Update client information as client needs change or a significant event occurs.	As close to real time as feasible		
1735	8.13 - Case Management Tool			1	Provide the ability for an authorized System users to enter, edit, and identify critical incidents (e.g., sentinel events for behavioral health, nosocomial infections, medical errors) for all provider types.			
1736	8.13 - Case Management Tool			Optional	Create, track, maintain, monitor, and report the pre-admission screening process for all levels of Pre-Admission Screening and Resident Review (PASRR).			
1737	8.13 - Case Management Tool			1	Provide the ability to coordinate the pre-admission screening process for all levels of Medicaid Pre-Admission Screening and Resident Review (PASRR).			

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1738	8.13 - Case Management Tool			1	Provide the ability to create and maintain case management correspondence and notifications, to include: • Template development and the ability for authorized System users to select desired correspondence and notices from a list of available templates. • Display, print, and save case management related correspondence. • Allow authorized System users to manage creation of correspondence and notices based upon user Configurable event-driven criteria. • Allow authorized System users to select address information on correspondence and notices based on address(es) of record. • Allow authorized System users to add and record free form text to individual or groups of case management correspondence.			
1739	8.13 - Case Management Tool			3	Support the pre-admission screening process for long-term care cases (10A process) with capabilities for timeliness, synchronization, updates to the approval process, validation against eligibility, Change-of-Ownership (CHOW), discharge date, and Pre-Admission Screening and Annual Resident Review (PASRR).			
1740	8.13 - Case Management Tool	7.13 - Rules Engine		1	Provide the ability to set Service Plan Spending Limits (SPSL), for example service limits (caps and unit limits) in the Client's Service Plan. Provide the ability authorize System users to override SPSLs and enter individual spending limits/caps when necessary.			
1741	8.13 - Case Management Tool			2	Provide the ability to collect, track, edit, maintain, and alert a client’s waiting list information for specific services or enrollment in the Health Benefits Plan.			

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1742	8.13 - Case Management Tool			2	Provide the ability for authorized System users to submit Critical Incident Reporting Forms in the Case Management Tool for authorized System users to review. Provide the ability for the authorized System users to review, accept, or reject a critical incident. The Case Management Tool shall include automated electronic workflows that enable the authorized case manager to submit a state-approved Critical Incident Report form to specific authorize System users. The electronic workflow should also allow the authorized System user to create a Critical Incident case from the submission and either accept or reject it following review. The Case Management Tool will capture all Critical Incidents and link them to the individual client.			
1743	8.13 - Case Management Tool			1	Provide the ability to collect, track, maintain and transmit to BIDM all data for the functional assessment and score from the ULTC100.2 in the Case Management System.			
1744	8.13 - Case Management Tool	7.12 - System Interfaces		2	Provide the ability to flag Long Term level of care determination processes and provide results to the eligibility systems (e.g., CBMS, TRAILS).	Trigger will be sent near real-time as feasible to the eligibility systems and the BIDM.		
1745	8.13 - Case Management Tool			2	Provide the ability for authorized System users to search, sort, and update specific case data and health demographic information.			

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1746	8.13 - Case Management Tool			2	Provide client records management capability enabling authorized System users a single view of claims/encounters history with any related alerts, attachments, appeals, fair hearing, and any other related associations including case members, family directed caretakers, and known outside program support, all based on security rights.			
1747	8.13 - Case Management Tool			3	Provide automated workflow for the case management process.			
1748	8.13 - Case Management Tool			3	Provide the ability for authorized System users (e.g., Case Managers) to select a provider based on services identified in the Client Service Plan.			
1749	8.13 - Case Management Tool			3	Provide the ability to identify services by provider.			
1750	8.13 - Case Management Tool	8.3 - Client Management, Communication		3	Provide the ability to securely communicate with clients in the community and case managers (e.g., text, mobile access, email, direct mail).			
1751	8.13 - Case Management Tool	8.9 - Care Management	8.10 - Managed Care	2	Provide the ability to identify clients with special health care needs and inform case management or the managed care entities of these clients at enrollment or throughout eligibility.			

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1752	8.13 - Case Management Tool			3	Provide authorized System users the ability to access online case-related clinical protocols (defined business rules) for review and assessment.			
1753	8.13 - Case Management Tool			2	Create case management monitoring files by case/family/account, as well as an individual file.			
1754	8.13 - Case Management Tool	7.12 - System Interfaces		3	Provide the ability, within the Case Management Tool, for case managers to access information from and input information to EDMS (e.g., provider correspondence, case management correspondence).			
1755	8.13 - Case Management Tool			3	Provide the ability to group case managers by contract, employment or other criteria for reporting, management, managerial oversight and transmit to the BIDM.			
1756	8.13 - Case Management Tool			1	Provide the ability to capture, track, and maintain case management by type (e.g., medical case management, EPSDT, LTSS, RCCO) and transmit to BIDM.			
1757	8.13 - Case Management Tool			Optional	Provide the ability for providers to “check in” and “check out” when performing time-based or home-based services when performing time-based or home-based services, which information is validated and confirmed with claims/encounters data when the claim is submitted.			
1758	8.13 - Case Management Tool			2	Provide ability for other individuals (e.g., fieldworkers) who are not case managers to upload quality performance measures and other data into the Case Management Tool.			

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1759	8.13 - Case Management Tool			Optional	Provide the ability to collect, edit, and update a program quality survey data of major services.			
1760	8.13 - Case Management Tool			Optional	Provide the ability to upload batch survey data.			
1761	8.13 - Case Management Tool	7.12 - System Interfaces		1	Provide the ability to accept Support Intensity Scale (SIS) data from the SIS Online system.			
1762	8.13 - Case Management Tool			1	Provide the ability to calculate support levels and Client Service Plan authorization limits for services. Support Intensity Scale data and case management factors are used to determine the levels and limits.			
1763	8.14 - Web Portal			1	Make available online to providers and other authorized System users information on services available and limits on those services by Health Benefit Plan and client.			
1764	8.14 - Web Portal	7.12 - System Interfaces	7.6 - Security and Confidentiality	2	Provide the ability for authorized System users, including providers, to access the BIDM via the Web Portal, to view and download ad hoc and standardized reports.			
1765	8.14 - Web Portal			1	Provide the ability for providers to directly and efficiently enter one or more HIPAA transactions, through the Web Portal, that comply with the ACA requirements.			

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1766	8.14 - Web Portal	7.14 - Workflow Management		3	Provide the ability for workflow management to sort, route, and create alerts to the proper work group based on the Web Portal actions.			
1767	8.14 - Web Portal			1	Provide the ability for providers to access Department 'reference' files of common applicable codes and provide the capability for providers to extract and download user-defined parts of the reference files for their own purposes.			
1768	8.14 - Web Portal			2	Provide on-line systems and processes to eliminate, wherever possible, paper transactions.			
1769	8.14 - Web Portal			1	Provide the ability for authorized System users to access and download electronic X12 reports and HIPAA related reports.			
1770	8.14 - Web Portal	9.5 - FAO Provider Management Services	9.6 - Third Party Liability Support Services	3	Provide the ability for a provider to submit updated client TPL information, and forward that information via workflow to the appropriate recipients.			
1771	8.14 - Web Portal	8.13 - Case Management Tool		1	Facilitate interactive, role-based functionality within the Web Portal where Nursing Facility providers can electronically submit and obtain approval for Post Eligibility Treatment of Income (PETI) forms. Ensure integration of the PETI submission process with the Case Management System for inclusion of PETI information with client data.			

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1772	8.14 - Web Portal			1	Provide the ability for authorized System users to create and securely transmit data through the Web Portal.	Providers should have the ability to create and securely transmit data files and ad hoc reports to the Department via the Web Portal. Users should have the ability to create and securely transmit data files also (not just reports).		
1773	8.14 - Web Portal			1	Provide the ability for providers to complete online submission for all HIPAA standard transactions, and Department identified non-standard transactions (e.g., PAR status inquiry, warrant report, accept/reject report) via the Web Portal. Other non-standard transactions shall be accommodated using the Change Management Process.			
1774	8.14 - Web Portal	7.12 - System Interfaces		1	Provide the ability to access the following Pharmacy content: • Web announcements. • Training schedules and enrollment. • Information on the diabetic supply program. • Various forms including prior authorization form. • Information on maximum allowable costs. • Information on preferred drug lists. • Information on prescriber lists. • Pharmacy meetings.			
1775	8.15 - Colorado Registration and Attestation Requirements			1	Provide the ability to support the Colorado Registration and Attestation, including accepting provider applications, monitoring providers, and payment of incentives to eligible providers that adopt and demonstrate Meaningful Use (MU) of a certified EHR technology (i.e. State Level Registry (SLR) Attestation Application).			

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1776	8.15 - Colorado Registration and Attestation Requirements			1	Provide a tool for registration for enrollment and attestation that will allow providers and the Department's authorized System users to access, provide, and maintain information in accordance with their security role as defined below: • Allow secure provider login. • Allow providers to review and edit their ~~**demographic**~~ information **as applicable**. • Allow for role-based screens (Enrolled Provider (EP) or Eligible Hospital (EH)). • Allow inactivation of eligibility upon removal from program. • Allow Department authorized System users to review and approve attestation information. • Provide payment calculation function. • Initiate payment cycle or payment reporting as defined by requirements in conjunction with the System. • Manage appeals support function. • Review quality metrics. • Provide an online help and user manual.			

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1777	8.15 - Colorado Registration and Attestation Requirements			1	Provide the ability to support the Colorado Registration and Attestation; including: • Receive seed data from MMIS. • Establish and maintain records for providers requesting payment from the Department. • Receive batch files from NLR for new providers that signed up for HITECH Medicaid Incentives (20-30 fields per record). • Match NLR file to seed data (audit step). [Provider not found in queue.] • Send batch files to NLR with eligibility approval notification (9 fields). • Receive attestation information submitted to CMS by eligible hospitals (14+ fields). • Request prior payment information from NLR (duplicate check) (14 fields). • Receive prior payment information from NLR (duplicate check) (7 fields). • Provide payment information to NLR. • Receive program switch notifications. • Receive switch between states notifications. • Send ~~removal notifications to NLR~~ **B6 transactions to the NLR to terminate or suspended a provider under investigation or suspension.** ~~• Receive hospital cost report information from NLR.~~ • Calculate provider incentive payment amount based on payment rules and eligibility/attestation criteria.			
1778	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Provide a comprehensive, searchable data repository with history to store information for the Colorado Registration and Attestation. This includes: • Documenting, tracking, and attesting to provider usage including the Meaningful Use of Electronic Health Records. • Supporting provider payment process according to federal EHR program guidelines. • Documenting and validating payment for certified EHR systems. • Coordinating overlapping program (Medicare/Medicaid) and multi-state claims to prevent duplicate or overpayments.			

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1779	8.15 - Colorado Registration and Attestation Requirements			1	Provide a hosted solution at the Contractor site (e.g., hardware, software) and all technical operations, maintenance, and support associated with the Colorado Registration and Attestation functionality.			
1780	8.15 - Colorado Registration and Attestation Requirements			1	Receive and provide data to NLR in accordance with CMS interface specifications.			
1781	8.15 - Colorado Registration and Attestation Requirements			1	Receive batch files from NLR for new providers that signed up for Colorado Registration and Attestation incentives. (20-30 fields per record) • Match NLR file to seed data (audit step). [Provider not found in queue.] • Send batch files to NLR with eligibility approval notification (9 fields).			
1782	8.15 - Colorado Registration and Attestation Requirements			1	Receive attestation information submitted to CMS by eligible hospitals (14+ fields).			
1783	8.15 - Colorado Registration and Attestation Requirements			1	Request prior payment information from NLR (duplicate check of 14 fields).			
1784	8.15 - Colorado Registration and Attestation Requirements			1	Receive prior payment information from NLR (duplicate check of 7 fields).			

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1785	8.15 - Colorado Registration and Attestation Requirements			1	**The Contractor must provide detailed instructions for the providers to enroll on the Provider Outreach website.~~The System shall provide validation edits (x5), data sets (x3), audit rules (xl) and reports (xlO-12) to the provider outreach website for the EHR incentive program.~~**			
1786	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Ensure that the payment file is transmitted to MMIS and returned to the Colorado Registry and Attestation (SLR).			
1787	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Perform and maintain validation edits ~~(x5)~~, data sets ~~(x3)~~, audit rules ~~(x1)~~, reports (100 hours/year), and an outreach page in the Attestation Application.			
1788	8.15 - Colorado Registration and Attestation Requirements	9.2 - FAO Business Requirements		1	Provide ongoing maintenance support and implement any modifications or new requirements mandated by CMS as part of the Medicaid Incentive Payments for Providers within CMS mandated timeframes.			
1789	9.2 - FAO Business Requirements	7.4 - Deliverable Requirements	7.2 - Project Management and Reporting	1	Report on Systems project progress and status in writing no less than weekly. The use of real-time dashboard presentations is preferred to allow key metrics to be available in near real time. Weekly reports shall include the status of schedule, performance (quality/scope/technical/operations), risks/issues/opportunities, staffing, and other pertinent metrics. The Contractor shall be responsible for preparing and distributing meeting minutes for the Department review, and maintaining final approved agenda/minutes.	Agenda and status report will be delivered 24 hours prior to the meeting. Minutes shall be distributed no later than COB on the third business day following the meeting.		

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1790	9.2 - FAO Business Requirements	7.2 - Project Management and Reporting		1	Contractor will provide weekly reports that includes metrics on interactions, through the web portal and all other mediums used for communications by the Contractor with clients and providers.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1791	9.2 - FAO Business Requirements			1	Establish and participate in weekly Fiscal Agent Operations status meetings with key Department personnel to discuss progress, issues, problems, and planning. The Contractor shall report on current operations status, progress on System maintenance, claims/encounters inventory balances, claims/encounters backlogs, data entry backlog, and suspense file status, and modification activities separately. The Contractor shall be responsible for preparing and distributing a meeting agenda. The Contractor shall be responsible for preparing and distributing meeting minutes for Department review, and maintaining final approved agenda/minutes.	Agenda and status report will be delivered 24 hours prior to the meeting. Minutes shall be distributed no later than COB on the third business day following the meeting. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1792	9.2 - FAO Business Requirements	9.11 - FAO Call Center Services		1	Contractor will provide weekly call center reports on telephonic communications with ~~clients and~~ providers that includes calls answered, length of calls, hold time, and abandoned calls. **If requirement 1857 - Optional Tier-One Client Call Support is provided, then this requirement includes communication with clients and providers.**	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1793	9.2 - FAO Business Requirements			1	Operate and support all reference data maintenance functions, files and data elements necessary to meet the requirements of the Department.			
1794	9.2 - FAO Business Requirements	9.5 - FAO Provider Management		3	Support easy-to-use data-merge functionality delivering clean contact data and Department prescribed standard texts into standard PC desktop applications.	All CAPS change to Sentence Case, properly punctuate names like McNally, correct salutations (Mr. Ms.), correct zip codes with addresses, etc.		

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1795	9.2 - FAO Business Requirements			1	Coordinate System and supporting systems-related interactions between the Department and other contractors required to manage and execute a process using the System and supporting systems.			
1796	9.2 - FAO Business Requirements	7.2 - Project Management and Reporting		1	Provide an efficient and effective System reporting process. This includes, but is not limited to: Incorporate Department comments and revisions • If a Deliverable is rejected, Contractor shall work with the Department to determine review schedule • If a Deliverable is rejected, the Department will determine the changes the Contractor shall perform before it will be reviewed again • Support report balancing and verification procedures. • Maintain comprehensive list of standard reports and their intended use. • Maintain online access to at least four (4) years of selected management reports.	Respond to Department requests for general information about the reports within four (4) business hours. Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1797	9.2 - FAO Business Requirements	9.11 - FAO Call Center Services		1	Maintain client records in the System and provide response to provider inquiries on client claims, services, or benefits, as appropriate.			
1798	9.2 - FAO Business Requirements			1	Maintain the appropriate level of knowledgeable staff that are capable of testing, validating and documenting operational impacts of changes to the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Resource Management Plan.		
1799	9.2 - FAO Business Requirements			1	Identify and notify the Department of all errors and discrepancies found in the System.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		

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1800	9.2 - FAO Business Requirements			1	Establish and lead cross Contractor and Department operational status meetings (i.e., with CBMS, BIDM, PBMS, UM contractors) when determined necessary by the Department.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1801	9.2 - FAO Business Requirements	5.5 - FAO Phases	7.2 - Project Management and Reporting	1	Assist in developing processing forms and instructions to be used internally with Department staff.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1802	9.2 - FAO Business Requirements			1	Maintain in accordance with 45 CFR Part 74, accounting books, accounting records, documents, and other evidence pertaining to the administrative costs and expenses of this Contract to the extent and in such detail as shall properly reflect all revenues; all net costs, direct and apportioned; and other costs and expenses, of whatever nature, that relate to performance of contractual duties under the provisions of this Contract. The Contractor's accounting procedures and practices shall conform to generally accepted accounting principles, and the costs properly applicable to this Contract shall be readily ascertainable.			
1803	9.2 - FAO Business Requirements			1	Provide the ability to adjust the timing of any payment cycle as directed by the Department.			
1804	9.2 - FAO Business Requirements			1	Assist Department staff and the Department's contractors with research, resolution, and response to client and provider issues related to the System or Fiscal Agent Operations brought to the Department's attention.			

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1805	9.2 - FAO Business Requirements			3	Provide the ability to do a 'warm hand-off' between the Colorado Health Benefits Exchange (COHBE) call center and the Fiscal Agent Operations call center.			
1806	9.2 - FAO Business Requirements	7.5 - Training Requirements	7.20 - Online Help Requirements	1	Provide an online help and user manual related to the Colorado Registration and Attestation.			
1807	9.2 - FAO Business Requirements	9.12 - FAO Help Desk Services		1	Provide a Tier 1 help desk to support provider questions regarding the Colorado Registration and Attestation (SLR).			
1808	9.2 - FAO Business Requirements			1	The Contractor shall provide any Fiscal Agent Operations support necessary for the BIDM to complete CMS37 and CMS64 reporting.			
1809	9.2 - FAO Business Requirements			1	Support the appeals, reconciliation, and report provider and program compliance for the Colorado Registration and Attestation.			
1810	9.2 - FAO Business Requirements			1	Provide a Provider Outreach Page that will allow for access to supported EHR solutions (related to Colorado Registration and Attestation (SLR)). This includes: • Providing EHR branding for the State. • Supporting links to State pages, Department pages, CMS, ONC, and other program pages as defined by the Department, and implement a provider workbook to assist providers with their attestation submissions.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1811	9.2 - FAO Business Requirements			1	Maintain provider communication; including Provider Outreach, Appeals and Audit Program Staff ~~(~~beyond included appeal and audit edits~~), and proprietary EHR integration~~ as part of the Colorado Registration and Attestation.			
1812	9.2 - FAO Business Requirements			1	Provide and maintain a secure environment for the Colorado Registration and Attestation that ensures confidentiality in accordance with all federal and State statutes, regulations, rules or Executive Orders. Contractor shall also comply with the security and confidentiality requirements of this RFP and Health Insurance Portability and Accountability Act of 1996 (HIPAA) Business Associate Addendum. Confidentiality of information shall not be distributed or sold to any third party nor used by Contractor or Contractor's assignees and/or subcontractors in any way except as authorized by this Contract. Confidential information shall not be retained in any files or otherwise by Contractor. Disclosure of such information may be cause for legal action against Contractor. Defense of any such action shall be the sole responsibility of the Contractor.			
1813	9.2 - FAO Business Requirements			1	Ensure the confidentiality of all Colorado Registration and Attestation information not available to the general public ~~.~~**, The Contractor shall report any requests for the release of confidential information to the Department within twenty-four (24) hours of receipt of the request.**~~contained within the directory and documents issued by CMS containing the NCCI methodologies, individual edits and instructional guidance and policies (the "Medicaid NCCI File Information"). The Contractor shall not use any Medicaid NCCI File Information for other than Medicaid business and shall not share any confidential Medicaid NCCI File Information with any third parties unless the Department directs the Contractor to do so in writing. The Contractor shall report any requests for the release of confidential information to the Department within twenty-four (24) hours of receipt of the request. The Contractor shall not retain any confidential NCCI File Information longer than is necessary to implement the edits and ensure that they function properly. The Contractor shall not incorporate the~~			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1814	9.3 - FAO Claim/ Encounter Related Services			1	Review, process, and finalize any suspended claims, capitations, or encounters regardless of entry source.			
1815	9.3 - FAO Claim/ Encounter Related Services			1	Monitor encounter reports and encounter processing to ensure accuracy.			
1816	9.3 - FAO Claim/ Encounter Related Services			1	Document claims/encounters billing processes, policies and procedures and make available online to users and providers.			
1817	9.3 - FAO Claim/ Encounter Related Services	7.13 - Rules Engine		1	Provide the ability for authorized System users to identify and limit services within a Benefit Health Plan and by a specific client, based on utilization criteria established by the Department.			
1818	9.3 - FAO Claim/ Encounter Related Services	9.5 - FAO Provider Management Services	8.14 - Web Portal	1	Provide the specific reason(s) to providers describing the status of the claim/encounter. Providers shall be able to obtain this information electronically, via the help desk, or when viewing claims/encounters status via the Web Portal.			
1819	9.3 - FAO Claim/ Encounter Related Services			1	Apply voids and adjustments to the claims/encounters as identified by the Department's contractors or Department, within the claims/encounters processing cycle.	Voids and adjustments shall be applied in the timeframe specified by the Department.		
1820	9.3 - FAO Claim/ Encounter Related Services			1	Provide the ability for authorized System users to reduce payment, in whole, part, or by percentage, to a provider based on Department requirements and record the reduction and methodology on the claim at the service detail level.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1821	9.3 - FAO Claim/ Encounter Related Services			1	Identify, analyze, and correct errors that have resulted in improper claims/encounters processing (e.g., if final edit dispositions are incorrect, incorrect loaded rate), trace to the source, reprocess as needed, and report to the Department.			
1822	9.3 - FAO Claim/ Encounter Related Services			1	Receive and process all encounter transactions.			
1823	9.3 - FAO Claim/ Encounter Related Services	9.7 - FAO Program Integrity Support Services		1	Verify that the service on a claim is consistent with the provider's specialties, licenses, trainings, certifications, accreditations, taxonomy, or other Department-granted special permissions or characteristics.			
1824	9.3 - FAO Claim/ Encounter Related Services	7.2 - Project Management and Reporting		1	Provide reconciliation reporting on all claims/encounters processes.	Adhere to the Deliverable submission, review, and approval process as described and approved by the Department within the Communication Management Plan.		
1825	9.3 - FAO Claim/ Encounter Related Services	9.5 - FAO Provider Management Services		1	Generate a post payment review report(s) based on claims/encounters adjudication criteria and specific edit(s) as established by authorized System users.			
1826	9.3 - FAO Claim/ Encounter Related Services			1	Provide the ability to run additional or modify financial cycles outside of the predetermined schedule.			
1827	9.3 - FAO Claim/ Encounter Related Services	7.13 - Rules Engine		1	Provide the ability to suspend payments for specific services (e.g, HCBS waiver services) furnished to individuals who are inpatients of a hospital, nursing facility, or ICF/ID, or who is enrolled in PACE.	Note: Information will be provided directly by authorized System user data entry into the System or through an interface with the Department of Human Services.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1828	9.3 - FAO Claim/ Encounter Related Services			3	Flag, re-price, suspend, or deny claims/encounters when a particular claim is not followed up, or associated with an expected second claim.			
1829	9.3 - FAO Claim/ Encounter Related Services			3	Provide the ability to process encounters for any Colorado Medical Assistance program client, including those who are not Medicaid eligible.			
1830	9.4 - FAO Prior Auth Services			1	Edit claims/encounters based on presence of prior authorization.			
1831	9.5 - FAO Provider Management Services	8.13 - Case Management Tool		Optional	Provide a web based survey tool that the Contractor or Department can use to develop and administer client and provider surveys that will capture electronic responses and pass the information to BIDM for analysis.	Facilitate Department defined surveys of providers to be done at least quarterly. Communicate results to providers as directed by the Department.		
1832	9.5 - FAO Provider Management Services			1	Complete Provider Enrollment process (including any necessary re-validation and screening) by providing notification (electronic or by paper letter) of acceptance/ rejection as a Colorado Medical Assistance program provider. Require providers that have been terminated to re-enroll in the program and meet all Department policies and instructions. Allow providers to enroll or Health Benefit Plan or to limit services to specific populations (i.e., some providers may not provider services to Non-Medicaid clients or provide services to only CHP+ clients).	Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process. Finalize enrollment process within five (5) business days when provider has submitted all necessary documentation.		

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1833	9.5 - FAO Provider Management Services			1	Reevaluate provider enrollment based on Department established policies.	Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process.		
1834	9.5 - FAO Provider Management Services			1	Inactivate or suspend all providers not responding to recertification or relicensure requirements in accordance with guidelines from the Department.			
1835	9.5 - FAO Provider Management Services			1	Develop and/or maintain the public facing Medicaid enterprise website and web pages as determined by the Department.	Update content within the timeframe as determined by the Department. Note: Department will address with SLA.		
1836	9.5 - FAO Provider Management Services			1	Manage, publish, update, index, and provide electronic public access to the Colorado Medical Assistance program communications, guides, forms, and files including, but not limited to, the following: • Colorado Medical Assistance program newsletters. • Provider billing manuals, bulletins, announcements, and enrollment forms. • Transaction companion guides. • Procedure and diagnosis reference lists. • Frequently asked questions (FAQs).			
1837	9.5 - FAO Provider Management Services			1	Provide telephone and electronic access to client Eligibility Verification and HIPAA transactions free of charge to providers and all other Department-approved contractors.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1838	9.5 - FAO Provider Management Services	9.11 - FAO Call Center Services		1	Implement and manage a help desk for provider relationship management for the Colorado Registration and Attestation (SLR).			
1839	9.5 - FAO Provider Management Services	9.12 - FAO Help Desk Services		1	Implement and manage a help desk for provider relationship management, coordinate with other contractors to manage, support, and resolve provider enrollment issues, electronic transactions and inquiries and SLR inquiries.			
1840	9.5 - FAO Provider Management Services	9.7 - FAO Program Integrity Support Services	7.12 - System Interfaces	1	Conduct background checks on providers' owners, officers, directors, partners, agents, managing employees, affiliates and subcontractors for sanctions, terminations, and exclusions, in accordance with the ACA Provider Screening Rule. Contractor shall conduct background checks upon the provider's application, at re-verification, and upon Department request. Contractor shall, at minimum, utilize information from the following systems to perform background checks: • LEIE/MEDEPLS • NPPES • Medicare terminations • Other state Medicaid or CHP terminations • HHS' health care Integrity & Protection Database • Social Security Administration's Death Master File			
1841	9.5 - FAO Provider Management Services			1	Respond to and resolve provider inquiries related to the scope of this Contract.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1842	9.5 - FAO Provider Management Services		8.14 - Web Portal	1	Provide and support online training addressing all aspects of Web Portal functionality. Develop and make available updates to the online training materials as new functionality is added to the Provider Enrollment Tool. Coordinate training with other contractors, as needed.	Updated training modules shall be developed at least a month before the web changes go live (to allow time for training in advance).		
1843	9.5 - FAO Provider Management Services	8.5 - Operations Management, Claims Processing		2	Allow the provider to electronically appeal any denials, as well as to challenge the amount of payment.			
1844	9.5 - FAO Provider Management Services			1	Require that providers update/confirm address and other contact information every six months, according to business rules, and through an automated process.			
1845	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		2	Provide the ability to receive an interface file from the Department's HIBI contractor to track if the client is enrolled in HIBI.	Note: The Legacy System stores TPL resource and carrier tables and utilizes the data contained in the resource table to cost avoid or pay claims based on the presence or absence of active TPL resource(s). HIBI payments were generated from the HIBI tab on the TPL resource file and HIBI recoveries were tracked in the MMIS claims as history only credit transactions. Currently, (as of 7/1/2012) our contractor HMS generates and tracks HIBI payments and recoveries within their own systems. The Legacy System no longer handles HIBI payments and recoveries.		
1846	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Maintain TPL carrier and resource files and update member and carrier information as received. Maintain historical TPL eligibility and coverage in the System.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1847	9.6 - FAO Third Party Liability Support Services			1	Provide TPL eligibility and coverage information to providers when client eligibility is verified by providers.			
1848	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Provide files to the Department's contractors for data exchanges with insurance carriers and governmental agencies for use in recoveries, utilization review, etc.			
1849	9.6 - FAO Third Party Liability Support Services	7.12 - System Interfaces		1	Maintain and update Medicare participation information when received from external sources.			
1850	9.7 - FAO Program Integrity Support Services			1	Process, record, and track using an automated tracking system, all sanctions against providers, per Department specifications, as initiated by CMS, the federal OIG, other State agencies, or the Department.			
1851	9.7 - FAO Program Integrity Support Services			1	Perform quality control on all reference file updates to ensure the integrity of data.			
1852	9.7 - FAO Program Integrity Support Services	9.3 - FAO Claim/ Encounter Related Services	7.13 - Rules Engine	2	Provide the ability to edit claims/encounters, based on provider referral conflict of interest as defined by the Department.			
1853	9.8 - FAO Client Premium Management Services	7.12 - System Interfaces		1	Process premium payment billings from CMS (Medicare), and update the Medicare Buy-In files accordingly.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1854	9.8 - FAO Client Premium Management Services			1	Price and apply client's cost share to claims/encounters.			
1855	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	Provide the appropriate technical or operational support based on call issue, and provide the appropriate staff to answer the question(s).			
1856	9.11 - FAO Call Center Services			3	Support an online provider complaint tracking, resolution, and reporting process that allows the Contractor to proactively identify trends. Contractor shall provide summary reporting to the Department on a routine basis.			
1857	9.11 - FAO Call Center Services			Optional	Ability to expand the Contractor call center to accept client calls and provide tier-one support to assist in offering solutions and information to general questions regarding the Colorado Medical Assistance program and transfer more complex calls to the Department's Customer Call Center **8:00 am to 5:00 pm MT, Monday - Friday.**			
1858	9.11 - FAO Call Center Services			1	Provide and maintain an Interactive Voice Response (IVR) function that provides callers with straightforward menu options to reach the appropriate prerecorded information or a live operator.	The IVR shall be available 24 hours a day/7 days a week.		
1859	9.11 - FAO Call Center Services			1	Provide a dedicated inbound email address for providers to use as part of the Customer Service Center.			
1860	9.11 - FAO Call Center Services			1	Provide the Department with weekly and monthly reports on all inquiries, the nature of the inquiries, and the timeliness of responses to inquiries for the call center and help desk activity.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1861	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	Provide a centralized call center and help desk database or reporting capability that creates, edits, sorts, and filters tickets or electronic records of calls made to the call center and help desk categories that can be accessed and utilized by the Department for provider and client tracking and management.			
1862	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		1	The Contractor will staff a Call Center/Help Desk from 8:00 am to 5:00 pm MT**, Monday - Friday**.			
1863	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		Optional	The Contractor will staff a Call Center/Help Desk from 7:00 am to 7:00 pm MT.			
1864	9.11 - FAO Call Center Services	9.12 - FAO Help Desk Services		Optional	Provide call-center, help desk, web knowledge based forum and other support to users of data-merge functionality.			
1865	9.11 - FAO Call Center Services			Optional	Provide and support Provider Customer Relationship Management (CRM) software licenses that can be expanded to be utilized by all employees in Department so that the Department's contact with providers can be noted in the same system as the Contract, which will allow communications with providers to be more efficient.			
1866	9.12 - FAO Help Desk Services			2	Provide call-center, help desk, web knowledge base forum and other support to users, including System and Provider Enrollment support.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1867	9.13 - FAO Mailroom			1	Provide a mailroom and print center to support provider relationship management, claims/encounters adjudication, and required client and provider communication functions.			
1868	9.14 - FAO Online Document Repository	7.14 - Workflow Management		2	Provide an on-line, real-time communications tracking tool with role-based access to monitor and document system updates, day-to-day business, and exchanges between Contractor(s) and the Department.			
1869	9.14 - FAO Online Document Repository	7.14 - Workflow Management		2	Provide the ability to collaborate on documentation (e.g., system, project, provider communication materials) via editing capabilities. Include the ability to limit editing of certain documents by type and/or origination. Track and maintain version history of documents and related attachments that have been edited.			
1870	9.14 - FAO Online Document Repository			2	Ensure that all project and Contract documents are made available on the electronic data repository and that all documents available on the repository are the most current and prior versions, as determine necessary by the Department, of the document available.			
1871	10.2 - Invoicing			1	The Contractor shall invoice the Department on a monthly basis, by the fifteenth (15th) Business Day of the month following the month for which the invoice covers. The Contractor shall not submit any invoice for a month prior to the last day of that month.			

Unique ID	Applicable RFP Section Reference One (1)	Applicable RFP Section Reference Two (2)	Applicable RFP Section Reference Three (3)	Priority	Requirement	Other Notes and/or Performance Standards	Offeror Compliance Response: Specify Contract Stage or Will Not Meet	Associated Offeror's Response Question(s)
1872	10.2 - Invoicing			1	The monthly operating payment invoice shall contain ~~all of~~ the following for the month for which the invoice covers: • The fixed monthly fee portion of the Maximum Monthly Payment, described in Appendix E – Pricing Schedules. ~~• **The price for the Deliverable payment portion of the Maximum Monthly Payment, described in Appendix E – Pricing Schedules, only if all Deliverables described in that section are accepted by the Department and are received by their required due dates for the month that invoice covers.**~~			
1873	**8.9 - Care Management**	**8.11 (Electronic Data Interchange)**		**1**	**Provide the ability to accept, translate, process and respond to the X12 notification transaction named Health Care Services Review Notification and Acknowledgement (278N).**			
1874	**8.4 - Provider Management, Enrollment/ Disenrollment**	**7.12 - System Interfaces**	**9.5 - FAO Provider Management Services**	**1**	**The Contractor shall be responsible for screening, enrollment, disenrollment, and management of pharmacy providers as required under the ACA Provider Screening Rule. The Contractor shall be responsible for sending provider enrollment files from the Core MMIS and Supporting Services to the PBMS contractor.**			

Colorado Department of
Health Care Policy and Financing

Solicitation #: XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix B – Project Phases Tables

Modification 1

Modifications are shown in red.

The guidelines for Contractor Responsibilities and Department Responsibilities for each of the COMMIT Project Phases and Fiscal Agent Operations Phases, as described in Sections 5.3 and 5.5 of the Core MMIS and Supporting Services of the RFP Body, are stated in this document. This document shall be used as a baseline for the Offeror to build their SDLC/solution delivery approach and Deliverable design. Deliverables described as Contractor Responsibilities are described in detail in Appendix A – Requirements and Performance Standards Matrix. Offerors shall map their SDLC/solution delivery approach and Deliverables within their Technical Proposals as defined in Appendix D – Offeror's Response Worksheet. Final responsibilities and Deliverables will be mutually agreed upon during contract negotiation.

These Project Phases apply to Implementation Stage I, Implementation Stage II, and Implementation Stage III. The items listed in each row may occur concurrently throughout the applicable Project Phase, or may cross into other Project Phases. The bulleted items indicate that there are multiple items in that category, and are not aligned in any specific order across the row.

COMMIT Project Phases:

The following tables apply to the COMMIT Project Phases. As opposed to the Fiscal Agent Operations Project tables at the end, these tables reflect the responsibilities of the Contractor and the Department in developing, Configuring, testing, and certification of the Core MMIS and Supporting Services.

5.3.2.1. Initiation and Planning Phase: The Initiation and Planning Phase includes the Department's and Contractor's initial project planning and set up activities. This includes activities to promote project planning, bi-directional knowledge transfer, improving the Contractor's understanding of the Colorado Medical Assistance Program via familiarization activities, communication, and team-building activities to develop a collaborative working relationship between the Department and Contractor. The Contractor shall work with the Department to establish key project planning documents and Deliverables, including the, Work Breakdown Schedule, Risk Management Plan, Communication Management Plan, and Resource Management Plan as detailed in Appendix A – Requirements and Performance Standards Matrix. The duration of this Project Phase will depend on the complexity of the Contract Stage to which it applies.
Entrance Criteria: • The Effective date of the Contract • State and federal authorities have approved the Contract.
Exit Criteria: • Completion of the Project Kick-Off Meeting. • Department approval of all Initiation and Planning Deliverables.

#	Contractor Responsibilities	Department Responsibilities
1.	Conduct a Project Kick-Off Meeting with key stakeholders and the Department project team that meets, at minimum, the following objectives: • Introduce project team and stakeholders. Review the project mission and guiding principles. • Determine the format and protocol for ongoing project status meetings. • Review the project Deliverable schedule and review process. • Identify project risks and mitigation process. • Communicate the issue identification and risk process.	• Participate in the Project Kick-Off Meeting. • Provide the necessary education and documentation to appropriate Contractor staff to ensure Contractor is adequately trained on applicable Department policies and procedures.

#	Contractor Responsibilities	Department Responsibilities
2.	Establish a Project Management Plan.	Collaborate with the Contractor in order to review and approve the Project Management Plan.
3.	Establish a Project Control and Issue Reporting System.	Collaborate with the Contractor in order to review and approve the Project Control and Issue Reporting System.
4.	Collaborate with the Department to finalize a Detailed Work Breakdown Structure and Schedule.	Collaborate with the Contractor in order to review and approve a baseline of the Detailed Work Breakdown Schedule.
5.	Establish an Electronic Document Repository.	Collaborate with the Contractor to obtain access to the Electronic Document Repository.
6.	Collaborate with the Department to finalize and document the entrance and exit criteria for each Project Phase, as well as the Department's process for validating that entrance and exit criteria were met.	Work with the Contractor to establish and document entrance and exit criteria for each Project Phase.
7.	Develop a Risk Management Plan.	Collaborate with the Contractor in order to review and approve the Risk Management Plan.
8.	Develop a Quality Assurance Control/Quality Management Plan.	Collaborate with the Contractor in order to review and approve the Quality Assurance Control/Quality Management Plan.
9.	Develop and submit the Resource Management Plan.	Collaborate with the Contractor in order to review and approve the Resource Management Plan.
10.	Develop and submit the Change Management Plan.	Collaborate with the Contractor in order to review and approve the Change Management Plan.

#	Contractor Responsibilities	Department Responsibilities
11.	Develop and submit the Business Plan ~~**and Business Continuity and Disaster Recovery Plan.**~~	Collaborate with the Contractor in order to review and approve the Business Plan. ~~**and Business Continuity and Disaster Recovery Plan**~~
12.	**Develop and submit the Business Continuity and Disaster Recovery Plan.**	**Collaborate with the Contractor in order to review and approve the Business Continuity and Disaster Recovery Plan.**
13.	Develop and submit the Communication Management Plan that includes reporting templates, and Deliverable review and acceptance procedures.	Collaborate with the Contractor in order to review and approve the Communication Management Plan.
14.	Develop and submit a Gate Review Crosswalk.	Collaborate with the Contractor and the Colorado Governor's Office of Information Technology (OIT) in order to review and approve the Gate Review Crosswalk.
15.	Review progress and compliance with Initiation and Planning Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Initiation and Planning Phase entrance and exit criteria.
16.	Develop and submit all Initiation and Planning Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Initiation and Planning Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Initiation and Planning Phase Deliverables.

5.3.2.2. Discovery and Requirements Validation/Requirements Elicitation Phase: In this Project Phase, the Contractor shall work with Department personnel to validate and further define the System architecture and requirements, and reconcile them against Contractor-proposed solutions. The primary Deliverables produced during this Project Phase are the Requirements Specification Document (RSD) and a Requirements Traceability Matrix (RTM), as detailed in Appendix A – Requirements and Performance Standards Matrix, to ensure requirements are adequately tracked and managed.
Entrance Criteria: • The Department's approval of future-state business processes, as referenced in the State Self-Assessment (SSA), the Department's Use Case Report (referenced in the SSA), and the Recommendations Report resulting from the completion of the Business Process Re-Engineering Stage.
Exit Criteria: • Completion of all agreed upon Requirement Review and Validation Sessions, which includes Department acceptance of all session results. • Department acceptance of the RSD and RTM.

#	Contractor Responsibilities	Department Responsibilities
17.	Utilize Requirements Review and Validation Sessions to gain an understanding of user sophistication, which should be applied to the development of training programs and user documentation.	• Provide appropriate staff to attend Requirement Review and Validation Sessions. • Work with the Contractor to establish schedule and location for Requirement Review and Validation Sessions.
18.	Develop and submit a Requirements Definition and Validation Plan.	Collaborate with the Contractor in order to review and approve the Requirements Definition and Validation Plan.
19.	Prepare and submit the Requirement Review and Validation Session meeting notes. Include decisions, justification for changes, outstanding issues requiring follow-up, and impacts to future sessions and session participants.	• Review and approve the Requirement Review and Validation Session meeting notes. • Forward the meeting notes to the appropriate staff.

#	Contractor Responsibilities	Department Responsibilities
20.	Use project control tools to formally track session results and allow the Contractor/Department to manage the requirements decisions by module or functional area. The tools should also provide the ability to manage requirements not yet completed, as well as decisions from completed requirement review and validation sessions.	• Review and respond to all requirement change documents, using the agreed-upon project Change Management Process. • Track policy-related changes and training impacts identified during the Requirement Review and Validation Sessions.
21.	Develop and submit to the Department a draft Requirements Specifications Document (RSD) for Contractor-proposed System components, modules and functional areas.	• Collaborate with the Contractor in order to review and approve the Detailed Requirements Specification Template. • Collaborate with the Contractor in order to review and provide feedback on the draft RSD.
22.	Compile the final RSD.	Collaborate with the Contractor in order to review and approve the final RSD.
23.	Develop and maintain a Business Rules Traceability Matrix.	Collaborate with the Contractor in order to review and approve the Business RTM.
24.	Develop and maintain a RTM.	Collaborate with the Contractor in order to review and approve the RTM.
25.	Review proposed business rules with the Department and conduct a gap analysis to compare the proposed business rules against the Department's existing business rules to identify additional business rules required for the Core MMIS and Supporting Services.	
26.	Design and document initial detailed Test Cases for UAT.	• Review and approve all Test Cases prior to testing and reserve the right to request that additional Test Cases be developed and tested.

#	Contractor Responsibilities	Department Responsibilities
27.	Review progress and compliance with the Discovery and Requirements Validation/Requirements Elicitation Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Discovery and Requirements Validation/Requirements Elicitation Phase entrance and exit criteria.
28.	Develop and submit the Discovery and Requirements Validation/Requirements Elicitation Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Discovery and Requirements Validation/Requirements Elicitation Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Discovery and Requirements Validation/Requirements Elicitation Phase Deliverables.

5.3.2.3. Design and Definition Phase: This Project Phase includes the development and validation of design specifications or product documentation for System screens, reports, data, interfaces, and business rules that conform to requirements that were validated during the Discovery and Requirements Validation/Requirements Elicitation Phase.
Entrance Criteria: • Department acceptance of business process improvements of the business process maps, which result from the RSD, the Business RTM, and the outputs of the Business Process Re-Engineering Stage - the Recommendations Report and the Action Plan. • Department acceptance of the RSD and RTM.
Exit Criteria: • Completion of all agreed upon Detailed System Design Sessions, which includes Department acceptance of all session results. • Department acceptance of the Design Specification Document (DSD) for non-COTS components and Requirements Traceability Matrix.

#	Contractor Responsibilities	Department Responsibilities
29.	Develop and submit a Detailed System Design Plan for non-COTS components.	• Provide the Contractor with the necessary information and clarification regarding existing interfaces and System processes, as well as Department business rules, policies, regulations, and procedures. • Collaborate with the Contractor in order to review and approve the Detailed System Design Plan.
30.	Develop and submit a Detailed System Design Session schedule for review by the Department.	Work with the Contractor to establish schedule and location for Detailed System Design Sessions.
31.	Develop and distribute session agendas prior to each session.	Review and approve the Detailed System Design Session Agendas prior to each session.
32.	Conduct Detailed System Design Sessions to validate requirements with authorized users and other stakeholders.	Provide appropriate staff to attend Detailed System Design Sessions.

#	Contractor Responsibilities	Department Responsibilities
33.	Develop and submit a Physical System Security Plan.	Review and approve the Physical System Security Plan.
34.	Develop and submit an Environment Architecture and Implementation Plan.	Review and approve the Environment Architecture and Implementation Plan.
35.	Perform prototyping when appropriate to enable Department staff to review and accept windows, screens, reports or other layouts designs. Including an Online Application Template and Reporting Templates	Review and approve prototypes and templates.
36.	Demonstrate System component/module functionality through models and prototypes as appropriate.	• Provide staff to attend System component/module walkthroughs as necessary. • Review and approve application design mock-ups. • Review and approve the Environment Architecture and Implementation Plan. • Review and approve any System-generate reports. • Review and approve Templates of any Standard System Reports.
37.	Provide qualified data modelers and conduct any modeling sessions needed for data model modification.	
38.	Prepare and submit the Detailed System Design Session meeting notes.	Review and approve the Detailed System Design Session meeting notes.

#	Contractor Responsibilities	Department Responsibilities
39.	Use project control tools to formally track session results and allow the Contractor/Department to manage the design decisions by module or functional area. The tool should also provide visibility to outstanding decisions, as well as decisions resulting from completed Detailed System Design Sessions.	• Track policy-related changes and training impacts identified during the detailed design and definition sessions. • Review and respond to all Detailed System Design requirements change documents, using the agreed-upon project Change Management Process.
40.	Submit a draft Design Specification Document (DSD) that incorporates comments submitted by the Department.	Collaborate with the Contractor in order to review and approve the draft DSD.
41.	Conduct technical reviews of the DSD Deliverable with the Department to verify the design and resolve design issues or questions.	
42.	Develop a final DSD based on the facilitated design sessions.	• Collaborate with the Contractor in order to review and approve the final DSD. • Collaborate with the Contractor in order to review and approve the Systems Documentation Template.
43.	Update and maintain the RTM with results from Detailed System Design Sessions.	Review and approve the updated RTM.
44.	Review progress and compliance with Design and Definition Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Design and Definition Phase entrance and exit criteria.
45.	Develop and submit the Design and Definition Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Design and Definition Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Design and Definition Phase Deliverables.

5.3.2.4. Development Phase: The Contractor shall develop the Core MMIS and Supporting Services in this Project Phase. The Contractor shall utilize development tools and established methodologies for maintaining control of the process and ensuring that the System components and architecture conforms to the requirements and documented in the prior Project Phases. The Development Phase shall include unit testing to verify that each basic component of the System is developed correctly in accordance with the design specifications.
Entrance Criteria: • Completion of all agreed upon Detailed System Design Sessions, which includes Department acceptance of all session results. • Department acceptance of the Design Specification Document and updated Requirements Traceability Matrix.
Exit Criteria: • Facilitation of functionality walkthroughs with the Department. • Department approval of all Unit Test Checklists. • Department approval of each System module/functional component.

#	Contractor Responsibilities	Department Responsibilities
46.	Ensure that the Change Management Plan contains a Configuration Management component to identify the tools to be sued to manage changes to the Core MMIS and Supporting Services components and modules.	Review, provide feedback, and approve the Configuration Management component of the Change Management Plan.
47.	Submit Change Management artifacts (Change Requests) as necessary.	Review, provide feedback, and approve Change Requests as necessary.
48.	Develop the Core MMIS and Supporting Services per approved design specifications.	
49.	Develop and submit to the Department a Unit Test Checklist Template and Unit Test Plan.	• Review and approve the Unit Test Checklist Template. • Review and approve the Unit Test Plan.
50.	Conduct unit testing and submit results via Unit Test Checklists.	Review and approve the Unit Test Results.

#	Contractor Responsibilities	Department Responsibilities
51.	Provide weekly updates and performance metrics on unit testing and development progress to the Department as part of the weekly status reports defined Appendix A – Requirements and Performance Standards Matrix.	• Review and approve the Technical and Functional Documentation. • Participate in weekly updates and review performance metrics on unit testing and development progress.
52.	Develop System and user documentation as required.	Review and approve Contractor documentation that all MMIS functions according to Department specifications.
53.	Conduct development walkthroughs for non-COTS components as appropriate to demonstrate to the Department that all System functions have been completely and accurately developed and unit-tested and record problems using the Project Control and Issue Reporting System described above.	Attend code walkthroughs as necessary.
54.	Review progress and compliance with Development Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Development Phase entrance and exit criteria.
55.	Develop and submit the Development Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review the Development Phase Deliverables and provide the Contractor with access to documentation necessary to complete the Development Phase Deliverables.

5.3.2.5. Data Conversion Phase: The Contractor shall work with Department staff to convert data contained in source/legacy systems to the Core MMIS and Supporting Services according to the agreed upon Data Conversion Plan described Appendix A – Requirements and Performance Standards Matrix. The Contractor shall plan, test, and manage the data conversion process. The Department will provide the Contractor with the appropriate access to external systems and Department staff necessary to fully execute the Data Conversion Plan.
Entrance Criteria: • The entrance criterion for the Data Conversion activities is to define and document the source/legacy systems and obtain Department approval.
Exit Criteria: • The exit criterion for the Data Conversion activities is the Department's acceptance of migrated data from source/legacy systems into the Core MMIS and Supporting Services.

#	Contractor Responsibilities	Department Responsibilities
56.	Develop and submit a phased Data Conversion Plan that provides detailed requirements	• Provide and coordinate the appropriate Department source/legacy system resources during the Data Conversion Phase. • Verify that the MMIS and associated documentation, tools are received from source/legacy systems and transferred to the Contractor, as available. • Act as liaison between the current Department systems resources and Contractor during the Data Conversion Phase. • Provide listing of system job cycles in use in source/legacy systems, as available, at time of transfer and installation. • Review and approve the Data Conversion Plan.

#	Contractor Responsibilities	Department Responsibilities
57.	Ensure that third party data acquisition requirements, including any additional costs and related agreements, are accounted for and included within the Data Conversion Plan. The Department will not be liable for any delays or fees incurred in data acquisition tasks.	
58.	Complete the discovery and evaluation tasks.	
59.	Acquire the hardware and software needed for a successful data conversion.	
60.	Implement a fully functioning data migration environment to be used by both the Contractor and Department for current and ongoing migration needs.	Collaborate with the Contractor in order to review and approve the migration environment.
61.	Coordinate with the Department to assign qualified access rights and resolve problems encountered during the conversion.	Coordinate with the Contractor to assign qualified access rights and resolve problems encountered in the conversion.
62.	Ensure that the hardware, software, protocols, processes, and communications are appropriately established, documented, and repeatable by authorized Department staff.	
63.	Revise System and user documentation as required.	Review and approve Contractor documentation that all MMIS required data is transferred and functions according to Colorado specifications.
64.	Implement code modifications to the Core MMIS and Supporting Services as necessary for accurate operation of the Core MMIS and Supporting Services, including any future data conversion needs.	

#	Contractor Responsibilities	Department Responsibilities
65.	Perform a System test to compare all transferred programs, files, utilities, etc., to determine that the migration was successful.	Review and approve the Data Conversion Test Results.
66.	Assist the Department with issue identification and resolve program errors and rerun unit tests as necessary.	Identify issue(s) and assist the Contractor in resolving program errors.
67.	Incorporate data conversion progress in written status reports throughout the Data Conversion Phase.	Review and approve System modifications or miscellaneous documentation made by the Contractor during the Data Conversion Phase.
68.	Work with other System Contractor(s) and the Department to establish and ensure appropriate System and business interfaces as deemed necessary by the Department and/or federal requirements to successfully meet the responsibilities identified for this Project Phase.	Assist the Contractor in identifying the appropriate System and business interfaces.
69.	Review progress and compliance with Data Conversion Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Data Conversion Phase entrance and exit criteria.
70.	Develop and submit all Data Conversion Phase Deliverables as detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Data Conversion Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Data Conversion Phase Deliverables.

5.3.2.6. Testing Phase: The Contractor shall test the replacement of Core MMIS and Supporting Services software and hardware for compliance with defined requirements. The Contractor shall ensure that all testing activities, as described in Appendix B – Project Phases Tables, are executed and that each System component meets or exceeds all of the functional, technical, security, and performance requirements prior to implementing the Core MMIS and Supporting Services. The Department requires formal user acceptance testing (UAT). Offerors shall specifically address UAT within their proposal responses, as directed in Appendix D – Offeror's Response Worksheet. Department testers will be responsible for conducting UAT and signing off on the Core MMIS and Supporting Services functionality prior to it being released into production. Parallel testing activities in this Project Phase specifically relate to System functionality, and will be independent of parallel testing activities that will occur within the Fiscal Agent Operations scope. Those activities apply specifically to Operations. The Contractor may also propose additional tests that may maximize performance and/or operational readiness. All testing will be deemed complete only when written Department acceptance is obtained.
Entrance Criteria: • The entrance criterion for the Testing activities is the identification, documentation, and Department approval of defect/issue severity definitions.
Exit Criteria: • The exit criterion for the Testing activities is completion of all Test Cases for each testing sub-phase, documented and approved by the Department.

#	Contractor Responsibilities	Department Responsibilities
71.	Develop a Core MMIS and Supporting Services Test Plan that describes its approach and commitment to all testing sub-phases required for a System of this magnitude.	• Collaborate with the Contractor to review and approve the Core MMIS and Supporting Services Test Plan. • Collaborate with the Contractor to review and approve the System Test Template.
72.	Develop a Parallel Test Plan for testing the Contractor's implementation against the legacy system.	Collaborate with the Contractor to review and approve the Parallel Test Plan.

#	Contractor Responsibilities	Department Responsibilities
73.	Provide all tools used to facilitate the testing process, including performance testing. The Department will not procure testing tools for this project and any testing tools proposed shall be provided by the Contractor and licensed by the Contractor for use by its staff and the applicable Department staff for the project at the testing site.	• Coordinate with Contractor the successful set-up of all required environments. • Act as liaison between the current Department System resources and Contractor during the Testing Phase. • Arrange for the transfer of any relevant Department software and files to the new Contractor, as available and as needed.
74.	Provide any required training on the proposed testing tools to all Department staff that will be required to use these tools.	• Identify and provide the appropriate staff to participate in any required training. • Collaborate with the Contractor to schedule training.
75.	Revise, implement, and document detailed Test Cases for each sub-phase of testing identified above.	• Approve all Test Cases prior to testing and reserve the right to request that additional Test Cases be developed and tested. • Provide necessary Department resources to participate in UAT.
76.	Provide the Department with testing progress, as part of the weekly status reports including, at minimum: • The number of issues identified. • Type. • Severity. • Mitigation strategy. • Projected resolution date.	• Review and approve Contractor documentation that all Core MMIS and Supporting Services required data is transferred and functions according to Colorado specifications. • Act as mediator to resolve any System installation problems. • Review and approve System modifications or miscellaneous documentation made by the Contractor during the Testing Phase.
77.	Finalize the severity definitions and determination process for with the Department. The Department shall maintain final authority on all severity assignments.	Approve the severity definitions and determination process for defects.

#	Contractor Responsibilities	Department Responsibilities
78.	Ensure all testing, issue resolution, and code promotion activities maintain zero impact to Department day-to-day operations.	Inform the Contractor of any day-to-day operations issues.
79.	Work with other System Contractor(s) and the Department to establish and ensure appropriate System and business interfaces as deemed necessary by the Department to successfully meet the responsibilities identified for this Project Phase.	Coordinate the appropriate Department System resources during the installation of any telecommunications links to the Department's network, if needed.
80.	Submit all Test Results for each test sub-phase to the Department.	• Review and approve Performance/Stress Testing Results. • Review and approve Final System Test Results. • Review and approve Penetration Test Results. • Review and approve Parallel Test Results.
81.	Perform regression testing for all defects identified as directed by the Department.	• Assist the Contractor with regression testing and identify defects. • Review Regression Testing Results.
82.	Review progress and compliance with Testing Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Testing Phase entrance and exit criteria.
83.	Develop and submit all Testing Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Testing Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Testing Phase Deliverables.

5.3.2.7. Organizational Readiness and Training Phase: The Contractor shall train Department staff in Core MMIS and Supporting Services functionality and business processes required for successful implementation. Authorized users shall be proficient in using the Core MMIS and Supporting Services in order to ensure effective and efficient business operations.
Entrance Criteria: • Completion of UAT. • Establishment of the training environment.
Exit Criteria: • The exit criterion for the Training activities is completion of all scheduled Department training sessions.

#	Contractor Responsibilities	Department Responsibilities
84.	Within the Resource Management Plan submitted for Department approval, include a Training Plan that meets the requirements in Appendix A - Requirements and Performance Standards Matrix.	Provide feedback on the proposed Training Plan section of the Resource Management Plan, approach, and training materials prior to training sessions occurring or materials being released.
85.	Maintain and update the training environment with training data to use during training.	Review and approve the training environment and training content.
86.	Provide regular refresher training sessions for Core MMIS and Supporting Services authorized users to disseminate updated or new functionality or business processes related to the MMIS throughout the Contract term, extending as agreed upon.	Provide any necessary feedback on training sessions.
87.	Review progress and compliance with Organizational Readiness and Training Phase entrance and exit criteria as agreed upon by the Contractor and Department.	Review progress and compliance with Organizational Readiness and Training Phase entrance and exit criteria.

#	Contractor Responsibilities	Department Responsibilities
88.	Develop and submit all Organizational Readiness and Training Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Organizational Readiness and Training Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Organizational Readiness and Training Deliverables.

5.3.2.8. Implementation and Rollout Phase: The Contractor shall deploy the Core MMIS and Supporting Services in compliance with the agreed upon implementation approach. The Contractor shall manage the end-to-end implementation and establish a clear plan, project guidelines, implementation approach, and governance structure. The Contractor shall also help develop and manage the rollout plan, which shall include detailed planning and roadmaps for all releases. This includes the development of release management processes for technology stacks, databases, and infrastructure. This Project Phase will be considered complete when the Department accepts the Core MMIS and Supporting Services as operational based on predefined acceptance criteria.
Entrance Criteria: • The entrance criterion for Implementation and Rollout Phase activities is the completion of all scheduled Department training sessions.
Exit Criteria: • Completion and Department acceptance of the Operational Readiness Walkthrough. • Department acceptance of the System as operational.

#	Contractor Responsibilities	Department Responsibilities
89.	Develop an Implementation Strategy in conjunction with the Department System acceptance procedures.	• Work with the Contractor to determine the Implementation Strategy and schedule. • Collaborate with the Contractor in order to review and approve an Implementation Strategy.
90.	Conduct an Operational Readiness Walkthrough with the Department prior to the initial Core MMIS and Supporting Services Implementation and Rollout Phase.	Participate in Operational Readiness Walkthroughs and provide formal acceptance of each Walkthrough once approved by the Department.
91.	Develop a "Go-Live" Support Plan that documents the onsite and offsite user support provided by the Contractor and Department during the initial Core MMIS and Supporting Services implementation.	Collaborate with the Contractor to review and approve the "Go-Live" Support Plan.

#	Contractor Responsibilities	Department Responsibilities
92.	Develop an Implementation and Rollout Plan that details planning and roadmaps for managing all System releases (if applicable).	Collaborate with the Contractor in order to review and approve the Implementation and Rollout Plan.
93.	Develop a Post-Implementation Operational Monitoring Plan, including methods and schedules for the Department and the Contractor to conduct post-implementation monitoring of System operations related to performance expectations as described in the Appendix A – Requirements and Performance Standards Matrix.	Collaborate with the Contractor in order to review and approve the Post-Implementation Operational Monitoring Plan.
94.	Monitor the initial operation of the Core MMIS and Supporting Services to ensure that there are no immediate or ongoing adverse effects on the Department programs according to the performance expectations as described in the Appendix A – Requirements and Performance Standards Matrix.	Identify any issues for the Contractor.
95.	Update System documentation and operating procedures with lessons learned from the Implementation and Rollout Phase.	Review and approve the updated System and Operational Documentation.
96.	Report on post-implementation issues and success for the Core MMIS and Supporting Services.	Review report and provide any necessary feedback on post-implementation issues.
97.	Identify and report any implementation issues to Department using the criteria.	Review report and provide any necessary feedback on any implementation issues.
98.	Obtain formal Department approval for the implementation of the Core MMIS and Supporting Services.	Provide formal acceptance of the implementation of the Core MMIS and Supporting Services once approved by the Department.

#	Contractor Responsibilities	Department Responsibilities
99.	Prepare a Post-Implementation Evaluation Report.	Collaborate with the Contractor in order to review and approve the Post-Implementation Evaluation Report.
100.	Review progress and compliance with Implementation and Rollout Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Implementation and Rollout Phase entrance and exit criteria.
101.	Develop and submit all Implementation and Rollout Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Implementation and Rollout Phase Deliverables and provide the Contractor with necessary access to documentation to complete Implementation and Rollout Phase Deliverables.
102.	**Prepare annual Business Continuity and Disaster Recovery plan updates and/or testing results.**	**Collaborate with the Contractor in order to review and approve the Business Continuity and Disaster Recovery plan updates and/or testing results.**

5.3.2.9. Operations and Maintenance Phase: The Contractor shall conduct all activities applicable to the Operations and Maintenance Phase for the minimum base Contract. This Project Phase shall constitute a warranty period, effective on the first day of Operations, which covers the agreed upon functionality. The Contractor shall correct, at its expense, any defects that limit use (as agreed upon) under the warranty.
Entrance Criteria: • The entrance criterion for the System Operations and Maintenance Phase activities is Departmental acceptance of the System as operational.
Exit Criteria: • Department has notified the Contractor that the Contract will be terminated (e.g., all optional contract extensions are exhausted or the Department chooses not to exercise an option to renew).

#	Contractor Responsibilities	Department Responsibilities
103.	Prepare an annual Business Plan for Department approval.	Collaborate with the Contractor in order to review and approve the Business Plan.
104.	Develop a System Operational Procedures Manual.	Collaborate with the Contractor in order to review and approve the System Operational Procedures Manual.
105.	Perform operations and maintenance throughout the life of the Contract at no additional cost to the Department, and develop and make available electronically a System Operations and Maintenance Plan.	Collaborate with the Contractor in order to review and approve the System Operations and Maintenance Plan and provide guidance where appropriate.

#	Contractor Responsibilities	Department Responsibilities
106.	Provide live help desk support through a toll-free number for Department and authorized users. Authorized users shall be allowed to leave a voicemail if the help desk agent is busy. The help desk shall be primarily responsible for the following activities: a. Performing initial investigation, impact assessment, and prioritization on all requests. b. Handling routine requests such as user ID, password, and security profile issues. c. Forwarding non-System related issues to the appropriate Department or Contractor staff. d. Escalating issues as defined in the Operations and Maintenance Plan. e. Capturing and tracking helpdesk requests (i.e., tickets) and reporting resolutions back to the end-user.	
107.	Prioritize and resolve issues coming into the Help Desk using mutually agreed upon Severity definitions. The Department reserves the right to determine and assign levels of severity for the issue/support problems. The severity of the issue/support problem shall determine the problem resolution response time.	Review regular operations reports and assist the Contractor in assigning severity levels to reported issues.
108.	Provide an after-hours support service, as defined in the System Operations and Maintenance Plan.	
109.	Continuously monitor for issues/defects and correct defects identified by the Department and/or Contractor.	Inform the Contractor of all issues/defects.

#	Contractor Responsibilities	Department Responsibilities
110.	Offer recommendations to the Department on any improvements or efficiencies related to System.	Review recommendations from the Contractor and provide guidance.
111.	Participate and provide data and support to the Department and any QA/IV&V Contractors.	
112.	Publish a System Software Version Release Schedule and provide updates to the Department as requested.	Review System Software Version Release Schedule.
113.	Utilize the approved Project Control and Issue Tracking Tool, to collect and track reported issues and resolutions. The tool shall capture, at minimum, all applicable information about the issue and caller, including date of contact, name of individual making contact, organization/department name/work unit (if applicable), phone number and email address, description of problem/complaint, description of any follow up investigation/resolution plans, including the date and time of return calls, and any problem report numbers assigned or related to contact. The Contractor shall provide appropriate Department personnel with access to the tool.	Review, approve, and provide feedback on reported issues and resolutions.
114.	Provide regular reports on issues/defects and their resolutions, as defined in the Department-approved System Operations and Maintenance Plan.	Monitor Contractor and System performance for accuracy and timeliness.
115.	Provide online end user and System Administrative Documentation.	Review and approve the System Administrative Documentation.

#	Contractor Responsibilities	Department Responsibilities
116.	Ensure electronic exchange of information is secure and encrypted for the Department to report problems, questions or System issues while safely exchanging PHI/PII, as required.	Utilize the encrypted electronic exchange of information to report problems, questions, or System issues to the Contractor.
117.	Provide a searchable library, with highly flexible search criteria to enable a user to quickly find needed information in policy manuals, training material, implementation memos, etc. and all help functions.	Review and approve the searchable library.
118.	Manage and maintain up-to-date upgrades and site licenses, as covered by maintenance agreements, for software and operating systems, and provide training as Department defined.	
119.	Review progress and compliance with Operations and Maintenance Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Operations and Maintenance Phase entrance and exit criteria.
120.	Develop and submit all Operations and Maintenance Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Operations and Maintenance Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Operations and Maintenance Phase Deliverables.

5.3.2.10. CMS Certification Phase: This Project Phase includes the Contractor's support of the CMS certification process, which includes preparing for and demonstrating that CMS certification standards are met. The Contractor shall ensure that the Core MMIS and Supporting Services will meet federal certification approval for the maximum allowable Federal Financial Participation (FFP).
Entrance Criteria: • Resolution of all agreed upon Core MMIS and Supporting Services issues/fixes identified by the Department in its comprehensive evaluation of the System.
Exit Criteria: • The exit criterion for the CMS Certification activities is the Department receives CMS certification of the Core MMIS and Supporting Services.

#	Contractor Responsibilities	Department Responsibilities
121.	Participate in CMS certification activities, as directed by the Department.	• Communicate certification process and schedule, including support required by the Contractor. • Act as the liaison between CMS and the Contractor.
122.	Coordinate with the Department to develop CMS Certification Checklist documentation.	Communicate CMS Certification requirements required for the CMS Certification Checklist.
123.	Assist the Department in preparing certification documents and reports, as directed by the Department.	
124.	Provide necessary resources to the Department to support the CMS Certification, as defined by the Department.	
125.	Review progress and compliance with CMS Certification Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with CMS Certification Phase entrance and exit criteria.

#	Contractor Responsibilities	Department Responsibilities
126.	Develop and submit the CMS Certification Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all CMS Certification Phase Deliverables and provide the Contractor with necessary access to documentation to complete the CMS Certification Phase Deliverables.

5.3.2.11. Enhancements Phase: The Contractor shall work with the Department to identify, prioritize, plan, define, develop, test, and implement changes or enhancements to the base release. The Department and Contractor will agree to enhancements through the Change Management Process. Enhancements are defined as changes to the MMIS functionality outside of the contracted scope, and shall require a change order, as defined in the Change Management Plan in Appendix A – Requirements and Performance Standards Matrix.
Entrance Criteria: • The entrance criterion for the Enhancements Phase activities is the Department receives CMS certification of the Core MMIS and Supporting Services.
Exit Criteria: • The exit criterion for the Enhancements activities is the Department approval of the Enhancements activities.

#	Contractor Responsibilities	Department Responsibilities
127.	Collaborate with the Department to identify and prioritize its System requirements that are not included in the base System and are outside of the contracted scope, following the Change Management Process.	• Provide the appropriate staff to work with the Contractor to identify and prioritize System enhancements. • Collaborate with the Contractor in order to review and approve the Enhancements Requirements Change Order.
128.	Configure the System per approved design specifications to meet the Enhancement Requirements.	
129.	As necessary, conduct walkthroughs of System enhancements for the Department.	Provide the appropriate staff to attend System enhancement walkthroughs.
130.	Develop an Enhancements Test Plan that describes the approach to all testing necessary to implement the enhancements.	Review and approve the Enhancements Test Plan.

#	Contractor Responsibilities	Department Responsibilities
131.	Provide all tools used to facilitate the testing process, including performance testing. The Department will not procure testing tools for this project and any testing tools proposed shall be provided by the Contractor and licensed by the Contractor for use by its staff and the applicable Department staff for the project at the testing site.	
132.	Provide any required training on the proposed testing tools to all Department staff that will be required to use these tools.	Identify and schedule training for Department staff.
133.	Design, implement, and document detailed Test Cases for enhancement testing.	• Approve all Test Cases prior to testing and reserve the right to request that additional Test Cases be developed and tested. • Provide the necessary Department resources to participate in UAT.
134.	Ensure all testing, issue resolution, and code promotion activities maintain zero impact to Department day-to-day operations. Submit all Test Results for each test sub-phase to the Department.	• Review, approve, and provide feedback on the final Enhancements Test Results. • Inform Contractor of any impact(s) to day-to-day operations.

#	Contractor Responsibilities	Department Responsibilities
135.	Provide the Department with testing progress, as part of the weekly status reports including, at minimum: • The number of issues identified. • Type. • Severity. • Mitigation strategy. • Projected resolution date.	• Review and approve Contractor documentation that all Core MMIS and Supporting Services required data is transferred and functions according to Colorado specifications. • Act as mediator to resolve any System installation problems. • Review and approve System modifications or miscellaneous documentation made by the Contractor during the Enhancements Phase.
136.	Implement System enhancements.	
137.	Review progress and compliance with Enhancements Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance Enhancements Phase entrance and exit criteria.
138.	Develop and submit the Enhancements Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Enhancements Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Enhancements Phase Deliverables.

5.3.2.12. Turnover Phase: The Contractor may be required to transition operations of the Core MMIS and Supporting Services, at no additional cost to the Department or a new Contractor at the end of the Contract term. The primary activities in this Project Phase are focused on transition planning to ensure operational readiness for the Department and/or new Contractor. This includes both a knowledge transfer period, and actual Core MMIS and Supporting Services turnover to the Department and/or new Contractor. The Department shall sign-off on each defined Milestone to ensure that all Deliverables and exit criteria are fully executed based on agreed upon Contract terms.
Entrance Criteria: • The entrance criterion for the Turnover Phase activities is a complete set of criteria for conducting turnover activities. • The Department has given notice that it intends to enter the Turnover Phase.
Exit Criteria: • Department acceptance of Turnover Phase activities.

#	Contractor Responsibilities	Department Responsibilities
139.	Designate a staff member as the Turnover Coordinator. This individual shall become a full-time Turnover Coordinator until termination of the Contract upon initiation of the Turnover Phase.	
140.	Develop a System Turnover Plan at no additional cost to the Department.	• Communicate turnover process and schedule, including support required by the Contractor. • Act as the liaison between legacy Contractor and the replacement Contractor. • Collaborate with the Contractor in order to review and approve the System Turnover Plan.

#	Contractor Responsibilities	Department Responsibilities
141.	Develop a System Requirements Statement at no extra cost that would be required by the Department or another designee to fully take over System, technical, and business functions outlined in the Contract(s).	• Communicate the turnover requirements required for the completion of a successful Turnover Phase. • Review and approve the System Requirements Statement.
142.	Provide Turnover Services, including, at minimum: a. A copy of the operational System(s) on media as determined by the Department. b. Documentation, in an editable format, including, all relevant System manuals needed to maintain and operate the System. c. Onsite System training and knowledge transfer for Department/new Contractor staff, as determined by the Department.	
143.	Provide a Lessons Learned Document that describes valuable lessons learned during the COMMIT project.	Review the Lessons Learned Document.
144.	Review progress and compliance with Turnover Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance Turnover Phase entrance and exit criteria.
145.	Develop and submit the Turnover Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Turnover Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Turnover Phase Deliverables.

Fiscal Agent Operations:

The following tables apply to the Fiscal Agent Operations. These tables reflect the responsibilities of the Contractor and the Department in operating the federally certified Core MMIS and Supporting Services. As opposed to the preceding tables, which described the development, Configuration, testing, and certification of the Core MMIS and Supporting Services, these tables describe the activities necessary for the Department to make the transition from the incumbent Contractor to the Contractor in order to fully operate and maintain the Core MMIS and Supporting Services.

5.5.7.1. Fiscal Agent Operations Transition Planning: The Contractor shall lead the transition planning effort on behalf of the Department. Transition planning shall begin at the start of the Testing Phase and continue through the Implementation and Rollout Phase. The Contractor shall plan and facilitate discussions among stakeholders in the transition including the Department and the incumbent Fiscal Agent to make certain that all relevant activities and Milestones are captured in the Transition Plan. The Contractor shall be responsible for development of the Transition Plan, consolidation of relevant sections of the incumbent Fiscal Agent's Turnover Plan into the Contractor's Transition Plan, and maintenance of the consolidated Transition Plan, as detailed in Appendix A – Requirements and Performance Standards Matrix.
Entrance Criteria: • Department approval of the Contractor's Detailed Project Plan. • Establishment of a location where Contractor operations and services will be performed.
Exit Criteria: • Department acceptance of the Contractor's Transition Plan. • Department acceptance of the Contractor's Relocation Risk/Contingency Plan.

#	Contractor Responsibilities	Department Responsibilities
146.	Select and establish a Contractor operations site per the requirements in the Appendix A – Requirements and Performance Standards Matrix.	Approve the Contractor operations site.

#	Contractor Responsibilities	Department Responsibilities
147.	Conduct a review of the current Systems and user documentation, and clarify deficiencies as necessary.	Provide the Contractor current Systems and user documentation.
148.	Develop and submit a Transition Plan.	Collaborate with the Contractor in order to review and approve the Transition Plan.
149.	Develop and submit a Relocation Risk/Contingency Plan.	Collaborate with the Contractor in order to review and approve the Relocation Risk/Contingency Plan.
150.	Develop and establish the gateway to the Department's LAN to facilitate communications between the Department and the Contractor, and supply all hardware and software needed to properly establish communications.	
151.	Acquire necessary hardware and software needed for a successful transition including any current Contractor hardware and software owned by the Department.	
152.	Plan, facilitate and document Transition Planning meetings involving the Department and prior Contractor to identify and document details related to transitioning operational responsibilities, stored data/documentation, and applicable hardware/software.	• Coordinate communication, and act as liaison between the new Contractor and the incumbent. • Provide the new Contractor with all available documentation on current Contractor operations and Colorado requirements. • Provide the new Contractor with final schedules published by the current Contractor for all cycle processes. • Coordinate the transition of Department-owned property (i.e., office furniture, equipment, hardware and software) to the new Contractor, termination, or assumption of leases of Core MMIS and Supporting Services hardware and software.

#	Contractor Responsibilities	Department Responsibilities
153.	Review progress and compliance with Transition Planning entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance Transition Planning entrance and exit criteria.
154.	Develop and submit the Transition Planning Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Transition Planning Deliverables and provide the Contractor with necessary access to documentation to complete the Transition Planning Deliverables.

5.5.7.2. Fiscal Agent Operations Parallel Testing: The Contractor shall demonstrate that the Core MMIS and Supporting Services are fully ready for operations. During Fiscal Agent Operations Parallel Testing, the Contractor will utilize input files from the incumbent Fiscal Agent's claims processing activities and compare the output results to determine data integrity of the Core MMIS and Supporting Services. The Contractor shall be responsible for running prior cycles of standardized reports from the Core MMIS and Supporting Services to compare to reports from the Legacy System.
Entrance Criteria: • Department approval of the Contractor's Development and Testing.
Exit Criteria: • Department approval of Parallel testing results.

#	Contractor Responsibilities	Department Responsibilities
155.	Establish a Parallel Test Plan that describes the Contractor's approach to conducting the parallel test.	Identify and coordinate with appropriate Department staff and the incumbent to provide testing data to cover the breadth and volume of the Core MMIS and Supporting Services.
156.	Develop procedures and supporting documentation for parallel testing.	Review and approve procedures and supporting documentation for parallel testing.
157.	Establish a parallel test schedule in coordination with the Department and incumbent.	Collaborate with the Contractor to review and approve the parallel test schedule.
158.	Perform parallel test of the new Contractor with input from the incumbent Contractor's operations and report test results to the Department.	Provide oversight and formal acceptance of the Parallel Test Results.
159.	Identify and generate test data, as needed.	Approve test data, as needed.

#	Contractor Responsibilities	Department Responsibilities
160.	Revise System and user documentation as required to fully describe the new Contractor's operations.	Review and approve revised System and user documentation.
161.	Work with other System Contractor(s) and the Department to establish and ensure appropriate System and business interfaces as deemed necessary by the Department to successfully meet the responsibilities identified for Parallel Testing.	Collaborate with the Contractor to establish and ensure appropriate System and business interfaces.
162.	Review progress and compliance with Parallel Test entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Parallel Test entrance and exit criteria.
163.	Develop and submit the Parallel Test Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Parallel Test Deliverables and provide the Contractor with necessary access to documentation to complete the Parallel Test Deliverables.

5.5.7.3. Fiscal Agent Operations Operational Readiness: The Contractor shall perform specific implementation and operations functions to ensure operational readiness. In preparation for operations, the Contractor will perform final file conversions, recruit, and train operations staff, and conduct any necessary provider and Department staff training.
Entrance Criteria: • Department acceptance of the Parallel Test.
Exit Criteria: • Department acceptance of the Operational Readiness Assessment.

#	Contractor Responsibilities	Department Responsibilities
164.	Modify operating procedures to reflect changes with Contractor Fiscal Agent Operations.	Review and approve the revised Operating Procedures.
165.	Develop or revise provider manuals to reflect changes with Contractor Fiscal Agent Operations.	Review and approve the revised Provider Manuals.
166.	Submit an updated Resource Management Plan for Contractor operations.	Review and approve updated Resource Management Plan for Contractor Fiscal Agent Operations.
167.	Revise the report distribution schedule to reflect updated Department decisions on format, media, and distribution.	
168.	Coordinate and schedule Contractor training from Department to ensure that Contractor staff is adequately educated in Colorado policies and existing Systems.	• Collaborate with the Contractor to finalize a training schedule for Core MMIS and Supporting Services user trainings. • Provide the Contractor with program, policy and existing System/tool training as appropriate. • Coordinate the necessary Department staff to conduct Contractor training sessions.

#	Contractor Responsibilities	Department Responsibilities
169.	Conduct orientation and training for Department personnel on Contractor organization, functional responsibilities, and operational procedures.	Provide staff time to attend training sessions conducted by the Contractor for Department personnel.
170.	Develop a Provider Transition Training Plan, and conduct any necessary provider training sessions.	• Approve notices to be sent to providers regarding transition issues and the process. • Collaborate with the Contractor in order to review and approve the Provider Transition Training Plan.
171.	Develop a Department Operational Readiness Training Plan and conduct training for Department staff in order to ensure preparedness for operations	Collaborate with the Contractor in order to review and approve the Department Operational Readiness Training Plan.
172.	Conduct a formal Operational Readiness Plan Walkthrough with the Department, demonstrating that all operational areas are ready.	Participate in and provide feedback regarding the formal Operational Readiness Plan Walkthrough.
173.	Prepare a final Operational Readiness Assessment Document, including results of the parallel test and an assessment of the final operational readiness of new Contractor.	Collaborate with the Contractor in order to review and approve the final Operational Readiness Assessment Document.
174.	Review progress and compliance with Operational Readiness Phase entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Operational Readiness Phase entrance and exit criteria.
175.	Develop and submit the Operational Readiness Phase Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Operational Readiness Phase Deliverables and provide the Contractor with necessary access to documentation to complete the Operational Readiness Phase Deliverables.

5.5.7.4. Fiscal Agent Operations Implementation and Start of Operations: The Contractor shall be responsible for ensuring a successful implementation of the Core MMIS and Supporting Services and Fiscal Agent Operations that minimizes, to the greatest practical extent, negative impact on the Department and its authorized users.
Entrance Criteria: • Department acceptance of the Operational Readiness Assessment.
Exit Criteria: • Attestation from Contractor that System is operation-ready.

#	Contractor Responsibilities	Department Responsibilities
176.	Conduct any additional orientation and training for Department personnel on Contractor organization, functional responsibilities, and operational procedures.	Provide staff time to attend training sessions conducted by the Contractor for Department personnel.
177.	Conduct any necessary provider or Department training sessions.	Provide staff time to attend training sessions conducted by the Contractor for Department personnel.
178.	Make arrangements for the acceptance of all claim-related receipts and pending claims from the incumbent Contractor for completion of processing after cutover. No new claims, in electronic format or hard copy, shall be accepted by the incumbent Contactor during the final five (5) business days prior to the transfer date.	Work with incumbent Contractor on remaining turnover tasks.
179.	Allow for the complete resolution of all edits and adjudication of claims by the incumbent Contractor to be transferred.	
180.	Perform final conversion and review conversion reports to demonstrate successful conversion.	

#	Contractor Responsibilities	Department Responsibilities
181.	Implement all network connectivity and communications.	Coordinate the termination or assumption of leases of appropriate hardware and software, where appropriate.
182.	Provide attestation to the Department that the System is operation-ready.	Approve attestation from Contractor that System is operation-ready.
183.	Review progress and compliance with Implementation and Start of Operations entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Implementation and Start of Operations entrance and exit criteria.
184.	Develop and submit the Implementation and Start of Operations Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Implementation and Start of Operations Deliverables and provide the Contractor with necessary access to documentation to complete the Implementation and Start of Operations Deliverables.

5.5.7.5. Fiscal Agent Operations: The Contractor shall be expected to meet the responsibilities, Milestones, Deliverables, and performance expectations included in this RFP to ensure the successful implementation of Core MMIS and Supporting Services with minimal disruption to clients, providers, and Department staff. The Department will work with the Contractor to establish a specific date in which the Contractor will be responsible for processing claims.
Entrance Criteria: • Department approval of the Contractor's Operational Readiness Assessment. • Attestation from Contractor that System is operation-ready. • Department approval of provider manuals. • Department approval of revised operations procedures.
Exit Criteria: • Department Intent to turn over operation to the State or another Contractor.

#	Contractor Responsibilities	Department Responsibilities
185.	Perform all Operational and Maintenance functions as defined in the Appendix A – Requirements and Performance Standards Matrix (Contractor Operations).	• Serve as a liaison between the Contractor and other agencies and/or Federal agency representatives. Provide quality assurance and oversight of System functionality to ensure Colorado Medical Assistance Program business needs are met and to ensure operational performance. • Review and approve Modification/Change Request Forms. • Review and approve Requirements Specifications for Approved Change Requests. • Prepare and submit to the Contractor a written change request for Department-initiated modifications.

#	Contractor Responsibilities	Department Responsibilities
186.	Perform all operational and maintenance functions as defined in the Appendix A – Requirements and Performance Standards Matrix (Contractor Operations).	• Monitor System modification activities. • Participate in acceptance testing of modifications in a partnership with the Contractor. • Approve implementation of a modification prior to its installation in the production Core MMIS and Supporting Services environment. • Initiate, or review and follow up on, operations problem reports. • Monitor the resolution of problems identified by the Contractor or Department staff. • Notify the Contractor of performance problems, providing written notification of failures to meet performance requirements.

#	Contractor Responsibilities	Department Responsibilities
187.	Perform all operational and maintenance functions as defined in the Appendix A – Requirements and Performance Standards Matrix (Contractor Operations).	• Monitor the Contractor's systems work and systems performance for accuracy and timeliness. • Review and approve updates to System documentation. • Review and approve updates to user documentation and operations procedures (if required). • Review and approve Monthly Reports on System Operation and Performance. • Review Updated Procedures and System Documentation, as needed. • Review and approve the **~~Ongoing Support Maintenance Plan~~ Systems Operations Procedure Manual annual updates**. • Determine priority of change requests and monitor System modification activities. • Assist the Contractor in conducting a detailed requirements analysis on any major changes as required.
188.	Ensure all maintenance, upgrades, and enhancements to the System are implemented by the deadlines coordinated with the Department.	Collaborate with the Contractor to implement and enforce deadlines for all maintenance, upgrades, and enhancements to the System.
189.	Provide support staff for the Call Center and Help Desk as defined in the Appendix A – Requirements and Performance Standards Matrix. Multi-lingual and translation services shall be supported during these time frames.	
190.	Respond to and resolve issues and requests received through the Call Center and Help Desk in accordance with the agreed upon response and resolution schedule.	

#	Contractor Responsibilities	Department Responsibilities
191.	Immediately notify appropriate Department staff of any technical issues discovered while researching problems reported to the Help Desk that directly impact continuity of business operations.	Review technical issues discovered by the Contractor.
192.	Ensure Contractor staff remains up to date on all operation and functional aspects of the Department and System, including user manuals, billing manuals, resolution manuals and other reference documentation.	
193.	Provide the capability to contact the Call Center and Help Desk via email, and Web Portal generated interactive sessions.	
194.	Obtain approval from the Department of all documentation and material prior to publication and distribution.	Approve all documentation and material prior to publication and distribution.
195.	Ensure all Call Center staff are trained in billing procedures, current Colorado Medical Assistance Program policy, and telephone etiquette.	
196.	Provide for periodic training of telephone representatives. This should also include initial training for any new representatives and regular training whenever there is a change to the System or to Colorado Medical Assistance Program policy.	
197.	Provide a mail drop box for Provider claims delivered directly to the Contractor.	
198.	Comply with United States Postal Service standards.	

#	Contractor Responsibilities	Department Responsibilities
199.	Maintain a claims inventory and control process.	
200.	Establish inventory controls to ensure proper accounting for all mail, claims, tapes, diskettes, cash, checks, or any other deliveries.	
201.	Return to Providers those paper claims not passing basic data content edit criteria and other situations or conditions defined by the Department, and maintain a log to track returned claims.	
202.	Identify and reprocess all claims and adjustments with errors due to errors caused by individuals or System malfunction caused by the Contractor. These transactions shall be separately reported in claims processing statistics.	
203.	Generate and distribute all provider-related correspondence and documentation.	
204.	Performing all assigned tasks related to the enrollment of providers into the Colorado Medical Assistance Program, and maintaining the accuracy and integrity of provider related information in the Core MMIS and Supporting Services.	
205.	Receive, review, process and maintain all paper and electronic provider enrollment applications, provider agreements and other materials required for enrollment.	
206.	Maintain an electronic document file for all approved, terminated, and denied providers, which will include provider agreements, enrollment correspondence, and termination documentation.	

#	Contractor Responsibilities	Department Responsibilities
207.	Review progress and compliance with Fiscal Agent Operations entrance and exit criterion as agreed upon by the Contractor and Department.	Review progress and compliance with Fiscal Agent Operations entrance and exit criteria.
208.	Develop and submit the Fiscal Agent Operations Deliverables detailed in Appendix A – Requirements and Performance Standards Matrix in accordance with the Department's schedule.	Review all Fiscal Agent Operations Deliverables and provide the Contractor with necessary access to documentation to complete Fiscal Agent Operations Deliverables.

Colorado Department of
Health Care Policy and Financing

Solicitation #:XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix D – Offeror's Response Worksheet

Modification 2 – Modifications are show in blue.
Modification 1 - Modifications are shown in red.

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SECTION D.1 OFFEROR'S RESPONSE WORKSHEET

D.1.1. OVERVIEW

D.1.1.1. The Proposal Response Mapping table, Table D.1.1.1, is designed to provide the Offeror with a single location within this RFP where the Technical Proposal and Price Proposal content response requirements are described.

Table D.1.1.1: Proposal Response Mapping

Proposal Response Area	Offeror's Response Questions	Reference Appendix
Section D.2: Corporate Qualifications		
Corporate Qualifications – Background and Experience	Responses ~~1-8~~ **1-7**	Appendix A – Requirements and Performance Standards Matrix, Section 0.0
Reference Checks and Corporate Capabilities and Commitment	Responses ~~9-15~~ **8-15**	N/A
Financial Stability	Response 16	N/A
Section D.3: Technical Approach		
Understanding of Solicitation and Project Goals	Responses 17 – 24	N/A
Approach to Project Phases	Responses 25 – 31	Appendix B – Project Phases Tables
Contract Personnel	Responses 32 – 37	Appendix A – Requirements and Performance Standards Matrix, Section 6.0
Approach to Contractor General Requirements	Response 38	Appendix A – Requirements and Performance Standards Matrix, Section 7.0

Proposal Response Area	Offeror's Response Questions	Reference Appendix
Approach to Core MMIS and Supporting Services Statement of Work	Response 39	Appendix A – Requirements and Performance Standards Matrix, Section 8.0
Approach to Fiscal Agent Operations Statement of Work	Response 40	Appendix A – Requirements and Performance Standards Matrix, Section 9.0
Scenarios that Illustrate the Offeror's Proposed Solution	Response 41 - 47	NA
Business and Technical Innovation	Responses 48 - 51	Appendix A – Requirements and Performance Standards
Section D.4: Price Proposal		
Price Schedule A – Business Process Review (BPR) Contract Stage	Schedule A	Appendix E – Pricing Schedules
Price Schedule B – Implementation Stage I – Online Provider Enrollment	Schedule B	Appendix E – Pricing Schedules
Price Schedule C – Implementation Stage II – Core MMIS and Supporting Services Design and Implementation	Schedule C	Appendix E – Pricing Schedules
Price Schedule D – Implementation Stage III – Supporting Services Design and Implementation	Schedule D	Appendix E – Pricing Schedules
Price Schedule E – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2016-17	Schedule E	Appendix E – Pricing Schedules

Proposal Response Area	Offeror's Response Questions	Reference Appendix
Price Schedule F – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2017-18	Schedule F	Appendix E – Pricing Schedules
Price Schedule G – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2018-19	Schedule G	Appendix E – Pricing Schedules
Price Schedule H – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2019-20	Schedule H	Appendix E – Pricing Schedules
Price Schedule I – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2020-21	Schedule I	Appendix E – Pricing Schedules
Price Schedule J – Cost for Optional Requirements	Schedule J	Appendix E – Pricing Schedules
Price Schedule K – Hourly Rates for Changes	Schedule K	Appendix E – Pricing Schedules
Price Schedule L – Licenses	Schedule L	Appendix E – Pricing Schedules
Price Schedule Summary and Roll-up	Price Schedule Summary and Roll-up	Appendix E – Pricing Schedules
Section D.5: Contract Terms and Conditions		
Contract Exceptions	Response 52	Appendix H – Draft Contract

D.1.2. SOLUTION DEMONSTRATION AND ORAL PRESENTATIONS

D.1.2.1. Offerors that qualify to participate in Phase II: Solution Demonstration and Oral Presentations will be asked to provide additional oral description and insight into their solution by demonstrating functionality and approaches described within their proposal narrative. In addition to providing scenarios to drive demonstrations, the Department will carry forward the Offeror's proposal responses to the following questions and re-score them using criteria focused on exhibited functionality and alignment with the Department's established objectives.

Table D.1.2.1: Evaluation Phase II Response Questions

Proposal Response Area	Offeror's Response Questions	Reference Appendix
Section D.3: Technical Approach		
Understanding of Solicitation and Project Goals	Responses 17 – 24	N/A
Approach to Project Phases	Responses 25 – 31	Appendix B – Project Phases Tables
Contract Personnel	Responses 32 – 37	Appendix A – Requirements and Performance Standards Matrix, Section 6.0
Approach to Contractor General Requirements	Response 38	Appendix A – Requirements and Performance Standards Matrix, Section 7.0
Approach to Core MMIS and Supporting Services Statement of Work	Response 39	Appendix A – Requirements and Performance Standards Matrix, Section 8.0
Approach to Fiscal Agent Operations Statement of Work	Response 40	Appendix A – Requirements and Performance Standards Matrix, Section 9.0
Scenarios that Illustrate the Offeror's Proposed Solution	Response 41 - 47	NA

Proposal Response Area	Offeror's Response Questions	Reference Appendix
Business and Technical Innovation	Responses 48 - 51	Appendix A – Requirements and Performance Standards

D.1.3. INSTRUCTIONS FOR COMPLETING EACH OFFEROR'S RESPONSE:

D.1.3.1. Offeror should copy **RESPONSE #** separately and follow the listed requirement with the details that demonstrate the Offeror's response to that requirement. For example:

RESPONSE #

text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

D.1.3.2. Offeror will describe their methodology, approach, or solution as directed within the Offeror's Response Question. Within each Question response, the Offeror shall clearly identify all applicable requirement(s) from Appendix A – Requirements and Performance Standards Matrix that have been addressed within the description provided.

D.1.3.2.1. All Requirements in Appendix A – Requirements and Performance Standards Matrix shall be associated with an Offeror's Response Question.

D.1.3.3. As part of responding to the Offeror's Response Question, the Offeror shall provide a completed Appendix A – Requirements and Performance Standards Matrix indicating how each requirement is associated with the Offeror's Response Questions, and how the requirement is to be addressed within each of the Department's timeframe designations as described below. Within Appendix A – Requirements and Performance Standards Matrix, the Offeror shall use the column provided to associate each requirement to the appropriate Offeror's Response Question that describes the methodology, approach, or solution. Also within Appendix A – Requirements and Performance Standards Matrix, the Offeror will indicate if the solution meets the requirements described within Appendix A – Requirements and Performance Standards Matrix by providing the appropriate Contract Stage in which the Offeror will deliver functionality that satisfies the requirements. These timeframe designations are defined as:

D.1.3.3.1. ***Business Process Re-Engineering (BPR) Stage****:* The BPR Contract Stage shall be a comprehensive review of the Department's payment methodology and business processes against the Contractor's proposed solution and identify opportunities to provide greater efficiencies, reduce implementation schedule risk, improve alignment with MITA, and improve the overall quality of the delivered solution.

D.1.3.3.2. ***Implementation Stage I:*** The Contractor's top priority for this Contract Stage is to complete implementation of the Online Provider Enrollment. While the Core MMIS and Supporting Services is expected to be operational by July 2016, the Department's implementation of the Affordable Care Act (ACA) Provider Screening Rules needs to be completed by March 2016. The Contractor is expected to work with the Department to implement ACA Provider Screening Rules.

D.1.3.3.3. ***Implementation Stage II:*** This Contract Stage includes implementation of all Core MMIS and Supporting Services functionality required to process and pay claims, be compliant with all rules and regulations, and assist the Department with initiation of CMS Certification activities.

D.1.3.3.4. ***Implementation Stage III*****:** Activities in this Contract Stage begin at the same time as the Ongoing MMIS Operations and Fiscal Agent Operations Stage and following the conclusion of the Implementation Stage II. These activities include technical support of CMS Certification, and the implementation of Core MMIS and Supporting Services that the Contractor did not prioritize for completion during Implementation Stage II that will improve functionality or meet additional Contract requirements.

D.1.3.3.5. ***Ongoing MMIS Operations and Fiscal Agent Operations Stage:*** This Contract Stage will be heavily focused on MMIS Operations and Fiscal Agent Operations, improving MITA maturity levels and will include functionality to meet the Department's future processing capabilities. The intent of this Contract Stage is to improve the implemented solution with enhancements that will address the various business processes, improve enterprise integration, and focus on integration with data analytics tools to improve the management of patient outcomes.

D.1.3.3.6. ***Will Not Meet*****:** The requirement does not align with the Offeror's solution and therefore will not be met under the Contract.

D.1.3.4. All Requirements in Appendix A – Requirements and Performance Standards Matrix shall be associated with a timeframe designation as defined above.

D.1.3.5. The Offeror shall then complete the applicable Pricing Schedule for each component as provided within Appendix E – Pricing Schedules. In addition to base solution prices, the Offeror shall include pricing, where possible, for Appendix A Priority codes that equal "Optional" in the designated section of each Pricing Schedule.

SECTION D.2 ~~OFFEROR'S RESPONSE QUESTIONS~~ CORPORATE QUALIFICATIONS

D.2.1. CORPORATE ~~QUALIFICATIONS~~ BACKGROUND AND EXPERIENCE

D.2.1.1. The Offeror shall respond to the following Offeror's Response requirements demonstrating corporate qualifications. Responses shall address the Offeror's background and experience related to the scope of work for this solicitation, capabilities and corporate commitment, and financial stability.

D.2.1.2. The Offeror shall describe relevant MMIS, MMIS Supporting Services, related Medicaid, large-scale health and human services system implementations, and/or relevant commercial health care examples of experience. Experience shall have been obtained within the past ten (10) years and demonstrate the Offeror's abilities to design, develop, and implement a solution and perform other relevant duties. Offeror shall select projects that most closely align with the requirements of this RFP.

D.2.1.3. The experience description shall distinguish between health and human services systems, commercial health care experience, Medicare and other public sector health care experience. Medicaid experience shall differentiate between Fiscal Agent Operations contracts, facilities management contracts, or implementations for State administration.

D.2.1.4. The Offeror shall review Appendix A – Requirements and Performance Standards Matrix, Section 0.0 and clearly identify within the response how the Offeror will satisfy the requirements identified within the Mandatory Offeror Requirements.

RESPONSE 1: The Offeror shall provide a brief summary on how the Offeror's proposed solution adheres to the MECT Checklist requirements to receive CMS Certification by the end of the CMS Certification Phase.

RESPONSE 2: The Offeror shall provide evidence of proven ability and experience with technical operation and maintenance of a MMIS, health and human services system, or other commercial health care system of a similar magnitude (relative to the volume of claims/encounters processed per year) to the Colorado Medical Assistance program for a minimum of three (3) years.

RESPONSE 3: The Offeror shall provide evidence of proven ability and experience as a Fiscal Agent Operations service provider, other health and human services operations provider, or other commercial health care operations provider similar to the magnitude (relative to the volume of claims/encounters processed per year) of the Colorado Medical Assistance program for a minimum of three (3) years.

RESPONSE 4: The Offeror shall provide evidence of proven ability and experience in operating and maintaining a call center and/or help desk for a

contact of similar magnitude to the Colorado Medical Assistance program for a minimum of one (1) year.

RESPONSE 5: The Offeror shall provide evidence of proven ability and experience in operating and maintaining a Electronic Document Management System (EDMS) for a contact of similar magnitude to the Colorado Medical Assistance program for a minimum of one (1) year.

RESPONSE 6: The Offeror shall also include a list of every Claims Processing contract (including: MMIS, Fiscal Agent Operations, MMIS Supporting Services, MMIS Takeover, Fiscal Agent Operations Takeover) and/or other government-funded or commercial health care contracts they have been awarded as either a Prime Contractor or Subcontractor since January 2002. The list shall be in a single attachment, identified as Attachment A, to the Offeror's Proposal (for guidance see Appendix C, Section C.4.4.6) and shall be formatted as a table, sorted by Non-Medicaid MMIS DDI projects and MMIS DDI projects, and include:

a. **Awarding Organization.**
b. **Location of Contract.**
c. **Contract Contact Information: Name, Title, Phone number and email address.**
d. **Role (Prime or Subcontractor).**
e. **Contract Begin Date and End Date.**
f. **Status of the Contract.**
g. **Scheduled Start of Operations.**
h. **Type of Work – including types of transactions and volume of transactions processed.**
i. **Personnel Commitment (in hours per contract).**

RESPONSE 7:

A. **For all contracts listed for the Offeror's Response to RESPONSE 6, except those related to Medicaid MMIS DDI projects, the Offeror shall provide a description of contract compliance issues that include: missed deadlines for key Milestones during the contract (including go-lives past the date in the original contract), resource and staffing issues (at any and all points of the contract, including DDI, Operations, or Turnover), budget overages, and any instances of failure to deliver work under the contract. The response to RESPONSE 7A shall be included in the same attachment (Attachment A) as Response 6.**

B. For all Medicaid MMIS DDI projects contracts listed for the Offeror's Response to RESPONSE 6, the Offeror shall provide a detailed list and description of contract compliance issues that include: missed deadlines for key Milestones during the contract (including go-lives past the date in the original contract), resource and staffing issues (at any and all points of the contract, including DDI, Operations, or Turnover), budget overages, and any instances of failure to deliver work under the contract. For each contract compliance issue, the Offeror shall also include a detailed list and description providing insight regarding delays, missed deliverables, reasons for delays, that includes the Offeror's estimation what caused the delay (i.e. percentage due to state, percentage due to unreasonable timeline, percentage due to Offeror's internal issues), corrective actions plans issued by the state, how the Offeror made changes to the project to get it back on schedule. The response to RESPONSE 7B shall be included in the same attachment (Attachment A) as Response 6.

D.2.2. REFERENCE CHECKS

D.2.2.1. Reference checks may be performed to verify information and to ascertain the quality of the services provided. The Department reserves the right to pursue and contact references related to personnel and projects named in the proposal; however, reference checks are not limited to contacts explicitly named in the proposal. While checking references, the Department reserves the right to contact any individual or entity that has insight into quality of services provided by the Offeror.

RESPONSE 8:

A. The Offeror shall include project references to substantiate the stated experience. To expedite reference checking and evaluation, no more than six (6) references shall be provided and each example of experience shall be described separately. The Offeror shall provide the following details in a single attachment, identified as Attachment B, to the Offeror's Proposal (for guidance see Appendix C, Section C.4.4.6):

a. Title of the project.

b. Name of client's organization.

c. Client reference, title, current telephone number, and email address.

d. Start and end dates of the contract.

e. Status of Project (if the project involved an MMIS, include date CMS certified the MMIS or date submitted to CMS for certification).

f. Original contract value.

g. Final contract value including all change orders.

h. Number of staff assigned.

i. Transaction processing volumes (if applicable).

j. Description of the work (no more than one (1) page).

k. Description of how the experience can be applied to this solicitation (no more than one (1) page).

B. For any Medicaid MMIS DDI projects provided in response to RESPONSE 7b, the Offeror shall include current contact information for the state Project Lead, or current representative with adequate knowledge of the project described. The Offeror shall provide the following details in the same attachment as indicated in RESPONSE 8a. In addition, the Offeror shall provide the references in the same project order as listed in their RESPONSE 7b response and Project Lead representatives shall be clearly mapped to the project title:

a. Title of the project.

b. Name of client's organization.

c. Client Project Lead, title, current telephone number, and email address.

d. Start and end dates of the contract.

e. Status of Project (include date CMS certified the MMIS or date submitted to CMS for certification).

D.2.3. CORPORATE CAPABILITIES AND COMMITMENT

D.2.3.1. The responses for this section require the Offeror to present material describing their corporate capability to successfully perform this Contract for the scope of work being required. The responses should highlight specific details regarding current contractual obligations, corporate resources, and corporate overview and structure.

RESPONSE 9: The Offeror shall describe the general structure and capabilities of their company or of the business unit that will service this Contract. The description shall specifically describe the Offeror's corporate skills and background and how these skills will contribute to successful Contractor performance and provide the greatest value to the Department. At a minimum, details shall include:

a. Name of Offeror.

b. Contact information, including name and telephone number of the person responsible for signing the Contract. Indicate the person's relationship to the firm.

c. Date the firm was established.

d. Disclose the legal structure (e.g., public company, partnership, subsidiary) and history of the Offeror's organization, including, but not limited to, the names and credentials of the owners and executives.

e. Total number of employees.

f. Total number of development personnel engaged in health care systems development and operations, including those that will be assigned to this Contract, if awarded.

RESPONSE 10: If the Offeror proposes to use a Subcontractor(s) to perform Work under the Contract, the Offeror shall describe the general structure and capabilities of their company or of the business unit of that Subcontractor(s) that will service this Contract. The description shall specifically describe the Subcontractor(s)'s corporate skills and background and how these skills will contribute to successful Contractor performance and provide the greatest value to the Department. At a minimum, details shall include those provided by the Offeror in Response 9.

RESPONSE 11: Provide a Corporate organizational chart showing how the COMMIT project and Contract will fit into the Offeror's organization for the Implementation Contract Stages and Ongoing MMIS Operations and Fiscal Agent Operations Stage. If the firm is a subsidiary of a parent company, the organizational chart shall be that of the subsidiary firm. The organizational chart shall include names and be dated.

RESPONSE 12: The Offeror shall describe their understanding of the Prime Contractor relationship with any Subcontractors, as provided in Section 2.4.1 of the RFP Body, and detail how they will fulfill the role as Prime Contractor for all Work to be performed under the Contract. Within their description, the Offeror shall:

a. **Provide specific examples of Contracts in which the Offeror acted as the Prime Contractor responsible for Subcontractors and a description of how the Offeror managed their Subcontractors under the contract. Include any lessons learned that will be applied as serving as the Prime under this Contract.**

b. **Provide specific examples of Contracts in which the Offeror acted as a Subcontractor. Including any lessons learned that will be applied to managing Subcontractors under this Contract.**

RESPONSE 13: The Offeror shall describe their understanding their role as System Integrator with the BIDM Contractor and PBMS Contractor provided in Section 2.4.2 of the RFP Body, and detail how they will fulfill the role as System Integrator for all Work to be performed under the Contract, regardless of whether Subcontractors are used. Within their description, the Offeror shall:

a. **Provide specific examples of contracts in which the Offeror acted as the contractor responsible for system and operational integration. Include any lessons learned that will be applied as serving as the System Integrator under this Contract.**

b. **Provide specific examples of Contracts in which the Offeror worked with another contractor who served as a System Integrator for the Offeror's system or operations. Include any lessons learned that will be applied as servicing as the System Integrator under this Contract.**

RESPONSE 14: The Department intends to use industry best practices to the greatest practical extent. This includes best practices in the areas of software development, documentation, project management, technology and security standards, operations, health care, and insurance industries. Offeror shall describe how industry best practices are incorporated into their organization, corporate culture, software development practices, and technical support approach. Offeror shall also describe participation in any organizations devoted to promoting best practices, as well as describe how they will apply these best practices to this Contract.

RESPONSE 15: The Offeror shall provide an example of their most recent experience in performing Business Process Re-Engineering (BPR) activities. If the Offeror does not have applicable experience, please describe the steps that they will take to meet or exceed the BPR Contract Stage requirements through a Subcontractor. (Note: responses to the Offeror's approach to BPR Contract Stage shall be described under RESPONSE 25).

D.2.4. FINANCIAL STABILITY

D.2.4.1. The responses for this section require the Offeror to present material to provide evidence of financial stability and sufficient financial solvency to perform all required Contract Stages before payments under this Contract begin and demonstrate that the Offeror has the financial strength to maintain this Contract.

RESPONSE 16: To demonstrate overall Corporate financial strength, the Offeror shall submit with their proposal the three most-recent years of Annual Reports (for publicly traded companies), audited financial statements (for privately held companies), unaudited financial statements or financial reviews if a CPA-audited financial statement is not required, or tax returns (for privately held companies for which audited statements are not available). If the Offeror does not have three (3) years of such documentation, it shall submit the relevant documentation that it does have going back no more than in their possession covering the last three (3) fiscal years. The Offeror may submit annual financial reviews to demonstrate compliance with this requirement if they are not required to have CPA-audited financial statement. Applicable financial statements documentation may include:

a. Balance sheets.
b. Statement of income.
c. Statements of changes in financial position.
d. Auditor's reports.
e. Notes to financial statements.
f. Summary of significant accounting policies.

All outstanding lawsuits or judgments that could impact financial performance shall also be identified.

The statements shall have been prepared by a Certified Public Accountant and meet the Generally Accepted Accounting Principle standards. The order of preference is as follows:

a. An audited financial statement.
b. A financial statement reviewed by a Certified Public Accountant.
c. A third-party prepared financial statement if an audited or reviewed statement is not available.
d. Another financial statement prepared in the routine course of the Offeror's business.

All documents provided in response to Response 16 shall be submitted as a single attachment, identified as Attachment C, to the Offeror's Proposal (for guidance see Appendix C, Section C.4.4.6).

SECTION D.3 TECHNICAL APPROACH

D.3.1. OVERVIEW

D.3.1.1. The Offeror shall respond to the following Offeror's Response requirements demonstrating the Offeror's technical approach to all Statement of Work activities and Project Phases. Responses shall address the approach and methods the Offeror proposes to use in completing the Statement of Work. In this series of Offeror's Responses, the Offeror shall also respond to the Requirements and Performance Standards Matrix as presented in Appendix A – Requirements Matrix and Performance Standards of this Core MMIS and Supporting Services RFP.

D.3.1.2. No reference is to be made to any pricing information or elements of price within the technical approach.

D.3.2. UNDERSTANDING OF SOLICITATION AND PROJECT GOALS

D.3.2.1. In this section, the Offeror shall provide responses that demonstrate their Organization's understanding of the project objectives, solicitation goals and project goals. The Department is looking for evidence that the Offeror understands the complexities and interrelated components of the COMMIT project.

RESPONSE 17: The Offeror shall describe their interpretation of and their general ability to help fulfill the Department's Guiding Principles as provided in Section 2.2.3 of the RFP Body. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Guiding Principles. In circumstances where the Offeror's solution is inconsistent with these Guiding Principles, please describe inconsistencies, and propose alternatives to address any gaps.

a. Adaptability.

b. Support of Business Intelligence and Data Analytics (within the scope of this Contract).

c. Service Focus.

d. Performance-Based Contract.

e. Information Sharing.

f. Realistic Project Schedule.

RESPONSE 18: The Offeror shall describe their interpretation of and their general ability to help fulfill the Department's Objectives as provided in Section 2.2.4 of the RFP Body. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Objectives. In circumstances where the Offeror's solution is inconsistent with these Objectives, please describe inconsistencies, and propose alternatives to address any gaps.

a. **Maximize Enhanced Federal Funding.**
b. **Ensure Federal Standards Compliance.**
c. **Obtain Federal Certification.**
d. **Integrate with Statewide IT Systems.**

RESPONSE 19: The Offeror shall demonstrate their understanding of the Department's Project Goals as provided in Section 2.3 of the RFP Body, and how those goals are reflected in their technical approach and solution for the COMMIT project. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Project Goals. In circumstances where the Offeror's solution is inconsistent with these Project Goals, please describe inconsistencies, and propose alternatives to address any gaps.

a. **Audit Trail.**
b. **Workflow Management.**
c. **Access to Data.**
d. **Client Management.**
e. **Provider Management.**
f. **Financial Management.**
g. **Health Benefit Plan Management.**
h. **Utilization Tracking and Forecasting.**
i. **Electronic Communication Capabilities.**
j. **Electronic Case Management.**
k. **Reporting Capabilities (in partnership with the BIDM Contract).**
l. **System Flexibility.**
m. **Reusability.**

RESPONSE 20: The Offeror shall demonstrate their understanding of the Department's Contract Goals as provided in section 4.2 of the RFP Body, and how these goals are reflect in their technical approach and solution for the COMMIT project. The Offeror shall provide specific examples and their approach to mutually beneficial partnerships through the quick resolution is issues or delays in the project schedule and fostering trust and open communication through team building exercises with management and staff.

RESPONSE 21: The Offeror shall demonstrate their understanding of the Department's requirement that the Core MMIS and Supporting Service interface with various systems outlined in Section 4.6 of the RFP Body, and how the Offeror shall interface with these systems in their technical approach and solution for the COMMIT project. The Offeror shall provide specific examples to illustrate how their solution will support interfacing with each system listed in Section 4.6. In circumstances where the Offeror's solution will have difficulties interfacing with any specific system, please describe the technical challenges and propose alternatives to address any gaps.

RESPONSE 22: The Offeror shall demonstrate their understanding of the Department's requirements for Quality Maintenance Payment and Performance Standards described in Section 5.6 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's Quality Maintenance Payments and how the Offeror will apply the Performance Standards. In circumstances where the Offeror's response differs from the Department's Performance Standards or provides for additional Performance Standards, please describe the alternatives or additions the Offeror is proposing. The Offeror should not specify any specific dollar amount linked to the Quality Maintenance Payment and Performance Standards in this section, but instead detail the percentages of the total price the Offeror is applying to each Performance Standards.

RESPONSE 23: The Offeror shall demonstrate their understanding of the Department's liquidated damages described in Section 10.4 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's liquidated damages and how the Offeror will propose an implementation schedule that will minimize the risk to the schedule and not require the Department to issue any liquidated damages. In circumstances where the Offeror's response differs from the Department's approach to liquidated damages please describe the alternatives or additions the Offeror is proposing.

RESPONSE 24: The Offeror shall demonstrate their understanding of the Department's Dispute Process described in Section 10.5 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's Dispute Process and how the Offeror will utilize this process to escalate issues to maintain Offeror's proposed implementation schedule. In circumstances where the Offeror's response differs from the Department's Dispute Process please describe the alternatives or additions the Offeror is proposing.

D.3.3. UNDERSTANDING OF CONTRACT STAGES

D.3.3.1. The Offeror shall provide evidence of their understanding of the Department's proposed Contract Stages, and how their proposed solution is congruent with the phased implementation approach. Areas of focus shall be specific to the Offeror's approach to developing realistic project schedules and Milestones that demonstrate the Offeror's understanding of the Department's implementation priorities, while effectively managing both risk and scope

RESPONSE 25: In a narrative format, the Offeror shall describe and demonstrate their understanding of the Management and Organization as provided in Section 5.0 of the RFP Body. Within their narrative, the Offeror shall include the approach and proposed schedule for the proposed Contract Stages, as provided in Section 5.0 of the RFP Body, as well as the priority of completing the following:

a. **Overall approach for all Contract Stages.**
b. **Business Process Re-Engineering Contract Stage (please include the Subcontractor's approach, as applicable).**
c. **Implementation Stage I: Online Provider Enrollment Stage.**
d. **Implementation Stage II: Core MMIS and Supporting Services Implementation.**
e. **CMS Certification.**
f. **Implementation Stage III: Supporting Services Implementation.**
g. **Ongoing MMIS Operations and Fiscal Agent Operations Stage.**

RESPONSE 26: The Offeror shall propose a reasonable Project Work Breakdown Structure and Schedule for delivery of functionality associated with each Contract Stage. The Offeror's Project Work Breakdown Structure and Schedule shall also take into account how they have linked requirements to Contract Stages within their completed Appendix A – Requirements and Performance Standards Matrix.

RESPONSE 27: The Offeror shall propose a reasonable approach to Work when Contract Stages occur concurrently and may overlap in order to meet prioritized implementation Milestones. The response should describe the impact on Department staff and demonstrate the Offeror's understanding that it will need to minimize the schedule risk associated with Department resource constraints.

D.3.4. APPROACH TO PROJECT PHASES

D.3.4.1. The Offeror shall use this section of the Technical Proposal to describe and provide relevant business process flows or templates for their project delivery approaches for completing the scope of work defined within this RFP. Areas of focus shall be specific to the Offeror's approach to conducting Contractor responsibilities for the Project Phases provided in Section 5.3 and 5.5 of the RFP Body, and detailed requirements provided in Appendix A – Requirements and Performance Standards Matrix, and Contractor responsibilities and Deliverable guidelines described in Appendix B – Project Phases Tables.

RESPONSE 28: The Offeror shall describe their project management and SDLC/solution delivery approach (implementation, project management Deliverables, planning guidelines, etc.) related to the Quarterly Milestones described in section ~~5.3.14~~ 5.3.1.4. The Offeror shall propose the Quarterly Milestones for each quarter staring January 1, 2014 through the end of the Implementation Stage III (as established in the Offeror's proposed implementation schedule).

RESPONSE 29: The Offeror shall describe their project management and SDLC/solution delivery approach (implementation, project management Deliverables, planning guidelines, etc.). Using a combination of narrative and the table format provided below, the Offeror shall map their approach to each of the Department's proposed Project Phases, describe their solution and sequence of their recommended Project Phases, and correspond their recommendations to the Project Work Breakdown Structure and Schedule detailed in Response 26. The Offeror shall also include the value-add of their approach in terms of cost savings, quality improvement, and/or savings to the project schedule for the Department. Within each section, the Offeror will also need to explicitly identify any differences between the Department's project management and solution delivery methodology and the Offeror's approach, including all responsibilities.

A. Initiation and Planning Phase responsibilities as provided in Section 5.3.2.1 of the RFP Body and Appendix B – Project Phases Tables, including the Department's and Contractor's initial project planning and set up activities. (RESPONSE 29a)

B. **Discovery and Requirements Validation/Requirements Elicitation Phase responsibilities as provided in Section 5.3.2.2 of the RFP Body and Appendix B – Project Phases Tables, including validation, definition, reconciliation of Contractor-proposed solution for System architecture and requirements. (RESPONSE 29b)**

C. **Design and Definition Phase responsibilities as provided in Section 5.3.2.3 of the RFP Body and Appendix B – Project Phases Tables, including development and validation of design specification, product documentation, and business rules that conform to requirements. (RESPONSE 29c)**

D. **Development Phase responsibilities as provided in Section 5.3.2.4 of the RFP Body and Appendix B – Project Phases Tables, including development and Configuration of the Core MMIS and Supporting Services System. (RESPONSE 29d)**

E. **Data Conversion Phase responsibilities as provided in Section 5.3.2.5 of the RFP Body and Appendix B – Project Phases Tables, including conversion of data contained in the legacy/source systems to the Core MMIS and Supporting Services System. (RESPONSE 29e)**

F. **Testing Phase responsibilities as provided in Section 5.3.2.6 of the RFP Body and Appendix B – Project Phases Tables, including System testing, regression testing and UAT. (RESPONSE 29f)**

G. **Organizational Readiness and Training Phase responsibilities as provided in Section 5.3.2.7 of the RFP Body and Appendix B – Project Phases Tables, including preparation and training of Department staff for functionality and business processes required for successful implementation. (RESPONSE 29g)**

H. **Implementation and Roll Out Phase responsibilities as provided in Section 5.3.2.8 of the RFP Body and Appendix B – Project Phases Tables, including detailed implementation planning and roll out activities for all releases. (RESPONSE 29h)**

I. **Operations and Maintenance Phase responsibilities as provided in Section 5.3.2.9 of the RFP Body and Appendix B – Project Phases Tables, including System operations and maintenance. (RESPONSE 29i)**

J. **CMS Certification Phase responsibilities as provided in Section 5.3.2.10 of the RFP Body and Appendix B – Project Phases Tables, including how the MECT checklists will be utilized for CMS certification. (RESPONSE 29j)**

K. **Enhancement Phase responsibilities as provided in Section 5.3.2.11 of the RFP Body and Appendix B – Project Phases Tables, including prioritization, planning, definition, development, testing and implementation of changes and Enhancements to the base release. (RESPONSE 29k)**

L. Turnover Phase responsibilities as provided in Section 5.3.2.12 of the RFP Body and Appendix B – Project Phases Tables, including transition planning, knowledge transfer and turnover activities required to transition operations to a new Contractor. (RESPONSE 29l)

M. Fiscal Agent Transition Planning responsibilities as provided in Section 5.5.7.1 of the RFP Body and Appendix B – Project Phases Tables, including planning and facilitation among stakeholders in the transition including the Department and the incumbent Fiscal Agent to make certain that all relevant activities and Milestones are captured. (RESPONSE 29m)

N. Fiscal Agent Parallel Testing responsibilities as provided in Section 5.5.7.2 of the RFP Body and Appendix B – Project Phases Tables, including processing claims files received from the incumbent Fiscal Agent to compare the output results to determine data integrity of the Core MMIS and Supporting Services. (RESPONSE 29n)

O. Fiscal Agent Operational Readiness responsibilities as provided in Section 5.5.7.3 of the RFP Body and Appendix B – Project Phases Tables, including file conversions, recruiting and training staff in preparation for Fiscal Agent Operations. (RESPONSE 29o)

P. Fiscal Agent Operations Implementation and Start of Operations responsibilities as provided in Section 5.5.7.4 of the RFP Body and Appendix B – Project Phases Tables, including ensuring a successful implementation of the System and Fiscal Agent Operations. (RESPONSE 29p)

Q. Fiscal Agent Operations responsibilities as provided in Section 5.5.7.5 of the RFP Body and Appendix B – Project Phases Tables, including operation of the Core MMIS and Supporting Services, adherence to responsibilities, Milestones, Deliverables and performance expectations. (RESPONSE 29q)

RESPONSE 29 TABLE FORMAT AND EXAMPLE: RESPONSE 29a

Project Phase: Initiation and Planning Phase responsibilities as provided in Section 5.3.2.1 of the RFP Body and Appendix B – Project Phases Tables, including the Department's and Contractor's initial project planning and set up activities.	
Contractor Responsibilities: • Text • Text • Text	Department Responsibilities: • Text • Text • Text

Description of Offeror's Approach: text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

RESPONSE 30: In addition to describing the Offeror's approach to testing in RESPONSE 29, the Offeror shall provide a supplemental description regarding how they will implement formal UAT. The Offeror shall provide Milestones and schedules for UAT; a description of processes to train Department UAT staff, develop scenarios, provide test data and resolve problems; provide strategies to ensure adequate time for UAT is available; and state the Offeror's commitment to perform a thorough UAT. The Offeror shall also detail Department responsibilities within the response.

RESPONSE 31: The Offeror shall describe appropriate Deliverables related to their project management and SDLC/solution delivery approach (implementation, project management Deliverables, planning guidelines, etc.). Using a combination of narrative and the table format provided below, the Offeror shall map their proposed Deliverables to the Deliverables proposed by the Department in Appendix A – Requirements and Performance Standards Matrix and, if different, describe how the Offeror will meet the Department's information requirements. Details shall include the value-add of their approach in terms of cost savings, quality improvement, and/or savings to the project schedule for the Department. Within each section, the Offeror shall explicitly identify any differences between the Offeror's proposal and the Department's proposed Deliverables. As appropriate, the Offeror may provide examples of previous Deliverables that best reflect the approach the Offeror is proposing for the COMMIT project.

A. Initiation and Planning Phase Deliverables (RESPONSE 31a):

i. Project Management Plan

ii. **Work Breakdown Structure and Schedule**

iii. **Communication Management Plan**

iv. **Reporting Templates**

v. **Project Control and Problem Reporting System**

vi. **Electronic Document Repository**

vii. **Resource Management Plan**

viii. **Risk Management Plan**

ix. **Change Management Plan**

x. **Business Plan ~~and Business Continuity and Disaster Plan~~**

xi. **Business Continuity and Disaster Plan**

xii. **Quality Assurance Control/Quality Management Plan**

xiii. **Gate Review Crosswalk**

xiv. **Entrance and Exit Criteria Documentation for Project Phases**

B. **Discovery and Requirements Validation/Requirements Elicitation Phase Deliverables (RESPONSE 31b):**

i. **Requirements Definition and Validation Plan**

ii. **Requirements Specifications Document (RSD)**

iii. **Business Rules Traceability Matrix**

iv. **Requirements Traceability Matrix (RTM)**

v. **Initial UAT Test Cases**

C. **Design and Definition Phase Deliverables (RESPONSE 31c):**

i. **Detailed System Design Plan**

ii. **Detailed System Design Session schedule and agendas**

iii. **Prototyping**

iv. **Online Application Template**

v. **Reporting Templates (System, Operational)**

vi. **Environment Architecture and Implementation Plan**

vii. **Physical and System Security Plan**

viii. **Detailed System Design Session meeting notes**

ix. **Design Specification Document (DSD), including revisions**

x. **Revised RTM based on Detailed System Design Session results**

D. Development Phase Deliverables (RESPONSE 31d):

- **i. Configuration Management component of the Change Management Plan**
- **ii. Change Management artifacts (as necessary)**
- **iii. Configuration Management artifacts (as necessary)**
- **iv. Unit Test Plan and Checklist Template**
- **v. Unit Test Results**
- **vi. Performance Metrics Results Reporting**
- **vii. Development walkthroughs (as necessary)**
- **viii. System and User Documentation**

E. Data Conversion Phase Deliverables (RESPONSE 31e):

- **i. Data Conversion Plan**
- **ii. Implement a Data Migration Environment**
- **iii. Revise System and User Documentation**
- **iv. System Test Results Reporting (regarding data conversion)**
- **v. Data Conversion Test Results Reporting**

F. Testing Phase Deliverables (RESPONSE 31f):

- **i. Test Plan**
- **ii. Detailed Test Cases**
- **iii. Test Results**
- **iv. Regression Test Results**
- **v. Parallel Test Plan**
- **vi. Parallel Test Results**
- **vii. Revised System and User Documentation (as necessary)**

G. Organizational Readiness Phase (RESPONSE 31g):

- **i. Training Environment with Training Data**
- **ii. Training Materials and Conduct Training Sessions**

H. Implementation and Roll Out Phase Deliverables (RESPONSE 31h):

- **i. Implementation Strategy**
- **ii. Operational Readiness Walkthrough**
- **iii. Go-Live Support Plan**
- **iv. Implementation and Rollout Plan**
- **v. Post-Implementation Operational Monitoring Plan**

vi. **Revised System and User Documentation**

vii. **Post-Implementation Evaluation Report**

I. **Operations and Maintenance Phase Deliverables (RESPONSE 31i):**

i. **Annual Business Plan ~~and Business Continuity and Disaster Recovery Plan~~**

ii. **Business Continuity and Disaster Recovery Plan**

iii. **System Operational Procedures Manual ~~Template~~**

iv. **System Operations and Maintenance Plan**

v. **Live Help Desk Support**

vi. **System Operations and Maintenance Performance Monitoring Reporting**

vii. **System Software Version Release Schedule**

viii. **System and User Administrative Documentation Revisions (as necessary)**

ix. **Encrypted email account(s)**

x. **Searchable library for policy manuals, training materials, implementation memos, etc.**

J. **CMS Certification Phase Deliverables (RESPONSE 31j):**

i. **CMS Certification Checklist documentation**

K. **Enhancement Phase Deliverables (RESPONSE 31k):**

i. **Change Management artifacts (as necessary)**

ii. **Enhancements Test Plan**

iii. **Test Cases**

iv. **Test Results**

L. **Turnover Phase Deliverables (RESPONSE 31l):**

i. **Turnover Plan**

ii. **System Requirements Statement**

iii. **Lessons Learned Document**

M. **Fiscal Agent Transition Planning Deliverables (RESPONSE 31m):**

i. **Transition Plan**

ii. **Relocation Risk/Contingency Plan**

N. **Fiscal Agent Parallel Testing (RESPONSE 31n):**

i. **Fiscal Agent Parallel Test Plan**

ii. **Parallel Test Schedule**

iii. **Parallel Test Results**

O. **Fiscal Agent Operational Readiness Deliverables (RESPONSE 31o):**

i. **Operating Procedures Updates**

ii. **Provider Manual Updates**

iii. **Resource Management Plan Updates**

iv. **Provider Transition Training Plan**

v. **Department Operational Readiness Training Plan**

vi. **Operational Readiness Plan Walkthrough**

vii. **Operational Readiness Assessment Document**

P. **Implementation and Start of Operations Phase Deliverables (RESPONSE 31p):**

i. **Final Conversion Reporting**

ii. **System Operation-ready Attestation**

RESPONSE 31 TABLE FORMAT AND EXAMPLE: RESPONSE 31a

<table>
<tr><td colspan="2">Initiation and Planning Phase Deliverables:
i. Project Management Plan
ii. Work Breakdown Structure and Schedule
iii. Communication Management Plan
iv. Reporting Templates
v. Project Control and Problem Reporting System
vi. Electronic Document Repository
vii. Resource Management Plan
viii. Risk Management Plan
ix. Change Management Plan
x. Business Plan and Business Continuity and Disaster Plan
xi. Quality Assurance Control/Quality Management Plan
xii. Gate Review Crosswalk
xiii. Entrance and Exit Criteria Documentation for Project Phases</td></tr>
<tr><td>Deliverables Provided as described by the Department:
• Text
• Text
• Text</td><td>Proposed Alternative Deliverables:
• Text
• Text
• Text</td></tr>
</table>

Description of Offeror’s Deliverables: text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

D.3.5. CONTRACT PERSONNEL

D.3.5.1. The responses for this section require the Offeror to describe Key Personnel and Other Personnel, staffing approach, and resumes. The Department is interested in creative approaches to staffing and is relying on the Offeror to propose the best overall staffing approach during all Contract Stages.

D.3.5.1.1. Examples of information to be included are:

D.3.5.1.1.1. Description of Roles, including Position Title and number of people to hold that Position Title.

D.3.5.1.1.2. Estimated number of hours per week each person in the Position will be dedicated to this project over the life of the project.

D.3.5.1.1.3. General Work/duties/responsibilities to be assigned to Position.

RESPONSE 32: The Offeror shall propose a staffing strategy to adequately perform Work required under the Contract. To better understand the Offeror's proposed project roles and responsibilities, for the Offeror shall provide a project organization chart that visually represents roles that will be required to fulfill the functional needs of the Contract. The Offeror shall include one (1) project organization chart for Implementation Contract Stages and one (1) organization chart for Ongoing MMIS Operations and Fiscal Agent Operations Stage roles/Contract functions. Each project organization chart shall include positions rather than staff names.

RESPONSE 33: The Offeror shall describe how their proposed model and strategy will support the 10,400 hours for Enhancements to the System as described in the RFP Body, Section 10.6.2.2.2.1, and demonstrate how it has been successfully applied to other contracts.

RESPONSE 34: Under this Contract, the Department requires a Contractor that provides seamless administrative, development, and operational personnel support on the COMMIT project to maintain quality services. Drawing from two (2) current or recent contracts, the Offeror shall include the following:

a. Examples of internal training programs, including types and frequency of training and/or staff development opportunities.

b. Examples of how their projects are staffed (dedicated resources versus allocated resources).

c. Examples of staff retention programs.

d. Examples of their recruiting strategy for obtaining skilled staff and equipping them with knowledge necessary to successfully perform their role on the Contract prior to starting.

e. Describe the primary reason(s) for staff turnover and if available, turnover rates by contract or personnel responsibilities.

f. Provide any examples of other unique features of your staffing and development approach that will benefit the COMMIT project, maintain a reasonable level of staff turnover, and retain qualified, productive staff.

RESPONSE 35: For Key Personnel that are required to begin Work on the Contract immediately, the Offeror shall provide the name and resume for each person they expect to be assigned to Key Personnel positions as described in Section 6.0 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix. In addition to the name and resume, include a summary for each person that demonstrates how that person meets the experience and/or qualification requirements stated for the Key Personnel position for which the person is to be assigned. The Department understands that staffing may change between the drafting of the proposal, Contract Award, and timing of Work required within the Project Phases. Therefore, the Offeror may propose several candidates to assume Key Personnel roles to demonstrate that they have the resources to properly staff the Contract according to the Offeror's proposed Project Work Breakdown Schedule. All resumes should be provided in a single attachment, identified as Attachment D, to the Offeror's Proposal (for guidance see Appendix C, Section C.4.4.6).

RESPONSE 36: The Offeror shall provide two (2) references for each proposed Key Personnel staff member included in the Offeror's proposal. Each reference should depict relevant experience to the role(s) and responsibilities that the staff member will hold on this Contract.

RESPONSE 37: The Offeror shall provide their approach to the Location of Contract responsibilities as provided in Section 5.7 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix, Section 5.7.

D.3.6. APPROACH TO CONTRACTOR GENERAL REQUIREMENTS:

D.3.6.1. The Offeror should describe the proposed approach to meeting the General Requirements as provided in Section 7 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix. The Offeror's solutions shall address the following:

D.3.6.1.1. 7.2 – Project Management and Reporting Requirements

D.3.6.1.2. 7.3 – Contractor Responsibilities Requirements

D.3.6.1.3. 7.4 – Deliverable Requirements

D.3.6.1.4. 7.5 – Training Requirements

D.3.6.1.5. 7.6 – Security and Confidentiality Requirements

D.3.6.1.6. 7.7 – Audit Requirements

D.3.6.1.7. 7.8 – Compliance with Federal Standards Requirements

D.3.6.1.8. 7.9 – Disaster Recovery and Business Continuity Requirements

D.3.6.1.9. 7.10 – Data Retention Requirements

D.3.6.1.10. 7.11 – Technical Requirements

D.3.6.1.11. 7.12 – System Interface Requirements

D.3.6.1.12. 7.13 – Rules Engine Requirements

D.3.6.1.13. 7.14 – Workflow Management Requirements

D.3.6.1.14. 7.15 – Data Management Requirements

D.3.6.1.15. 7.16 – Application Environment Requirements

D.3.6.1.16. 7.17 – System Performance Requirements

D.3.6.1.17. 7.18 – Enterprise Architecture Requirements

D.3.6.1.18. 7.19 – User Interface and Navigation Requirements

D.3.6.1.19. 7.20 – Online Help Requirements

D.3.6.1.20. 7.21 – Alert Requirements

D.3.6.1.21. 7.22 – Systems Reporting Requirements

D.3.6.1.22. 7.23 – Other Technical Requirements

D.3.6.2. Format for responding to **RESPONSE 38, 39, and 40**

D.3.6.2.1. The term "In Production" as used in **RESPONSE 38, 39, and 40**, is considered to apply to documentation, System functionality, business processes, and/or services that are utilized on one or more of the Offeror's current or former contracts.

D.3.6.2.2. The "In Production" designation will be used by the Department to understand what portion of the Offeror's solution is functional (i.e., not in a beta environment and processing real client data) at time when the Offeror's proposal is submitted. However, this designation is not intended to deter any Offeror from proposing new and innovative capabilities, functions, and features.

D.3.6.2.3. In order for the Department Evaluation Committee to easily follow proposal narrative, any dynamic materials used for presentation and demonstration of the Offeror's solution shall be embedded within the description section under each label. Evaluators will not be responsible for searching through the Offeror's proposal or submitted files to find the appropriate file referenced in the Offeror's narrative.

D.3.6.2.3.1. To ensure accurate viewing on all evaluation devices under consideration for use by the Department, all embedded videos shall use the H.264/MPEG-4 standard video format.

D.3.6.2.4. Directions for use of the table for **RESPONSE 38, 39, and 40**. The Offeror shall include the appropriate RFP Body Section Name, indication if the described portion of their solution is "In Production", as well as include the applicable range of requirements addressed within the narrative description. If all requirements described are "In Production", all requirements described are not "In Production", or all requirements can be fully described within one table, there is no need to

include additional tables for that subsection. Under each section, if the Offeror's description requires a designation between portions of the solution required to meet the requirements that are "In Production" versus not "In Production", the Offeror shall use a separate table header and mark the "In Production" box to distinguish the two narratives. For example:

RESPONSE 38 TABLE FORMAT AND EXAMPLE: RESPONSE 38a

7.2 – Project Management and Reporting Requirements	**In Production?** **YES/NO**
Description Addresses Requirements (Provide the range as applicable): AA, AA, AA – AA, AAA – AAA	**YES**

text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

RESPONSE 38 TABLE FORMAT AND EXAMPLE: RESPONSE 38a

7.2 – Project Management and Reporting Requirements	**In Production?** **YES/NO**
Description Addresses Requirements (Provide the range as applicable): BB, BB, BB – BB, BBB – BBB	**NO**

text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

RESPONSE 38 TABLE FORMAT AND EXAMPLE: RESPONSE 38b

7.3 – Contractor Responsibilities Requirements	**In Production?** **YES/NO**
Description Addresses Requirements (Provide the range as applicable): AA, AA, AA – AA, AAA – AAA	**YES**

text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text text.

RESPONSE 38: Using the format provided in Section D.3.6.2, the Offeror shall provide a description of how their proposed solution will meet each of the technical and business services requirements provided in Section 7 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix. The Offeror shall provide video, screenshots, and/or process documentation to support any statements regarding features and functionality that are already "In Production". In addition to providing narrative describing the specific functions and features in each component above, in the section provided in the response format, the Offeror shall make a direct correlation to the detailed requirement(s) in Appendix A – Requirements and Performance Standards Matrix that is being addressed. The Offeror shall also describe the licensing process, if any, for the proposed solution as part of their response.

- **A. 7.2 – Project Management and Reporting Requirements (RESPONSE 38a)**
- **B. 7.3 – Contractor Responsibilities Requirements (RESPONSE 38b)**
- **C. 7.4 – Deliverable Requirements (RESPONSE 38c)**
- **D. 7.5 – Training Requirements (RESPONSE 38d)**
- **E. 7.6 – Security and Confidentiality Requirements (RESPONSE 38e)**
- **F. 7.7 – Audit Requirements (RESPONSE 38f)**
- **G. 7.8 – Compliance with Federal Standards Requirements (RESPONSE 38g)**
- **H. 7.9 – Disaster Recovery and Business Continuity Requirements (RESPONSE 38h)**
- **I. 7.10 – Data Retention Requirements (RESPONSE 38i)**
- **J. 7.11 – Technical Requirements (RESPONSE 38j)**
- **K. 7.12 – System Interface Requirements (RESPONSE 38k)**
- **L. 7.13 – Rules Engine Requirements (RESPONSE 38l)**
- **M. 7.14 – Workflow Management Requirements (RESPONSE 38m)**
- **N. 7.15 – Data Management Requirements (RESPONSE 38n)**

O. 7.16 – Application Environment Requirements (RESPONSE 38o)
P. 7.17 – System Performance Requirements (RESPONSE 38p)
Q. 7.18 – Enterprise Architecture Requirements (RESPONSE 38q)
R. 7.19 – User Interface and Navigation Requirements (RESPONSE 38r)
S. 7.20 – Online Help Requirements (RESPONSE 38s)
T. 7.21 – Alert Requirements (RESPONSE 38t)
U. 7.22 – Systems Reporting Requirements (RESPONSE 38u)
V. 7.23 – Other Technical Requirements (RESPONSE 38v)
W. 10.2.1 – Invoicing (RESPONSE 38w)

D.3.7. APPROACH TO CORE MMIS STATEMENT OF WORK:

D.3.7.1. The Offeror shall use this section of the Technical Proposal to describe how their proposed solution will meet the Core MMIS Statement of Work requirements which includes:

D.3.7.1.1. 8.3 – Client Management

D.3.7.1.2. 8.4 – Provider Management

D.3.7.1.3. 8.5 – Operations Management

D.3.7.1.4. 8.6 – Program Management

D.3.7.1.5. 8.7 – Business Relationship Management

D.3.7.1.6. 8.8 – Program Integrity

D.3.7.1.7. 8.9 – Care Management

D.3.7.1.8. 8.10 – Managed Care

D.3.7.1.9. 8.11 – EDI

D.3.7.1.10. 8.12 – EDMS

D.3.7.1.11. 8.13 – Case Management Tool

D.3.7.1.12. 8.14 – Web Portal

D.3.7.1.13. 8.15 – Colorado Registration and Attestation

RESPONSE 39: Using the format provided in Section D.3.6.2 above, the Offeror shall provide a description of how their proposed solution will meet each of the Core MMIS technical and business services requirements provided in Section 8 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix. The Offeror shall provide video, screenshots, and/or process documentation to support any statements regarding features and functionality that are already "In Production". In addition to providing narrative describing the specific functions and features in each component above, in the section provided in the response format, the Offeror shall make a direct correlation to the detailed requirement(s) in Appendix A – Requirements and Performance Standards Matrix that is being addressed. The Offeror shall also describe the licensing process, if any, for the proposed solution as part of their response.

A. 8.3 – Client Management (RESPONSE 39a)

B. 8.4 – Provider Management (RESPONSE 39b)

C. 8.5 – Operations Management (RESPONSE 39c)

D. 8.6 – Program Management (RESPONSE 39d)

E. 8.7 – Business Relationship Management (RESPONSE 39e)

F. 8.8 – Program Integrity (RESPONSE 39f)

G. 8.9 – Care Management (RESPONSE 39g)

H. 8.10 – Managed Care (RESPONSE 39h)

I. 8.11 – EDI (RESPONSE 39i)

J. 8.12 – EDMS (RESPONSE 39j)

K. 8.13 – Case Management Tool (RESPONSE 39k)

L. 8.14 – Web Portal (RESPONSE 39l)

M. 8.15 – Colorado Registration and Attestation (RESPONSE 39m)

D.3.8. APPROACH TO FISCAL AGENT OPERATIONS STATEMENT OF WORK

D.3.8.1. The Offeror shall use this section of the Technical Proposal to describe how their proposed solution will meet the Fiscal Agent Operations Statement of Work requirements which include:

D.3.8.1.1. 9.2 – Fiscal Agent Operations Business Requirements

D.3.8.1.2. 9.3 – Claim/Encounter Related Services

D.3.8.1.3. 9.4 – Prior Authorization Services

D.3.8.1.4. 9.5 – Provider Management Services

D.3.8.1.5. 9.6 – Third Party Liability Support Services

D.3.8.1.6. 9.7 – Program Integrity Support Services

D.3.8.1.7. 9.8 – Client Premium Management Services

D.3.8.1.8. 9.9 – Electronic Document Management Support

D.3.8.1.9. 9.10 – Workflow Management Support

D.3.8.1.10. 9.11 – Call Center Services

D.3.8.1.11. 9.12 – Help Desk Services

D.3.8.1.12. 9.13 – Mailroom Services

D.3.8.1.13. 9.14 – Online Document Repository

RESPONSE 40: Using the format provided in Section D.3.6.2 above, the Offeror shall provide a description of how their proposed solution will meet each of the Fiscal Agent Operations technical and business services requirements provided in Section 9 of the RFP Body and Appendix A – Requirements and Performance Standards Matrix. The Offeror shall provide video, screenshots, and/or process documentation to support any statements regarding features and functionality that are already "In Production." In addition to providing narrative describing the specific functions and features in each component above, in the section provided in the response format, the Offeror shall make a direct correlation to the detailed requirement(s) in Appendix A – Requirements and Performance Standards Matrix that is being addressed. The Offeror shall also describe the licensing process, if any, for the proposed solution as part of their response.

A. **9.2 – Fiscal Agent Operations Business Requirements (RESPONSE 40a)**
B. **9.3 – Claim/Encounter Related Services (RESPONSE 40b)**
C. **9.4 – Prior Authorization Services (RESPONSE 40c)**
D. **9.5 – Provider Management Services (RESPONSE 40d)**
E. **9.6 – Third Party Liability Support Services (RESPONSE 40e)**
F. **9.7 – Program Integrity Support Services (RESPONSE 40f)**
G. **9.8 – Client Premium Management Services (RESPONSE 40g)**
H. **9.9 – Electronic Document Management Support (RESPONSE 40h)**
I. **9.10 – Workflow Management Support (RESPONSE 40i)**
J. **9.11 – Call Center Services (RESPONSE 40j)**
K. **9.12 – Help Desk Services (RESPONSE 40k)**
L. **9.13 – Mailroom Services (RESPONSE 40l)**
M. **9.14 – Online Document Repository (RESPONSE 40m)**

D.3.9. SCENARIOS TO ILLUSTRATE THE OFFEROR'S PROPOSED SOLUTION

D.3.9.1. The responses for this section require the Offeror to provide additional information and clarity regarding their solution using several scenarios provided by the Department. The Department is interested in gaining a better understanding of how the Offeror's proposed solution functions and integrates the Project Goals with the System functional requirements.

D.3.9.2. Using the following scenarios provided by the Department, the Offeror shall describe the steps necessary to manage the following changes within their proposed solution. The Department places a higher value on a System that is flexible and that can be easily and quickly Configured to keep up with fast-changing federal and State rules and regulations. The Offeror is expected to provide insight into the Configurability and Interoperability between the Offeror's components and associated COTS components, and flexibility of their solution. The Offeror's response shall provide specific examples and justification for the following in **RESPONSE 41, 42, 43, 44, 45, 46, and 47**:

D.3.9.2.1. Level of Customization required to implement the changes requested in each scenario.

D.3.9.2.2. Level of Configuration (versus Customization) required to implement the changes requested in the scenario.

D.3.9.2.3. How the Offeror promotes and maintains Interoperability within their proposed solution.

D.3.9.2.4. How the Offeror plans to interface with the various Systems to collect important data to assist the Program.

D.3.9.2.5. Detail how each component of the solution aligns with CMS' Seven Standards and Conditions.

RESPONSE 41: Scenario One: How does the Offeror's proposed solution create a new Health Benefit Plan (Ambulatory Services only) for an existing client population with the following conditions:

- New plan provides coverage for ambulatory medical services only. Ambulatory services include outpatient, physician visits, and radiology services.
- Covered services fee schedule is 10% more than the regular Medicaid benefit plan.

RESPONSE 42: Scenario Two: How does the Offeror's proposed solution handle a new client population that needs to be enrolled into several existing Health Benefit Plans with the following conditions:

- New client population will have a unique data element sent from the eligibility system.

RESPONSE 43: Scenario Three: How does the Offeror's proposed solution handle the need to create a new Health Benefit Plan that is a hybrid of fee-for-service and a managed care organization with the following conditions:

- Fee for service benefit plan is similar to the regular Medicaid fee for service benefit plan, with the exception of disease management.
- Client receives disease management services from a managed care entity.

RESPONSE 44: Scenario Four: How does the Offeror's proposed solution handle the need to interface with existing and new data sources to support provider screening and validation. The systems or database that the proposed solution needs to interface with are:

- LEIE/MED
- EPLS
- NPPES
- Medicare terminations
- Other state Medicaid or CHP terminations
- HHS' Healthcare Integrity & Protection Database
- Social Security Administration's Death Master File

RESPONSE 45: Scenario Five: How does the Offeror's proposed solution handle the need to change interfaces when the State of Colorado procures a new financial management system (FMS). Describe how the Offeror's proposed solution can be Configured or Customized in order to interface with the new FMS and integrate all applicable FMS changes into the System with the following conditions:

- All accounting codes (e.g. general ledger codes, appropriation codes) need to be replaced.
- Field names, types, and sizes have been changed.
- New fields and codes have been added.
- Interface hardware and software have been replaced.
- The FMS requires additional information from the System before processing payments.

RESPONSE 46: Scenario Six: The Department would like to issue gift cards to clients who maintain a healthy BMI (e.g., less than 25) for more than two years with the following conditions:

- Clients must have a physician visit each year that records the client's BMI.
- BMI is only available in the EHR information available at CORHIO.
- Client information required to issue the gift card is not currently stored in the System or by the Department, only the client's address and other basic information is available in the Department's eligibility system (CBMS).

RESPONSE 47: The Offeror my present up to five (5) additional scenarios that the Offeror expects may actually occur during the term of the Contract and how the Offeror's proposed solution can be adapted to handle the change.

D.3.10.BUSINESS AND TECHNICAL INNOVATION

D.3.10.1. The Offeror shall use this section of the Technical Proposal to describe how their proposed approach to solution delivery, the solution itself, and/or approach to Fiscal Agent Operations demonstrates innovation, creativity, and additional value or enhanced service offerings.

RESPONSE 48: The Offeror may provide additional examples to demonstrate how their approach and solution will offer additional value or enhanced service offerings.

RESPONSE 49: The Offeror will also describe their solution for any "Optional" requirements identified in Appendix A – Requirements and Performance Standards Matrix.

RESPONSE 50: The Offeror may provide additional response describing how their cost allocation or cost containment approach and solution will offer savings to the Department by leveraging multiple accounts across the following areas. Provide specific examples from other states, or implementations that illustrate how the solution will allow cost savings to occur and include how you leverage your other contracts to save money collectively. Specific dollar amounts are not allowed, but the Offeror should provide orders of magnitude or a range to demonstrate effectiveness in providing cost savings in other contracts.

a. **Administrative Simplification**
b. **Changes in Federal Regulations**
c. ~~**National Plan**~~ **Health Plan Identifier (HPID) as described in 45 CFR Part 162**
d. **NCCI edits**
e. **Increased automation and workflow automation**
f. **General System upgrades that can be leveraged across multiple accounts using the same System or processes**
g. **Annual System upgrades**

RESPONSE 51: The Offeror shall submit a completed Appendix A – Requirements and Performance Standards Matrix that indicates the appropriate Contract Stage the Offeror will deliver each requirement. The Response to Response ~~52~~ 51 should be provided in a single attachment to the Offeror's proposal using the Appendix A in Microsoft Excel format.

SECTION D.4 PRICE PROPOSAL

D.4.1. OVERVIEW

D.4.1.1. The BPR Contract Stage, Implementation Stage I, Implementation Stage II, Implementation Stage III, and Ongoing MMIS Operations and Fiscal Agent Operations Stage price schedules each shall include the Offeror's overall duration for the conduct of the Contract Stage and the number of months total for the Contract Stage.

D.4.1.2. Price Schedule A – Business Process Re-Engineering (BPR) Contract Stage Price. The Offeror is requested to provide their prices for conducting the BPR Contract Stage activities provided in Section 5.2.6 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.3. Price Schedule B – Implementation Stage I – Online Provider Enrollment. The Offeror is requested to provide their prices for the complete design, development, and implementation (including Provider screening, enrollment and validation) provided in Section 5.2.7 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.4. Price Schedule C – Implementation Stage II – Core MMIS and Supporting Services. The Offeror is requested to provide their prices for the complete design, development, and implementation of the Core MMIS and Supporting Services requirements provided in Section 5.2.8 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables. Additionally, the pricing for this Contract Stage should address and include any CMS Certification activities that the Offeror plans to conduct during Implementation Stage II, as defined in Section 5.2.9 of the RFP Body.

D.4.1.5. Price Schedule D – Implementation Stage III - Supporting Services. The Offeror is requested to provide their prices for the complete design, development and implementation of the Supporting Services requirements provided in Section 5.2.10 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables. Additionally, the pricing for this Contract Stage should address and include any CMS certification activities that the Offeror plans to conduct during Implementation Stage III, as defined in Section 5.2.9 of the RFP Body.

D.4.1.6. Price Schedule E – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2016-17. The Offeror is requested to provide their prices in the form of fixed monthly payments for Ongoing Operations and Maintenance to include all of the Services, Operations and Maintenance of the System and Fiscal Agent Operations Services including all personnel, overhead, travel, profit, equipment usage, network communications, printing, total software price, maintenance, and other miscellaneous costs. Requirements for ongoing operations and maintenance are provided in Section 5.2.11 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.7. Price Schedule F – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2017-18. The Offeror is requested to provide their prices in the form of fixed monthly payments for Ongoing Operations and Maintenance to include all of the Services, Operations and Maintenance of the System and Fiscal Agent Operations Services including all personnel, overhead, travel, profit, equipment usage, network communications, printing, total software price, maintenance, and other miscellaneous costs. Requirements for ongoing operations and maintenance are provided in Section 5.2.11 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.8. Price Schedule G – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2018-19. The Offeror is requested to provide their prices in the form of fixed monthly payments for Ongoing Operations and Maintenance to include all of the Services, Operations and Maintenance of the System and Fiscal Agent Operations Services including all personnel, overhead, travel, profit, equipment usage, network communications, printing, total software price, maintenance, and other miscellaneous costs. Requirements for ongoing operations and maintenance are provided in Section 5.2.11 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.9. Price Schedule H – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2019-20. The Offeror is requested to provide their prices in the form of fixed monthly payments for Ongoing Operations and Maintenance to include all of the Services, Operations and Maintenance of the System and Fiscal Agent Operations Services including all personnel, overhead, travel, profit, equipment usage, network communications, printing, total software price, maintenance, and other miscellaneous costs. Requirements for ongoing operations and maintenance are provided in Section 5.2.11 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.10. Price Schedule I – Ongoing MMIS Operations and Fiscal Agent Operations Stage FY 2020-21. The Offeror is requested to provide their prices in the form of fixed monthly payments for Ongoing Operations and Maintenance to include all of the Services, Operations and Maintenance of the System and Fiscal Agent Operations Services including all personnel, overhead, travel, profit, equipment usage, network

communications, printing, total software price, maintenance, and other miscellaneous costs. Requirements for ongoing operations and maintenance are provided in Section 5.2.11 of the RFP Body, described in Appendix A – Requirements and Performance Standards Matrix, and the proposed Project Phase responsibilities in Appendix B – Project Phases Tables.

D.4.1.11. Price Schedule J – Costs for Optional Requirements. The Department has attempted to group the optional requirements into categories. The Offeror may provide a price for any of the optional groupings, designated as Optional requirements in Appendix A – Requirements and Performance Standards Matrix. These prices are being requested for information purposes. If any of the Optional requirements as designated in Appendix A– Requirements and Performance Standards Matrix are part of the Offeror's base solution and have a zero additional cost, please indicate that on this price schedule.

D.4.1.11.1. The Offeror shall include in the price for each optional bundle all relevant additional costs associated with the Optional requirements including resources, technical costs, hardware, or other costs expressly associated with the requirements.

D.4.1.12. Price Schedule K – Hourly Rates for Changes. The Offeror shall propose hourly labor category rates for the Offeror's personnel labor categories that is based on rates and stated effort for Configuration Staff and Customization Staff. In addition, the Offeror shall propose hourly labor category rates for Staff to Support the 10,400 hours of Configuration Staff and Customization Staff per year, for that Testing and Validation Staff, Business Analysis Staff, Technical Writing and System Documentation Staff, and Project Management Staff.

D.4.1.12.1. The Offeror shall also propose a Cost of Living Assessment Factor that will be used by the Department if it requires the purchase of additional Enhancement hours outside of the ten thousand four hundred (10,400) hours per year that the Department elects to add to the Contract through an amendment to the Contract. The rates shall include overhead, travel, profit, equipment usage and other miscellaneous costs, from which an aggregate average hourly rate shall be provided.

D.4.1.12.2. Hourly Labor Categories provided in Price Schedule K will be used if the Department purchases additional Enhancement hours or requires a Contract Amendment.

D.4.1.13. Price Schedule L – Licenses. Provide pricing for any fees related to the licensing of the proposed System technical software product or their components. The Offeror shall provide the licensing price for each individual component and third-party tool included as part of the proposed solution that requires a license agreement. The prices for each item are to be quoted separately unless bundled pricing is offered. Pricing should span the duration of the COMMIT Contract period. This pricing schedule is not evaluated separately. Ongoing maintenance of licensing prices for all MMIS, web portal and EDMS components will be included in Price Schedules E –I, Ongoing MMIS Operations and Fiscal Agent Operations Stage for each Contract year, by State Fiscal Year.

D.4.1.14. Price Schedule Summary and Roll-up. This Price Schedule summarizes and subtotals the Implementation and Operations Contract Stage prices for a total price for the Offeror.

D.4.1.15. In addition to the aforementioned Price Schedules, Offerors shall include a narrative description of any and all assumptions and projections that are part of the Offeror's Price Proposal. This can also include a description of the Performance Standard approach taken in each Ongoing MMIS Operations and Fiscal Agent Operations State Fiscal Year in accordance with the Contract performance standards and Quality Maintenance Payments as described in the RFP Body Section 5.6.

SECTION D.5 CONTRACT TERMS AND CONDITIONS

D.5.1. EXCEPTIONS TO CONTRACT TERMS AND CONDITIONS

D.5.1.1. If the Offeror is not willing to accept all terms and conditions, the Offeror should provide a statement of explanation and a listing of all exceptions, include a listing of all additions or exceptions, an explanation of why the addition or exception is being sought and what specific effect it will have on the Offeror's ability to perform the requirements of the solicitation.

D.5.1.2. The Department will review the listing of exceptions and may consider them during Contract negotiations. However, the Offeror's proposal shall not be contingent on changes submitted within this response. After Contractor Selection, any refusal to sign the Department's negotiated Contract will nullify the Award.

RESPONSE 52: The Offeror shall provide a listing of all additions or exceptions to terms and conditions provided in Appendix H – Draft Contract. Response shall include an explanation of why the addition or exception is being sought and what specific effect it will have on the Offeror's ability to perform the requirements of the solicitation. In addition, the Offeror shall also include proposed modifications to the Draft Contract in a redlined format. The redlined Contract shall be provided with the Offeror's proposal package. However, the Offeror should note that the Department will not negotiate Contract terms related to the HIPAA Business Associate Addendum, Colorado Special Provisions, or Paragraph 19P Limitations of Liability.

Colorado Department of
Health Care Policy and Financing

Solicitation #:XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix E – Pricing Schedules

Modification 3 – Modifications are show in green.
Modification 2 – Modifications are show in blue.
Modification 1 - Modifications are shown in red.

E1.1. OVERVIEW

E1.1.1. Price Proposals shall include completed copies of all Pricing Schedule Worksheets included in this Appendix:

E1.1.1.1. Price Schedule A – Business Process Re-Engineering (BPR) Contract Stage

E.1.1.1.1. Price Schedule B – Implementation Stage I: Online Provider Enrollment

E.1.1.1.2. Price Schedule C – Implementation Stage II: Core MMIS and Supporting Services Implementation

E1.1.1.2. Price Schedule D – Implementation Stage III: Supporting Services Implementation

E1.1.1.3. Price Schedule E – Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2016-17

E1.1.1.4. Price Schedule F – Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2017-18

E1.1.1.5. Price Schedule G – Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2018-19

E1.1.1.6. Price Schedule H – Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2019-20

E1.1.1.7. Price Schedule I – Ongoing MMIS Operations and Fiscal Agent Operations Stage for FY 2020-21

E.1.1.1.3. Price Schedule J – Price for Optional Requirements

E.1.1.1.4. Price Schedule K – Hourly Rates for Changes

E.1.1.1.5. Price Schedule L – Licenses (as needed)

E.1.1.1.6. Summary Price Schedule – Summary of all Pricing Schedules

E1.1.2. An explanation of each Pricing Schedule is included in Section D.4 of Appendix D – Offeror's Response Worksheet.

E1.2. PRICE SCHEDULE A – BUSINESS PROCESS RE-ENGINEERING (BPR) CONTRACT STAGE

E1.2.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Business Process Re-Engineering (BPR) Contract Stage as defined in Section 5.2.6 of the RFP Body and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.2.2. The Offeror shall provide a fixed price for the complete Contract Stage that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid at the conclusion of the Contract Stage shall equal seven percent (7.0%) of the total price of the Contract Stage as defined in Section 5.6.3.1 of the RFP Body.

E1.2.3. The proposed fixed price for the BPR Contract Stage shall be at least one half percent (0.5%) but no greater than two percent (2.0%) of the total DDI Budget Pool as defined in Section 10.6.3.1 of the RFP Body.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(A.1) Fixed Monthly Payments		$	$	%
(A.2) Quality Maintenance Payments Price	N/A	N/A	$	7.0%
(A.3) Licenses Price[1]	N/A	N/A	$	%
(A.4) Total Stage Price (*Sum A.1 – A.3*)	N/A	N/A	$	100%

[1] License information shall also be included as a line item in Schedule L – Licenses.

E1.3. PRICE SCHEDULE B – IMPLEMENTATION STAGE I

E1.3.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Implementation Stage I, as defined in Section 5.2.7 of the RFP Body and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.3.2. The Offeror shall provide a fixed price for the complete Contract Stage that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid at the conclusion of the Contract Stage shall equal seven percent (7.0%) of the total price of the Contract Stage as defined in Section 5.6.3.1 of the RFP Body.

E1.3.3. The proposed fixed price for the Implementation Stage I shall be at least five percent (5.0%) but no greater than twenty percent (20.0%) of the total DDI Budget Pool as defined in Section 10.6.3.1 of the RFP Body.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(B.1) Fixed Monthly Payments		$	$	%
(B.2) Quality Maintenance Payments Price	N/A	N/A	$	7.0%
(B.3) Licenses Price[2]	N/A	N/A	$	%
(B.4) Total Stage Price *(Sum B.1 – B.3)*	N/A	N/A	$	100%

[2] License information shall also be included as a line item in Pricing Schedule L – Licenses.

E1.4. PRICE SCHEDULE C – IMPLEMENTATION STAGE II

E1.4.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Implementation Stage II as defined in Section 5.2.8 of the RFP Body and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.4.2. The Offeror shall provide a fixed price for the complete Contract Stage that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid at the conclusion of the Contract Stage shall equal seven percent (7.0%) of the total price of the Contract Stage as defined in Section 5.6.3.1 of the RFP Body.

E1.4.3. A Quality Maintenance Payment equal to three percent (3.0%) of the Total Contract price for all Implementation Contract Stages will be paid upon completion of the CMS Certification Project Phase, as defined in Section 5.6.3.2 of the RFP Body. The Quality Maintenance Payment for completion of the CMS Certification Project Phase is reduced from the Implementation Stage II.

E1.4.4. There is no minimum or maximum percentage of the proposed fixed price for the Implementation Stage II, as defined in Section 10.6.3.1 of the RFP Body.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
~~**(C.1) Fixed Monthly Payments**~~		~~**$**~~	~~**$**~~	~~**%**~~
(C.2) Quality Maintenance Payments Price	N/A	N/A	$	7.0%
(C.3) Licenses Price[3]	N/A	N/A	$	%
(C.4) Total Stage Price ~~***(Sum C.1 – C.3)***~~ **(Sum C.2, C.3, C.5 and C.1)**	N/A	N/A	$	100%
(C.5) CMS Certification Quality Maintenance Payments Price	N/A	N/A	$	~~**N/A**~~ **%**

Table continues on next page

[3] ~~**License information shall also be included as a line item in Pricing Schedule L – Licenses.**~~

~~(C.4)~~ **(C.6) Adjusted Stage Price** ~~*(Sum C.4 – C.5)*~~ ***(C.4 Minus C.5)***	N/A	N/A	$	N/A
(C.1) Adjusted Fixed Monthly Payments (based on Adjusted Stage Price)			**$**	**%**

[3] **License information shall also be included as a line item in Pricing Schedule L – Licenses.**

E1.5. PRICE SCHEDULE D – IMPLEMENTATION STAGE III

E1.5.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Implementation Stage III, as defined in Section 5.2.10 of the RFP Body, and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.5.2. The Offeror shall provide a fixed price for the complete Contract Stage that includes fixed monthly payments over the Offerors estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid at the conclusion of the stage shall equal seven percent (7.0%) of the total price of the Contract Stage as defined in Section 5.6.3.1 of the RFP Body.

E1.5.3. The proposed fixed price for the Implementation Stage III shall be at least five percent (5.0%) but no greater than twenty percent (20.0%) of the total DDI Budget Pool, as defined in Section 10.6.3.1 of the RFP Body.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(D.1) Fixed Monthly Payments		$	$	%
(D.2) Quality Maintenance Payments Price	N/A	N/A	$	7.0%
(D.3) Licenses Price[4]	N/A	N/A	$	%
(D.4) Total Stage Price (*Sum D.1 - D.3*)	N/A	N/A	$	100%

[4] License information shall also be included as a line item in Pricing Schedule L – Licenses.

E1.6. PRICE SCHEDULE E – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2016-17[5]

E1.6.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Ongoing MMIS Operations and Fiscal Agent Operations Stage as defined in the RFP Body, Section 5.2.11 for **SFY 2016-17** and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.6.2. The Offeror should provide a fixed price for the complete Contract Stage over the State Fiscal Year (SFY) (ending June 30) that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid annually (shall equal five percent (5.0%) of the total price paid on a SFY basis), as defined in the RFP Body, Section 5.6.3.5.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(E.1) Fixed Monthly Payments		$	$	%
(E.2) Quality Maintenance Payments Price	N/A	N/A	$	5.0%
(E.3) Licenses Price[6]	N/A	N/A	$	%
(E.4) Enhancements Price[7]	N/A	N/A	$	%
(E.5) Total Stage Price FY 2016-17 (*Sum E.1 - E.4*)	N/A	N/A	$	100%

[5] If the Offeror proposes to start operations prior to FY 2016-17, prices prior to July 1, 2016 may be included in Pricing Schedule E and the Estimated Number of Months may exceed 12 months.
[6] License information shall also be included as a line item in Pricing Schedule L- Licensing.
[7] Price using the information provided in Section 10.6.2.2.2 of the RFP Body for Enhancements during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

E1.7. PRICE SCHEDULE F – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2017-18

E1.7.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Ongoing MMIS Operations and Fiscal Agent Operations Stage as defined in the RFP Body, Section 5.2.11 for **SFY 2017-18** and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.7.2. The Offeror should provide a fixed price for the complete Contract Stage over the SFY (ending June 30) that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid annually (shall equal five percent (5.0%) of the total price of the SFY) as defined in the RFP Body, Section 5.6.3.5.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(F.1) Fixed Monthly Payments		$	$	%
(F.2) Quality Maintenance Payment Price	N/A	N/A	$	5.0%
(F.3) Licenses Price[8]	N/A	N/A	$	%
(F.4) Enhancements Price[9]	N/A	N/A	$	%
(F.5) Total Stage Price FY 2017-18 *(Sum F.1 - F.4)*	N/A	N/A	$	100%

[8] License information shall also be included as a line item in Pricing Schedule L- Licensing.
[9] Price using the information provided in 10.6.2.2.2 of the RFP Body for Enhancements during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

~~E.1.2. PRICE SCHEDULE G – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2018-19~~

E1.8. PRICE SCHEDULE G – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2018-19

E1.8.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Ongoing MMIS Operations and Fiscal Agent Operations Stage as defined in the RFP Body, Section 5.2.11 for **SFY 2018-19** and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.8.2. The Offeror should provide a fixed price for the complete Contract Stage over the SFY (ending June 30) that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid annually (shall equal five percent (5.0%) of the total price of the SFY), as defined in the RFP Body, Section 5.6.3.5.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(G.1) Fixed Monthly Payments		$	$	%
(G.2) Quality Maintenance Payments Price	N/A	N/A	$	5.0%
(G.3) Licenses Price[10]	N/A	N/A	$	%
(G.4) Enhancements Price[11]	N/A	N/A	$	%
(G.5) Total Stage Price FY 2018-19 *(Sum G.1 - G.4)*	N/A	N/A	$	100%

[10] License information shall also be included as a line item in Pricing Schedule L- Licensing.
[11] Price using the information provided in 10.6.2.2.2 of the RFP Body for Enhancements during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

E1.9. PRICE SCHEDULE H – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2019-20

E1.9.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Ongoing MMIS Operations and Fiscal Agent Operations Stage as defined in the RFP Body, Section 5.2.11 for **SFY 2019-20** and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.9.2. The Offeror should provide a fixed price for the complete Contract Stage over the SFY (ending June 30) that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid annually (shall equal five percent (5.0%) of the total price of the SFY), as defined in the RFP Body, Section 5.6.3.5.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(H.1) Fixed Monthly Payments		$	$	%
(H.2) Quality Maintenance Payments Price	N/A	N/A	$	5.0%
(H.3) Licenses Price[12]	N/A	N/A	$	%
(H.4) Enhancements Price[13]	N/A	N/A	$	%
(H.5) Total Stage Price FY 2019-20 *(Sum H.1 - H.4)*	N/A	N/A	$	100%

[12] License information shall also be included as a line item in Pricing Schedule L- Licensing.
[13] Price using the information provided in 10.6.2.2.2 of the RFP Body for Enhancements during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

E1.10. PRICE SCHEDULE I – ONGOING MMIS OPERATIONS AND FISCAL AGENT OPERATIONS STAGE FY 2020-21

E1.10.1. Provide pricing, independent of the other Contract Stages, that is specifically related to the provision of Ongoing MMIS Operations and Fiscal Agent Operations Stage as defined in the RFP Body, Section 5.2.11 for **SFY 2020-21** and any associated requirements indicated in the Offeror's completed Appendix A – Requirements and Performance Standards Matrix.

E1.10.2. The Offeror should provide a fixed price for the complete Contract Stage over the SFY (ending June 30) that includes fixed monthly payments over the Offeror's estimated period of the Contract Stage and the Quality Maintenance Payments dollar amount that will be paid annually (shall equal five percent (5.0%) of the total price of the SFY) as defined in the RFP Body, Section 5.6.3.5.

Time Period for this Stage (from – through dates): _____

	Number of Months (N)	**Price per Month (PPM)**	**Total Price (N*PPM)**	**Calculated Percent Total Price (Total Price/Total Stage Price *100)**
(I.1) Fixed Monthly Payments		$	$	%
(I.2) Quality Maintenance Payments Price	N/A	N/A	$	5.0%
(I.3) Licenses Price[14]	N/A	N/A	$	%
(I.4) Enhancements Price[15]	N/A	N/A	$	%
(I.5) Total Stage Price FY 2020-21 *(Sum I.1 - I.4)*	N/A	N/A	$	100%

[14] License information shall also be included as a line item in Pricing Schedule L- Licensing.
[15] Price using the information provided 10.6.2.2.2 of the RFP Body for Enhancements during the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

E1.11. PRICE SCHEDULE J – PRICES FOR OPTIONAL REQUIREMENTS

E1.11.1. The Offeror may provide a price for any of the following optional groupings, designated as Optional requirements in Appendix A – Requirements and Performance Standards Matrix requirement on this Pricing Schedule. Optional pricing is outside of the DDI Budget Pool and Operations Budget Pool. These prices are being requested for information purposes, and the Department does not agree to accept any Optional requirements proposed unless negotiated in the Contract with the successful Offeror.

E1.11.2. If any of the Optional requirements as designated in Appendix A – Requirements and Performance Standards Matrix are part of the Offeror's base solution and have a zero additional cost, please indicate that here.

E1.11.3. If the Offeror proposes any additional Optional solutions in Appendix D – Offeror's Response Questions, RESPONSE 49 that are not tied directly to Appendix A – Requirements and Performance Standards Matrix, the Offeror shall add additional rows to this pricing schedule.

E1.11.4. The Offeror shall include in the price for each optional bundle all relevant additional prices associated with the Optional requirements including resources, technical prices, hardware, or other prices expressly associated with the requirements.

E1.11.5. An explanation of this Pricing Schedule is included in Section D.4.1.11 of Appendix D – Offeror's Response Worksheet.

Optional Requirements Price	Price
Requirements Management Software (reference requirement(s) 1167 in Appendix A – Requirements and Performance Standards Matrix)	(J.1) $
Project Control & Issue Tracking Software (reference requirement(s) 1055, 1056, and 1168 in Appendix A – Requirements and Performance Standards Matrix)	(J.2) $
Learning Management System (reference requirement(s) 1193 in Appendix A – Requirements and Performance Standards Matrix)	(J.3) $
Web-based Training (reference requirement(s) 1187, 1395, 1396, and 1397 in Appendix A – Requirements and Performance Standards Matrix)	(J.4) $
Administrative Module to for the Department (reference requirements 1205, 1445, and 1599 in Appendix A – Requirements and Performance Standards Matrix)	(J.5) $

Optional Requirements Price	Price
Security Module for Authorized Users to See Active Screen Movements of Users (reference requirement(s) 1208 in Appendix A – Requirements and Performance Standards Matrix)	(J.6) $
Link EHR to Client Data within the System (reference requirement(s) 1261 in Appendix A – Requirements and Performance Standards Matrix)	(J.7) $
Call Center, Help Desk Knowledge Base Forum (reference requirement(s) 1864 in Appendix A – Requirements and Performance Standards Matrix)	(J.8) $
Department CRM Licenses (reference requirement(s) 1865 in Appendix A – Requirements and Performance Standards Matrix)	(J.9) $
Archival of Raw Interface Files (reference requirement(s) 1306 in Appendix A – Requirements and Performance Standards Matrix)	(J.10) $
Ability to Store Electronic Pictures and Biometric Identifiers (reference requirement(s) 1313 in Appendix A – Requirements and Performance Standards Matrix)	(J.11) $
Client Address Tracking and Real-Time Updates (reference requirement(s) 1314 in Appendix A – Requirements and Performance Standards Matrix)	(J.12) $
Access to Data on Mobile Devices for Department, Clients, and Providers (reference requirement(s) 1333 and 1335 in Appendix A – Requirements and Performance Standards Matrix)	(J.13) $
Maintaining social media functions (e.g. Facebook, twitter) for Fiscal Agent Operations and System (reference requirement(s) 1368, 1485, and 1487 in Appendix A – Requirements and Performance Standards Matrix)	(J.14)
Ability to Search the Provider Directory in Multiple Languages (reference requirement(s) 1338 in Appendix A – Requirements and Performance Standards Matrix)	(J.15) $

Optional Requirements Price	Price
Mail-Merge Capability for Mass Communication Needs (reference requirements 1344, in Appendix A – Requirements and Performance Standards Matrix)	(J.16) $
Ability to Create Surveys (reference requirement(s) 1398, 1486, 1759, 1760 and 1831 in Appendix A – Requirements and Performance Standards Matrix)	(J.17) $
Client Portal (reference requirement(s) 1428, 1431, 1432, 1433, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, and 1697 in Appendix A – Requirements and Performance Standards Matrix)	(J.18) $
Ability for Clients to Submit and Track Appeals and Grievances Electronically (reference requirement(s) 1434 and 1444 in Appendix A – Requirements and Performance Standards Matrix)	(J.19) $
Automate Post-Payment TPL Recovery (reference requirement(s) 1648 in Appendix A – Requirements and Performance Standards Matrix)	(J.20) $
Automate Program Integrity Pre-Payment reviews (reference requirement(s) 1696 in Appendix A – Requirements and Performance Standards Matrix)	(J.21) $
Online Audit Management Function (reference requirement(s) 1218 in Appendix A – Requirements and Performance Standards Matrix)	(J.22) $
Department Use of the EDMS (reference requirement(s) 1293 and 1725 in Appendix A – Requirements and Performance Standards Matrix)	(J.23) $
PASRR Tracking (reference requirement(s) 1736 in Appendix A – Requirements and Performance Standards Matrix)	(J.24) $
Extended Call Center Hours (reference requirement(s) 1863 in Appendix A – Requirements and Performance Standards Matrix)	(J.25) $

Optional Requirements Price	Price
Case Management "check in" and "check out" (reference requirement(s) 1757 in Appendix A – Requirements and Performance Standards Matrix)	(J.26) $
Tier –One Client Call Center Support (reference requirement(s) 1857 in Appendix A – Requirements and Performance Standards Matrix	**(J.27)** $
Additional Offeror Specific Optional Item	(J.28) $
Additional Offeror Specific Optional Item	(J.29) $
Total Price for Optional Requirements[16] (Sum J.1 – J.29)	(J.30) $

[16] The Offeror shall add additional rows to the end of Pricing Schedule J to capture pricing for any additional proposed solutions, as described in Appendix D – Offeror's Response Worksheet.

E1.12. PRICE SCHEDULE K – HOURLY RATES FOR CHANGES

E1.12.1. The Offeror shall propose hourly labor rates for the Offeror's personnel labor categories that is based on rates and stated effort for Configuration and Customization, including Testing and Validation Staff, Business Analyst Staff, Technical Writing and System Documentation Staff, and Project Management Staff resources needed to support Configuration Staff and Customization Staff. The rates shall include overhead, travel, profit, equipment usage and other miscellaneous costs. These hourly rates shall be used to price Contract Amendments to the Contract when the Department decides additional Configuration Staff, Customization Staff and staff to support Configuration and Customization are needed beyond the Enhancement hours included in the Ongoing MMIS Operations and Fiscal Agent Operations Stage.

E1.12.2. Configuration and Customization shall add up to at least five (5) FTE. One (1) FTE equals two thousand eighty (2,080) hours per year. 5 FTE x 2,080 = 10,400 hours.

E1.12.3. An explanation of this Pricing Schedule is included in Section D.4.1.12 of Appendix D – Offeror's Response Worksheet.

s Staff Assigned	Primary Job Assignment	Total Hours	Hourly Rate	Total Price
	Configuration Staff		$	(K.1) $
	Customization Staff		$	(K.2) $
	Total Configuration and Customization Staff ***(sum of K.1 and K.2)***	**10,400**	$	(K.3) $
Staff to Support 10,400 hours Configuration and Customization per year				
	Testing and Validation Staff		$	(K.4) $
	Business Analyst Staff		$	(K.5) $
	Technical Writing and System Documentation Staff		$	(K.6)
	Project Management Staff		$	(K.7) $
	TOTAL for Supporting Staff hours ***(sum of K.4, K.5, K.6, and K.7)***			**(K.8) $**
	TOTAL for providing 10,400 hours of Configuration and Customization ***(sum of K.3 and K.8)***			**(K.9) $**

	Cost of Living Assessment (COLA) Factor (Per SFY) if the Department requires the purchase of additional Enhancement hours. [17][18]	**%**

[17] The COLA Factor is only applicable in the SFY in which the Department requires the purchase of Enhancement hours in addition to the total estimate for providing 10,400 hours of Configuration and Customization.
[18] The COLA Factor is only applicable for additional Enhancement hours.

E1.13. PRICE SCHEDULE L – LICENSING

E1.13.1. Provide pricing for any fees related to the licensing of the proposed System and Fiscal Agent Operations Services software product or its components. The Offeror shall provide the licensing price for each individual System and Fiscal Agent Operations Services component and third-party tool included as part of the proposed software solution that requires a license agreement. The prices for each item are to be quoted separately unless bundled pricing is offered. Pricing should span the Contract period. Ongoing maintenance of the licenses Payment for licensing prices will be based on when the licenses are acquired. For the evaluation purposes, Offerors shall assume one hundred (100) Department licenses are needed per product/component, based on user access. Licenses not based on user access, such as at the server or processor level, should be specified below and the number of licenses needed should be noted.

E1.13.2. An explanation of this Pricing Schedule is included in Section D.4.1.13 of Appendix D – Offeror's Response Worksheet.

License Description **(Terms and Options)**	**Quantity**[19]	**Unit Price**	**Total Price**
		$	(L.1) $
		$	(L.2) $
		$	(L.3) $
		$	(L.4) $
		$	(L.5) $
		$	(L.6) $
Total Licensing Price ***(sum of L.1, L.2 L.3, L.4, L.5, & L.6)***			**(L) $**

[19] Quantities for licenses needed for Department user access should be based on 100 licenses, and for non-user-based licenses, please specify the appropriate number.

E1.14. SUMMARY PRICE SCHEDULE – SUMMARY OF ALL PRICING SCHEDULES

E1.14.1. This Price Schedule summary is intended to include the proposed prices from each Price Schedule included in the Offeror's Price Proposal that will be used in the Price Evaluation. If there is discrepancy between the amount shown here and the individual Price Schedules, the price information from the individual Price Schedule will be used during evaluation.

Pricing Stage	**Price**	**Percentage of Subtotal**
Total BPR Contract Stage (from Price Schedule A)	**(A.4) $**	%
Total Implementation Stage I (from Price Schedule B)	**(B.4) $**	%
Total Implementation Stage II (from Price Schedule C)	**(C.4) $**	%
Total Implementation Stage III (from Price Schedule D)	**(D.4) $**	%
Implementation Subtotal ***(Sum of A.4, B.4, C.4 and D.4)***	**(Imp) $**	**100%**
Pricing Stage	**Price**	
Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2016-17 Price (from Price Schedule E)	**(E.5) $**	N/A
Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2017-18 Price (from Price Schedule F)	**(F.5) $**	N/A
Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2018-19 Price (from Price Schedule G)	**(G.5) $**	N/A

Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2019-20 Price (from Price Schedule H)	**(H.5)** **$**	N/A
Total Ongoing MMIS Operations and Fiscal Agent Operations Stage for SFY 2020-21 Price (from Price Schedule I)	**(I.5)** **$**	N/A
Operations Subtotal ***(Sum E.5, F.5, G.5, H.5 and I.5)***	**(Ops)** **$**	N/A
Total Price Bid ***(sum of Imp and Ops)***	**(Total)** **$**	N/A

Colorado Department of
Health Care Policy and Financing

Solicitation #:XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix F – Glossary of Terms and Abbreviations

Modification 2 – Modifications are show in blue.
Modification 1 - Modifications are shown in red.

Term/Acronym	Definition
ACA (Affordable Care Act)	A shortened reference to the Patient Protection and Affordable Care Act, Pub. L. No. 111-148. The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, enacted March 23, 2010, and the Health Care and Education Reconciliation Act of 2010 enacted March 30, 2010, (together referred to as the Affordable Care Act).
ACA Provider Screening Rules	Refers to rules implemented and published in the Federal Register (42 CFR Parts 405, 424, 447 et al) on February 2, 1011. This Rule implemented provisions of the Patient Protection and Affordable Care Act (ACA) Section 6401 specifying procedures under which enrollment and screening is conducted for providers of medical or other services and suppliers in the Medicare program, providers in the Medicaid program, and providers in the Children's Health Insurance Program (CHIP), as well as additional rules for termination, and payment suspension in cases of fraud.
ACC (Accountable Care Collaborative)	A new Medicaid program established to improve clients' health care and reduce costs. It is a patient-centered approach to managing the care of Medicaid members administered by the Department through contracted regional vendors.
ACP Address Confidentiality Program	The Colorado Address Confidentiality Program (ACP) provides survivors of domestic violence, sexual offenses or stalking/harassment with a means to prevent abusers and potential abusers from locating them through public records. The goal of the ACP is to help survivors stay safe by protecting their location. This program is administered by the Colorado Department of Personnel & Administration, and the laws governing the program are located at §24-30-2101, C.R.S.
ACO (Accountable Care Organization)	An organization of health care providers that agree to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program.

Term/Acronym	Definition
ADA (Americans with Disabilities Act)	The Americans with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications.
Adjudicated Claim	A submitted claim that has been processed with a resulting status of either paid or denied.
Affiliates	Any person, firm, corporation (including, without limitation, service corporation and professional corporation), partnership (including, without limitation, general partnership, limited partnership and limited liability partnership), limited liability company, joint venture, business trust, association or other entity that now or in the future directly or indirectly controls, is controlled by, or is under common control with the Contractor.
ANSI (American National Standards Institute)	A private nonprofit organization that oversees the development of voluntary consensus standards for products, services, and processes in the United States. These standards ensure that the characteristics and performance of products are consistent, that people use the same definitions and terms, and that products are tested the same way.
APCD (All Payer Claims Database)	Databases created to track health care delivery across carriers, facilities, and providers to identify important trends and track costs.
APD (Advanced Planning Document)	A document required by CMS for states to complete and submit for review and prior approval in order to receive enhanced federal funding for Medicaid Information Technology (IT) system(s) projects related to eligibility and enrollment functions.

Term/Acronym	Definition
APR-DRG (All Patient Refined Diagnosis Related Groups)	The All Patient Refined Diagnosis Related Groups (APR-DRGs) expand the basic DRG structure by adding two sets of subclasses to each base APR-DRG. Each subclass set consists of four subclasses: one addresses patient differences relating to severity of illness and the other addresses differences in risk of mortality. Severity of illness is defined as the extent of physiologic decompensation or organ system loss of function. Risk of mortality is defined as the likelihood of dying.
ARRA (American Recovery and Reinvestment Act of 2009)	The primary objective for ARRA was to save and create jobs almost immediately in response to the late-2000s recession. Secondary objectives were to provide temporary relief programs for those most impacted by the recession and invest in infrastructure, education, health, and "green" energy. The Act included direct spending in infrastructure, education, health, and energy, federal tax incentives, and expansion of unemployment benefits and other social welfare provisions. The Act also included many items not directly related to immediate economic recovery such as long-term spending projects (e.g., a study of the effectiveness of medical treatments) and other items specifically included by Congress.
Authorization	Official approval for action taken for, or on behalf of, a Medicaid client. This approval is only valid if the client is eligible on the date(s) of service for the applicable claim.
Authorized Prescribers	Physician, osteopath, dentist, nurse, physician assistant, optometrist, naturopath, podiatrist, pharmacist, nurses with prescriptive authority, or other person authorized to prescribe drugs.
ALOS (Average Length of Stay)	The arithmetic mean experienced by a patient in the inpatient hospital setting within a chosen DRG.
BENDEX (Beneficiary Data Exchange)	A file containing data from CMS regarding persons receiving benefits from the Social Security Administration.

Term/Acronym	Definition
BHO (Behavioral Health Organization)	An organization that provides mental health services for a client for a set fee per month (a managed care payment).
BIDS System (Bid Information and Distribution System)	The Colorado procurement information system designed to notify interested contractors of the State of Colorado's intent to purchase goods or services competitively. These notifications are termed "solicitations".
BIDM (Business Intelligence and Data Management)	The term used to refer to the RFP that will replace the current decision support system, data warehouse, and SDAC. It is also used as an umbrella term that includes Business Intelligence and Analytics Services (comprised of an ETL tool, data warehouse, OLAP / Modeling, and data mining), Reporting (comprised of user-defined, MARs, and SUR reporting), and ACC Program Analytics Support Services. From an operational perspective, this RFP also uses this term to describe the support services required as part of the BIDM Contract.
BME (Board of Medical Examiners)	Exists at both the state and national level to conduct assessments of health care professionals. The Colorado BME provides and verifies licenses for medical professionals.
BPM (Business Process Model)	The activity of representing business processes of an enterprise, so that the current process may be analyzed and improved.
“Break the Glass” functionality	The practice of enabling a licensed practitioner to view a patient’s medical record, or a portion thereof, under emergency circumstances.
BUS (Benefits Utilization Services)	A Case Management system for Home and Community Based Long Term Care clients and Nursing Facilities developed by the Department.
Business Analyst	A resource responsible for requirements gathering and problem definition staff for Configuration and Customization activities.

Term/Acronym	Definition
Business Day	Any day in which the Department is open and conducting business, but shall not include weekend days or any day on which one of the Department's holidays are observed (see Holiday Schedule).
Business Intelligence and Analytics	Interactive software-based tools intended to help decision makers compile useful information from a combination of raw data, documents, and personal knowledge, or business models to identify and solve problems, make decisions and better manage outcomes. Typical components include ETL tool(s), data warehouse, OLAP / Modeling, and data mining.
Capitation	A payment arrangement for health care service providers, such as managed care entities. It pays an entity a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.
CASE (Computer-Aided Software Engineering)	Methods for the development of information systems together with automated tools that can be used in the software development process.
CBMS (Colorado Benefits Management System)	The single integrated system for determining eligibility and calculating benefits for 14 major welfare programs, including Medicaid, SNAP, TANF, and more than 80 subprograms.
CBT (Computer-Based Training)	A type of education in which the individual learns by executing special training programs on a computer. CBT is an effective training method because it enables students to practice using the application as they learn.

Term/Acronym	Definition
CCD (Continuity of Care Document)	The CCD is a joint effort of Health Level Seven International (HL7) and American Society for Testing and Materials (ASTM). CCD fosters interoperability of clinical data by allowing physicians to send electronic medical information to other providers without loss of meaning and enabling improvement of patient care. CCD is an implementation guide for sharing Continuity of Care Record patient summary data using the HL7 Version 3 Clinical Document Architecture (CDA), Release 2. CCD establishes a rich set of templates representing the typical Sections of a summary record, and expresses these templates as constraints on CDA. These same templates for vital signs, family history, plan of care, and so on can then be reused in other CDA document types, establishing interoperability across a wide range of clinical use cases.
CDHS (Colorado Department of Human Services)	Assists struggling Colorado families who need food, cash, and energy assistance to provide for their families; families in need of safe and affordable child care; children at risk of abuse or neglect; families who struggle to provide care for their adult children with developmental disabilities; youth who have violated the law and need structure and guidance to grow into responsible and compassionate adults; Coloradoans who need effective treatment for mental illness or substance abuse issues; and families who need resources to care for their elderly parents or nursing home care for their veteran parents.
CDT (Code on Dental Procedures and Nomenclature)	The CDT Code was named as a HIPAA standard code set to achieve uniformity, consistency and specificity in accurately reporting dental treatment and process dental claims. Code review and revision is conducted annually, with each version effective January 1. CDT is also referred to as "Current Dental Terminology".
CFR (Code of Federal Regulations)	The codification of the general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the Federal government of the United States. The CFR is divided into 50 titles that represent broad areas subject to Federal regulation.

Term/Acronym	Definition
Change Management/Change Management Process	A process that facilitates the organized planning, development, and execution of modifications and enhancements to the Core MMIS and Supporting Services that support the Colorado Medical Assistance program. The primary goals are to support the process of changes with minimal disruption to services and to enable traceability of the change(s). This process ensures that changes to a system are introduced in a controlled and coordinated manner, and reduces the possibility that unnecessary changes will be introduced to a system without proper planning.
Change Request	A document detailing the addition or modification to the agreed-upon Deliverables and/or associated functionality for a system. It is a critical component of the Change Management Process, and states what needs to be accomplished rather than how the change will be executed.
CHP+ (Child Health Plan Plus)	A low-cost health insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.
CIIS (Colorado Immunization Information System)	A confidential, population-based, computerized system that collects and disseminates consolidated immunization information for Coloradans of all ages. CIIS enables any immunization provider in Colorado to electronically track immunizations a person has received, thereby maintaining an ongoing and complete record to ensure that the person receives all recommended shots in a timely manner.
Claim	A bill for services that is appropriate for the provider type and type of service(s), whether submitted as a paper claim or electronically, and identified by a unique Claim Control Number (CCN). A single claim is defined as a billing comprised of a single beneficiary with the same date of service (or range of dates for service), submitted by a single billing provider which may include one or more service(s) or document(s).

Term/Acronym	Definition
Clean Claim	1. A claim that does not contain any defect(s) requiring the Contractor to investigate or develop prior to adjudication. Clean claims shall be filed within the timely filing period (see Social Security Act 1842 (c)(2)(B); http://www.ssa.gov/OP Home/ssact/title18/1842.htm). 2. A clean claim is defined by CMS as a claim that has no defect, impropriety or special circumstance, including incomplete documentation that delays timely payment. The required elements for a clean claim shall be complete, legible and accurate. 3. A claim that can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.
Client	A person who has been determined eligible for Medicaid or Child Health Plan Plus. See also Recipient.
Client Service Plan	A plan of service for clients under one of the HCBS waiver programs within the Colorado Medical Assistance program. The service plan lays out the client need, and specifies the number and types of services allowed for the client, consistent with the waiver's covered services. Services are delivered and coordinated in conjunction with the client service plan.
CM (Case Management)	The facilitation of treatment plans to assure the appropriate services are provided to clients.
CM (Compliance Manager)	A named role for required Key Personnel.

Term/Acronym	Definition
CMAP (Colorado Medical Assistance program) Web Portal	Colorado's Provider Web Portal is a secured Web site that is used to submit and retrieve Provider transactions and/or reports. The Web Portal offers a centralized database that is secure and available only to the authorized health care providers through secure Internet connections. In addition, the Web Portal stores historical claims and client and provider data.
CMS (Centers for Medicare & Medicaid Services)	A federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments.
COB (Coordination of Benefits)	A provision establishing an order in which health care plans pay their claims, and permitting secondary plans to reduce their benefits so that the combined benefits of all plans do not exceed total allowable expenses.
COFRS (Colorado Financial Reporting System)	A financial information system that maintains the official accounting records for the State of Colorado government. With nearly 3,000 users statewide, it handles approximately $9 billion in transactions per year. Most financial transactions for the State are processed directly in COFRS. All financial activity for the State is eventually recorded in COFRS, even if it was first processed in a specialized accounting system operated by a state agency.
COHBE (Colorado Health Benefits Exchange)	A marketplace for Coloradans to shop for and purchase health insurance based on quality and price. The Exchange is scheduled to launch in October 2013.
COLA	Cost of Living Adjustment

Term/Acronym	Definition
Colorado Medical Assistance program	Provides access to Colorado residents who meet enrollment criteria for health care through a network of established providers. All references to the Medical Assistance program include Medicaid, CHP+, and State-only health care programs.
Colorado Registry and Attestation	Colorado's State Level Registry that supports HITECH and is making available incentive payments to eligible Medicaid providers that adopt and successfully demonstrate Meaningful Use (MU) of a certified Electronic Health Records (EHR) technology for allowable costs associated with the implementation, operation, and maintenance of this technology. See also SLR.
COMMIT (Colorado Medicaid Management Innovation and Transformation project)	A project to obtain Core MMIS and Supporting Services for the implementation and operations of a state-of-the-art, certifiable Medicaid Management Information System (MMIS) to support Colorado's Medicaid, Children's Health Plan Plus (CHP+) programs, and other health benefit programs. The services and associated software will support the enrollment and management of providers, management of certain member functions, adjudication and payment of valid health care claims, and other subsidiary Work.
Configurable/Configuration	Modification of System functionality, which does not require development changes to the software. Configurable software is typically rules-based and can be modified by non-technical (i.e., non-programmer/developer) staff.
Contract	The agreement that is entered into as a result of this procurement.
Contractor	The Offeror selected as a result of this procurement to complete the Work contained in the Contract. The individual or entity solely responsible for completion of all Work to be performed in the Contract, regardless of whether Subcontractors are used.

Term/Acronym	Definition
Contract Amendment	Any written alteration in the specification, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It shall include bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Co-payment	Client's financial responsibility for a service, procedure, or prescription assigned by Medicaid.
Core MMIS	A collection of services that fulfills, at a minimum, the federal requirements specified in Part 11 of the State Medicaid Manual (CMS Publication 45), program directives and memos, policy statements, and the like that serve as the basis for CMS certification and is compliant with HIPAA requirements, as modified. This component is traditionally referred to as the claims payment engine, which is the system used to supply claims payment services to the Department; See also MMIS.
CORHIO (Colorado Regional Health Information Organization)	A nonprofit organization dedicated to improving health care for all Coloradans through health information exchange by helping doctors, hospitals and other health care providers connect their computer-based patient record systems to a protected statewide network that is used to securely share information for patient care (called the health information exchange). This allows health care professionals to access up-to-date patient information, which helps them provide better quality care and allows information to be shared in a more protected way than paper-based files, faxes and mail.
COS (Category of Service)	The Medicaid Act identifies numerous categories of medical services for which federal reimbursement is allowed. These categories of services do not describe specific medical treatments or procedures. Rather, they identify broad types of services.
Cost Allocation Plan	State's Medicaid Cost Allocation Plan.

Term/Acronym	Definition
COTS (Commercial Off-The-Shelf)	A product that is sold in substantial quantities in the commercial marketplace that does not require additional technical (software or hardware) development or Customization for general use.
COUP (Client Over-utilization Program)	A program that restricts a patient from filling all of his or her prescriptions at one pharmacy. The purpose of this program is to control duplicate and inappropriate drug therapies. Any Medicaid recipient who receives narcotic prescriptions from two (2) or more physicians and utilizes two (2) or more pharmacies are candidates for this program. Medicaid histories are reviewed so that recipients with certain diagnoses including cancer are excluded from this program. See also Lock-In Program.
CPT (Current Procedural Terminology)	A code set maintained by the American Medical Association through the CPT Editorial Panel. It describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
CRM (Customer Relationship Management)	A software or system used the Contractor to primarily manage interactions with providers. It involves using technology to organize, automate, and synchronize customer service and technical support.
Customization	Any modification, alteration, or extension to software requiring changes to the existing source code for such software to achieve new or modified functionality. Customization requires dedicated technical staff (i.e., programmer/developer).
CY (Calendar Year)	The calendar year begins on the New Year's Day (January 1) of the given calendar system and ends on the day before the following New Year's Day (December 31).

Term/Acronym	Definition
Dashboard	A subset of information delivery that includes the ability to publish formal, web-based reports with intuitive displays of information. It has an easy to read, often single page, real-time user interface, showing a graphical presentation of the current status (snapshot) and historical trends of an organization's Key Performance Indicators (KPIs) to enable instantaneous and informed decisions to be made at a glance.
Data Cleansing	See also data cleaning, data scrubbing. The process of detecting and correcting (or removing) corrupt or inaccurate data from a record set, table, or database. Primarily used in databases, the term refers to identifying incomplete, inaccurate, or irrelevant parts of the data and then replacing, modifying, or deleting the 'dirty' data.
Data Dictionary	Also referred to as a metadata repository, a data dictionary is a centralized repository of information about data such as meaning, valid values, relationships to other data, origin, usage, and format.
Data Mart	An access layer of the data warehouse environment that provides data to the users. A data mart is a subset of the data warehouse that is usually oriented to a specific business line or team. A data warehouse environment may have multiple data marts.
Data Mining	The process of sorting/filtering through large amounts of data and picking out patterns of relevant information.
Database Refactoring	A change(s) to a database schema that improves its design while retaining both its behavioral and informational semantics. Database refactoring is conceptually more difficult than a code refactoring; code refactoring only needs to maintain behavioral semantics while database refactoring must also maintain informational semantics.
Data Virtualization	The process of abstracting disparate systems (databases, applications, file repositories, websites, data services contractors, etc.) through a single data access layer (which may include several data access mechanisms) to enable data access to a single source, serialization, format, or structure.

Term/Acronym	Definition
DDI (Design, Development, and Implementation)	The Work on the COMMIT project and the Work defined under the Contract after planning that includes collaboration between the Department and the Contractor to identify, design, develop and implement technical or business services.
Defect	An error, flaw, mistake, failure, or fault in a computer program or system that produces an incorrect or unexpected result that differs from an agreed-to specification, or causes it to behave in unintended ways that differ from an agreed-to specification; See also see Error and Discrepancy.
Deliverables	Items identified in the Contract to be delivered by the Contractor to the Department, including Work products throughout the term of the Contract that may or may not be tied to a payment.
Department	The Colorado Department of Health Care Policy and Financing, a department of the government of the State of Colorado; See also HCPF.
Designee	A duly authorized representative of a person holding a superior position.
DHHS (U.S. Department of Health and Human Services)	A Cabinet department of the United States government with the goal of protecting the health of all Americans and providing essential human services.
Dimension Table	A set of companion tables to a fact table in a data warehouse. Dimension tables contain descriptive attributes or fields that are typically textual fields or discrete numbers that behave like text. These attributes are designed to serve two critical purposes: query constraining/filtering and query result set labeling.
Discrepancy	An error, flaw, mistake, failure, or fault in a computer program or system that produces an incorrect or unexpected result **that differs from an agreed-to specification**, or causes it to behave in unintended ways **that differ from an agreed-to specification**; See also see Error and Defect.

Term/Acronym	Definition
Dispute Process	The established process for the Contractor or the Department to follow to resolve all debates or disagreements between the Department and Contractor.
DME (Durable Medical Equipment)	Durable Medical Equipment: Medical equipment used in the home to aid in a better quality of living. In some cases, Medicare may pay for the item. The item is defined by Title XIX for Medicaid.
DOS (Date of Service)	The calendar date on which a specific medical service is performed.
DRAMS (Drug Rebate Analysis and Management System)	The Drug Rebate Analysis and Management System ensures compliance with the Centers for Medicare & Medicaid Services (CMS) Drug Rebate program, established under OBRA 90. Under the Drug Rebate Program, Colorado Medicaid recovers cash rebates from the drug manufacturers whose products are used by Colorado Medicaid clients. The DRAMS tracks pharmacy and medical claims for drugs and invoices drug manufacturers using drug information and rebate amounts specified by CMS.
DRG	A diagnosis-related group (DRG) is a system to classify hospital cases.
Drill Across	Data analysis across dimensions.
Drill Down	To move from summary information to detailed data by focusing on a specific criteria.
Drill Up	Data analysis that is associated to a parent attribute.
DSL (Data Staging Layer)	An intermediate storage area between the data sources and the data warehouse (DW) or Data mart (DM). It is usually temporary, and its contents are typically erased after the DW/DM has been loaded successfully.

Term/Acronym	Definition
DSS (Decision Support System)	See Business Intelligence and Analytics.
DUR (Drug Utilization Review)	A program designed to measure and assess the proper use of outpatient drugs in the Medicaid program. The Primary objective of the DUR functions is to improve the quality of care and to assist with containing health care cost. Prospective DUR is a function within the Pharmacy point-of-sale (POS) system that assists pharmacy providers in screening selected drugs categories for clinically important potential drug therapy problems before the prescription is dispensed to the recipient. The retrospective DUR function screens after the prescription has been dispensed to the recipient.
DW (Data Warehouse)	A database used for reporting and analysis. The data stored in the warehouse are uploaded from various operational systems and other data sources such as such as the immunization registry, vital statistics, and national reference data.
EAI (Enterprise Application Integration)	The collection of technologies and services that enable integration of systems and applications across the enterprise.
EAPG (Enhanced Ambulatory Patient Groups)	Enhanced Ambulatory Patient Groups (EAPG) system software version 3.7 is to classify and calculate reimbursement for outpatient hospital services. The Enhanced Ambulatory Patient Groups used in the EAPG system categorize the amount and type of resources used in various outpatient visits.
ED	An Emergency Department of a hospital.
EDI (Electronic Data Interchange)	The structured transmission of data between organizations by electronic means, which is used to transfer electronic documents or business data from one computer system to another computer system (i.e. from one trading partner to another trading partner without human intervention).

Term/Acronym	Definition
EDMS (Electronic Document Management System)	Software that manages documents for electronic publishing. The system supports a large variety of document formats and provides extensive access control and searching capabilities across LANs and WANs.
Effective Date	The date on which the Colorado State Controller or his or her Designee signs the Contract.
EH (Eligible Hospital)	Refers to eligible hospitals under the meaningful use incentive program coordinated through the Office of the National Coordinator for Health Information Technology (ONC) to meet the system capability requirements for Stage 1 of the Meaningful Use incentive program. The objective of the program is to utilize the EHR to improve quality, safety, and effectiveness of patient-centered care.
EHR (Electronic Health Record)	An electronic health record (EHR) is an evolving concept defined as a systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is theoretically capable of being shared across different health care settings. In some cases this sharing can occur by way of network-connected enterprise-wide information systems and other information networks or exchanges. EHRs may include a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal stats like age and weight, and billing information.
EFT (Electronic Funds Transfer)	Also known as direct deposit.
EMR (Electronic Medical Record)	An electronic medical record (EMR) is a computerized medical record created in an organization that delivers care, such as a hospital or physician's office. Electronic medical records tend to be a part of a local stand-alone health information system that allows storage, retrieval and modification of records.

Term/Acronym	Definition
Encounter	A claim submitted by a Managed Care Entity for reporting purposes only. Encounters are not Billable Claims, but may create a financial transaction for the managed care plan.
Encounter Data	Data collected to track use of provider services by managed care health plan enrollees that are used to develop cost profiles of a particular group of enrollees and then to guide decisions about or provide justification for the maintenance or adjustment of premiums.
Enhancement	Functional changes or performance improvements that require Configuration or Customization to the System. Enhancements follow a formal Change Management Process that will be established through the Change Management Plan following Contract award.
Enrolled Provider	A provider whose enrollment status is active and has billed a claim within the past twelve (12) calendar months.
EP (Eligible Professional)	Refers to eligible professionals under the meaningful use incentive program coordinated through the Office of the National Coordinator for Health Information Technology (ONC) to meet the system capability requirements for Stage 1 of the Meaningful Use incentive program. The objective of the program is to utilize the EHR to improve quality, safety, and effectiveness of patient-centered care.
EOB (Explanation of Benefits)	A statement sent by a health insurance company to covered individuals explaining what medical treatment and/or services were paid for on their behalf
EOMB (Explanation of Medical Benefits)	See Explanation of Benefits (EOB).
Episodes of Care	Refers to a health problem from its first encounter with a health care provider through the completion of the last encounter related to the problem, typically encompassing the patient's reason for the encounter, the diagnosis code, and the resulting therapeutic intervention(s).

Term/Acronym	Definition
EPSDT (Early Periodic Screening, Diagnosis, and Treatment)	Federal Medicaid requirement that the State's Medicaid agency cover services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care to correct or improve a defect, physical, or mental illness, or a condition (health problem) identified through a screening examination (which includes any evaluation by a physician or other licensed clinician).
EPLS (Excluded Party List System)	An EPLS is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and nonfinancial assistance and benefits. The EPLS keeps its user community aware of administrative and statutory exclusions across the entire government, and individuals barred from entering the United States. The user is able to search, view, and download both current and archived exclusions.
Error	A flaw, mistake, failure, or fault in a computer program or system that produces an incorrect or unexpected result **that differs from an agreed-to specification**, or causes it to behave in unintended ways **that differ from an agreed-to specification**; See also see ~~**Error**~~ **Defect** and Discrepancy.
ETL (Extract, Transform and Load)	A database and data warehousing process used to extract data from outside sources (one or more systems), transform it to fit operational needs (cleansing/modification), and load it into the end target (database, operational data store, data mart, or data warehouse).
Evaluation Committee	A committee that will be created before the opening of submitted proposals in order to conduct reviews of the proposals. The committee will evaluate proposals based on content and will ensure the fair and impartial treatment of all Offerors.
EVS (Eligibility Verification System)	A real time, online system that provides timely and accurate information regarding a recipient's eligibility for services.

Term/Acronym	Definition
FA (Fiscal Agent)	An entity that acts on behalf of the State Medicaid agency in respect to claims processing, provider enrollment and relations, utilization review, and other functions; synonymous with Fiscal Intermediary.
FAO (Fiscal Agent Operations)	All contractual activities and responsibilities associated with the Fiscal Agent who is contracted by the Department to process and maintain the Medicaid Management Information System (MMIS) and Supporting Services (e.g., provider enrollment and relations, utilization review).
Fact Table	A data warehouse component that contains the measurements, metrics or facts of a business process. Fact tables contain the content of the data warehouse and store different types of measures like additive, non-additive, and semi additive measures. For example, "average monthly claims processed" is a measurement that could be stored in a fact table.
FDA (Food and Drug Administration)	Agency under the United States Department of Health and Human Services responsible for regulating food, dietary supplements, drugs, biological medical products, blood products, medical devices, radiation-emitting devices, veterinary products, and cosmetics in the United States.
FEIN (Federal Employer Identification Number)	A unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification.
FFP (Federal Financial Participation)	Federal matching funds for State expenditures for assistance payments for certain social services, and State medical and medical insurance expenditures.
FFS (Fee-For-Service)	A payment model where services are unbundled and paid for separately. In health care, it gives an incentive for physicians to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.
Formulary	A list of name brand and generic drugs covered by a specific health care plan.

Term/Acronym	Definition
Fraud	An intentional deception or misrepresentation that could result in the payment of an unauthorized benefit.
Fraud and Abuse Detection System	A system designed to identify patterns and trends in claims data that are indicative of fraud and abuse.
FSSP (Family Support Services Program)	The Family Support Services Program (FSSP) assists families with costs beyond those normally experienced by other families, to avoid or delay costly out of home placements and reduce stress. Family Support provides funding to address disability related needs, as well as information, support and resource coordination. Eligibility for FSSP is not income based.
FTE	Full Time Equivalent
FUL (Federal Upper Limit)	Maximum allowable cost established by CMS and the U.S. Department of Health and Human Services for certain prescribed drugs. The concept of the upper limits program is to achieve savings by taking advantage of the current market prices.
FY (Fiscal Year)	A period used for calculating annual ("yearly") financial statements in businesses and other organizations. Colorado's fiscal year begins on July 1st, and ends on June 30; See also State Fiscal Year.
GCN (Generic Code Number)	Number used to identify generic formulation of a drug.
GIS (Geographic Information System)	A system designed to capture, store, manipulate, analyze, manage, and present all types of geographical data. GIS is the merging of cartography, statistical analysis, and database technology. Typical functions of a GIS include: viewing / exploring data, creating data (the dataset is extended), editing data (the dataset is modified), storing data, integrating data from other datasets, transforming data, analyzing data, querying data, and creating maps.

Term/Acronym	Definition
GSN (Generic Sequence Number)	Unique identifier for a product/formulation that is specific to its agent, dosage form/strength, and route of administration. It is not unique across manufacturers and/or package sizes, and is used to group generically equivalent pharmaceutical products.
HCBS (Home and Community Based Services)	The federal designation for 1915 (i) waiver for alternatives to institutionalization waiver programs, administered by DHCPF.
(HCPCS) Health Care Common Procedure Coding System /Current Procedural Terminology (CPT)	A standardized coding system used to describe the items and services provided in health care, comprised of three levels. The first level is comprised of the American Medical Association's Current Procedural Terminology (CPT), which is numeric. CPT differs from ICD coding in that it identifies services rendered rather than the diagnosis.
HCPF (Health Care Policy and Financing)	The Colorado Department of Health Care Policy and Financing, a department of the government of the State of Colorado; See also "Department".
Health Benefit Plan (HBP)	A health care plan provided by the Department that include offering a standard set of services, which includes hospital and outpatient care, mental health, prevention, well-child care, and maternity care. The use of this term throughout the COMMIT RFP components includes Managed Care Entities and the Department's Accountable Care Collaborative, where applicable.
HEDIS (Healthcare Effectiveness Data and Information Set)	A tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS consists of 75 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.
HHS (Health and Human Services)	The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Term/Acronym	Definition
HIBI (Health Insurance Buy-In)	The Health Insurance Buy-In (HIBI) program pays the Medicaid client's portion of commercial health insurance premiums when it would be cost-effective for Medicaid to do so. HIBI currently has approximately 450 active clients and pays approximately $97,000 per month in premiums, deductibles, coinsurance, and co-pays. HIBI has saved an accumulated net total of approximately $23.9 million Medicaid dollars since the program began in 1992.
HIE (Health Information Exchange)	The mobilization of health care information electronically across organizations within a region, community or hospital system that provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care.
HIPAA (The Health Insurance Portability and Accountability Act of 1996)	Title I of HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. Title II of HIPAA, known as the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers to address the security and privacy of health data. The standards are meant to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in the U.S. health care system.
HIT (Health Information Technology)	Provides the umbrella framework to describe the comprehensive management of health information across computerized systems and its secure exchange between consumers, providers, government and quality entities, and insurers. Health information technology (HIT) is increasingly viewed as the most promising tool for improving the overall quality, safety and efficiency of the health delivery system.

Term/Acronym	Definition
HITECH (Health Information Technology for Economic and Clinical Health Act)	The Health Information Technology for Economic and Clinical Health Act was enacted under Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub.L. 111-5). Under the HITECH Act, the United States Department of Health and Human Services is spending $25.9 billion to promote and expand the adoption of health information technology to lay the foundation for health care reform.
HMO (Health Maintenance Organization)	A health care system that assumes both the financial risk associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area to HMO members, in return for a fixed, prepaid fee. Financial risk may be shared with the providers participating in the HMO. See also MCO.
Holiday Schedule	The Department observes all holidays listed in C.R.S. 24-11-101(1) which are not considered to be business days. State Holiday Schedule: New Years Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. Martin Luther King Day, Columbus Day, and Veteran's Day are not considered holidays under the Contract and the Contractor is expected to perform Work under the Contract during those days. State holidays require electronic transactions to be available.
IADL (Instrumental Activities of Daily Living)	A term used in health care to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person, particularly in regards to people with disabilities and the elderly.
ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical modification)	Standardized nomenclature to describe medical diagnoses that are required for billing.

Term/Acronym	Definition
ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical modification)	The Tenth Revision (ICD-10) differs from the Ninth Revision (ICD-9) in several ways although the overall content is similar: First, ICD-10 is printed in a three-volume set compared with ICD-9's two-volume set. Second, ICD-10 has alphanumeric categories rather than numeric categories. Third, some chapters have been rearranged, some titles have changed, and conditions have been regrouped. Fourth, ICD-10 has almost twice as many categories as ICD-9. Fifth, some fairly minor changes have been made in the coding rules for mortality.
ICF/ID (Intermediate Care Facilities for Persons with Intellectual Disabilities)	A disability benefit that is offered through Medicaid funding for "institutions" (which consisted of 4 or more beds) for individuals with mental retardation or developmental disabilities (MR/DD), the Act states these facilities providing for the MR/DD population must provide adequate "active treatment," currently defined by Secretary of the U.S. Department of Health and Human Services.
Implementation Contract Stages	Refers to the sum of the BPR Contract Stage, Implementation Stage I, Implementation Stage II, and Implementation Stage III.
Informal Providers	Non-traditional provider types that bill for services rendered in the Colorado Medical Assistance program (e.g., taxi drivers).
Interoperability	The ability to exchange and use information (usually in a large heterogeneous network made up of several local area networks). Interoperable systems reflect the ability of software and hardware on multiple machines from multiple contractors to communicate.
IVR (Interactive Voice Response)	A technology that allows a computer to interact with humans through the use of voice and Dual-tone multi-frequency (DTMF) tones input via keypad.
IV&V (Independent Verification & Validation)	Processes and products to ensure adherence to Contract requirements and sound engineering practices to meet the Department objectives, specifically to produce a product on schedule and at budget.

Term/Acronym	Definition
KPIs (Key Performance Indicators)	Historical trends based on pre-defined performance criteria that organizations use to measure performance. Key performance indicators are established based on business or program drivers and organizational goals.
Key Personnel	The position or positions that are specifically designated as such in the Contract.
Labor Category	A grouping of similar skills, knowledge, ability, experience and education of the labor to be provided. Labor Categories are provided in each RFPs Appendix F – Pricing Schedule to designate hourly labor rates per category.
Legacy System	The old method, technology, computer system or application that will be replaced when converted into a new method, technology, system or application. The use of this term refers to the Department's current MMIS and supporting systems.
LEIE/MED (List of Excluded Individuals & Entities / Medicare Exclusion Database)	**List of Excluded Individuals & Entities** OIG's List of Excluded Individuals/Entities (LEIE) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE. **Medicare Exclusion Database** The Medicare Exclusion Database (MED) is the CMS repository and distributor of all the OIG sanction data that is updated monthly. The data in the MED application is used to deny claims submitted from excluded providers.
LMS (Learning Management System)	A software application that allows for the administration, documentation, tracking, delivery, and reporting of online training or education programs.
LOC (Level of Care)	The intensity of medical care being provided by the physician or health care facility.

Term/Acronym	Definition
Lock-In Program	A program that restricts a patient from filling all of his or her prescriptions at one pharmacy. The purpose of this program is to control duplicate and inappropriate drug therapies. Any Medicaid recipient who receives narcotic prescriptions from two (2) or more physicians and utilizes two (2) or more pharmacies are candidates for this program. Medicaid histories are reviewed so that recipients with certain diagnoses including cancer are excluded from lock-in. See also Client Over-utilization Program (COUP).
LTC (Long-Term Care)	A variety of services that help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.
LTSS (Long-Term Services and Supports)	A Medicaid program allowing for the coverage of Long Term Care Services such as Institutional Care and Home and Community Based Long Term Services and Supports.
Maintenance	Routine activities required to sustain normal operations of the Fiscal Agent Operations and the System, including COTS utilized by the Contractor under this Contract and the upkeep of servers and software patches. These activities are not considered Enhancements requested by the Department and do not require a formal SDLC process. See also System Maintenance.
Maintenance Drug	Drugs furnished to an individual with a chronic illness or condition. The Department designates drugs as maintenance drugs based on therapeutic value, clinical consultation with practitioners, and applicable CMS guidelines.
MARS (Management and Administrative Reporting Subsystem)	A financial reporting and analytical system that provides reports necessary for CMS certification, ongoing administrative reporting and program management.
MCO (Managed Care Organization)	Entities that serve Medicare or Medicaid beneficiaries on a risk basis through a network of employed or affiliated providers, formerly referred to as HMOs. See also HMO.

Term/Acronym	Definition
MCE (Managed Care Entity)	An entity that supports the administration of a variety of different managed care service delivery models, including full-risk managed care payment, primary care managed care payment, primary care case management, managed care agreements, preferred provider organization (PPO) agreements, Prepaid Health Plan (PHP) agreements, vendor contracting arrangements, Accountable Care Organization (ACO), Intermediary Service Organizations (ISO), and utilization-controlled fee-for-service arrangements. This also includes Prepaid Inpatient Health Plans (PIHP), Prepaid Ambulatory Health Plans (PAHP), Managed Care Organizations (MCO), and Primary Care Case Management (PCCM).
Meaningful Use (MU)	Meaningful use is a qualification to receive federal funding for health information technology, specifically, the use of electronic health records. There are three stages to MU over the next five years.
MECT (Medicaid Enterprise Certification Toolkit)	Created by CMS to assist states in all phases of the MMIS life cycle. The main component of the MECT is the 20 checklists across the 6 business areas.
Medicaid	Medical assistance program authorized under Title XIX of the Social Security Act. The program provides health care coverage to low-income families with children, pregnant women, disabled people, and the elderly.
Medicaid Enterprise	The organizing logic for business processes and information technology infrastructure reflecting the integration and standardization requirements of the Colorado Medical Assistance program's operating model, which includes the MMIS.

Term/Acronym	Definition
Medically Necessary	A service that meets any of the following conditions: treatment that is consistent with the recipient's diagnosis or condition; recognized as the prevailing standard or current practice among the provider's peer groups; rendered in response to a life-threatening condition to treat an injury, illness or infection; used to treat a condition that could result in physical or mental disability; care for a mother and child through the maternity period; used to achieve a level of physical or mental function which is consistent with prevailing community standards; a preventative service.
Medicare	A health insurance program for the aged and disabled under Title XVIII of the Social Security Act.
Medicare Buy-In	A procedure whereby the Department pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance clients, enrolling them in the Medicare Part B program.
Milestone	A significant point, event, or achievement that reflects progress toward completion of a process, phase, or project.
MITA (Medicaid Information Technology Architecture)	A national initiative intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program.
MMIS (Medicaid Management Information System)	An automated mechanized claims processing and information retrieval system for Medicaid required by the federal government; See also Core MMIS.
Modern System	A flexible, responsive, and automated claims and transaction processing system and a modular information management and retrieval system that enhances the State's program management, claims processing, and reporting capabilities.

Term/Acronym	Definition
MSIS (Medicaid Statistical Information System) or T-MSIS.	Under the Balanced Budget Act of 1997, as of 1/1/99, it is mandatory that States report Medicaid data through the Medicaid Statistical Information System (MSIS) system. This system requires the States to submit raw eligibility and claims data to the Centers for Medicare & Medicaid Services (CMS). MSIS data is used by CMS to produce Medicaid program characteristics and utilization information. MSIS data is made available to States and other federal agencies in order to gain greater insight into the Medicaid program. The MSIS State Summary data mart consists of enrollment, demographic, and claim information for each Medicaid fiscal year. The information is stored in a data cube and is viewed using Cognos PowerPlay Web.
MSQ	Medical Services Questionnaire
NABP (National Association of Board of Pharmacies)	An independent, international, and impartial association that assists its member boards and jurisdictions in developing, implementing, and enforcing uniform pharmacy standards for the purpose of protecting the public health.
NCCI (National Correct Coding Initiative)	The Patient Protection and Affordable Care Act (Healthcare Reform) required State Medicaid programs to incorporate national correct coding initiative (NCCI) methodologies into their claims processing systems by October 1, 2010.
NCPDP (National Council for Prescription Drug Programs)	An entity that creates and promotes standards for the transfer of data to and from the pharmacy services sector of the health care industry.
NDDF (National Drug Data File)	A commercially available private industry drug database used by both private industry and government agencies.
NDC (National Drug Code)	An eleven-digit code assigned to each drug. The first five numbers indicate the labeler code (CMS assigned), the next four numbers indicate the drug and strength (manufacturer assigned), and the remaining two numbers indicate the package size (manufacturer assigned).

Term/Acronym	Definition
NEMT (Non-Emergency Medicaid Transportation)	Non-Emergency Medicaid Transportation (NEMT) services are available to Medicaid clients who are eligible for transportation services to routine (scheduled appointments) and urgent (client needs to get to doctor as soon as possible) medical appointments.
NLR (National Level Repository)	A repository and system which tracks and stores information on providers' meaningful use to electronic health records, allowing CMS to determine appropriate Health Information Technology for Economic and Clinical Health Act incentive payments for Medicare and Medicaid programs.
NMEH (National Medicaid EDI HIPAA)	The National Medicaid EDI Health care (NMEH) Workgroup is a vehicle for state collaboration in response to the original HIPAA mandates. NMEH was created by CMS, NASMD, and the S-TAG; it gives Medicaid a voice in standards organizations.
NPI (National Provider Identifier)	A unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare & Medicaid Services (CMS). The NPI has replaced the unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial health care insurers.
NPPES (National Plan and Provider Enumeration System)	The system that uniquely identifies a health care provider (as defined at 45 CFR 160.103) and assigns it an NPI. The system is designed with the future capability to also enumerate health plans once the Secretary has adopted a standard unique health identifier for health plans.
NPS (National Provider System)	The administrative system that supports a national provider registry.
NUBC (National Uniform Billing Committee)	A committee comprised of major national provider and payer organizations in order to develop a single billing form and standard data sets that could be used nationwide by institutional providers and payers for handling diagnosis codes within health care claims.

Term/Acronym	Definition
OBC (Orange Book Code)	Identifies the therapeutic equivalency ratings assigned to each approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations.
OBRA (Omnibus Budget Reconciliation Act)	Federal legislation defines Medicaid drug coverage requirements and drug rebate rules.
OCR (Optical Character Recognition)	The mechanical or electronic conversion of scanned images of handwritten, typewritten or printed text into machine-encoded text for the purpose of electronically searching, storing more compactly, on-line display, and text mining.
ODS (Operational Data Store)	A database designed to integrate data from multiple sources for additional operations on the data. The resulting data is passed back to operational systems for further operations and to the data warehouse for reporting.
Offeror	Any individual or entity that submits a proposal, or intends to submit a proposal, in response to this procurement.
OIG (Office of Inspector General)	A government agency created to protect the integrity of the Department of Health and Human Services (DHHS) against fraud, waste and abuse by improving the efficiency of the HHS programs.
OIT (Governor's Office of Information Technology)	A state agency responsible for the operation and delivery of information and communications technology (ICT) services and innovation across all Executive Branch agencies in the State of Colorado.
OLAP (Online Analytical Processing)	Tools that enable users to interactively analyze multidimensional queries and resulting data from multiple perspectives. OLAP consists of three basic analytical operations: consolidation (roll-up), drill-down, and slicing and dicing.

Term/Acronym	Definition
ONC (Office of the National Coordinator)	A Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The ONC is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide heath information exchange to improve health care.
Open Source Software	Software that incorporates or has embedded in it any source, object or other software code subject to an "open source", "copyleft" or other similar type of license terms (including, without limitation, any GNU General Public License, Library General Public License, Lesser General Public License, Mozilla License, Berkeley Software Distribution License, Open Source Initiative License, MIT license, Apache license, and the like).
Operational Start Date	Date that the Department authorizes the Contractor to begin fulfilling its operations and maintenance obligations under the Contract.
Other Personnel	Individuals and Subcontractors, in addition to Key Personnel, assigned to positions to complete tasks associated with the Statement of Work.
PA (Prior Authorization)	A requirement mandating that a provider must obtain approval to perform a service(s) or prescribe a specific medication. Without prior approval, Medicaid may not provide coverage or pay for a medication. The prior authorization is the record of the approved prior authorization request (PAR); See PAR.
PACE (Program of All-Inclusive Care for the Elderly)	Comprehensive health services for individuals age 55 and over who are categorized as "nursing home eligible" by their state's Medicaid program. Services include primary and specialty medical care, nursing, social services, therapies (occupational, physical, speech, recreation, etc.), pharmaceuticals, day health center services, home care, health-related transportation, minor modification to the home to accommodate disabilities, and anything else the program determines is medically necessary to maximize a member's health.

Term/Acronym	Definition
PAHP (Prepaid Ambulatory Health Plan)	An entity that provides medical services to enrollees that does not require an overnight hospital stay. These entities provide services under contract with the State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State plan payment rates; (2) Does not provide or arrange for, and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees; and (3) Does not have a comprehensive risk contract.
PAR (Prior Authorization Request)	A request submitted to a health plan for review, accompanied by the necessary supporting clinical documentation for a service(s) or medication, prior to performing the service(s).
PASRR (Preadmission Screening and Resident Review)	Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for mental illness and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings.
PBMS (Pharmacy Benefit Management System)	The term used to refer to the RFP and resulting system that will replace the current pharmacy benefits management system.
PCCM (Primary Care Case Management)	A physician, physician group practice or an entity that employs or arranges with physicians to provide primary care case management services. A PCCM program is a system under which a Primary Care Physician (PCP) contracts with the Department to provide case management services which includes location, coordination and monitoring of primary health care services.

Term/Acronym	Definition
PCMP (Primary Care Medical Providers)	Health care providers that typically act as the principal point of consultation for patients within a health care system and coordinate other specialists that the patient may need. Such professionals can be primary care physicians, such as general practitioners or family physicians. Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care. See also PCP/PCPP.
PCP/PCPP (Primary Care Physician; Primary Care Physician Program)	A physician or program that provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. See also PCMP.
PDL (Preferred Drug List)	A formal published list of specific prescription drug products by brand and generic name, usually divided into two separate categories: "preferred" and "non-preferred."
PERM (Payment Error Rate Measurement)	The PERM program measures improper payments in Medicaid and CHP+ and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHP+ in the fiscal year (FY) under review.
PETI (Post-Eligibility Treatment of Income)	A program for Nursing Facilities to provide services that are not a Medicaid benefit if they are medically necessary and the client has a patient payment amount.
PHI (Protected Health Information)/PII (Personal Identity Information)	Under HIPAA, PHI includes any individually identifiable health information. Identifiable refers not only to data that is explicitly linked to a particular individual (that's identified information). It also includes health information with data items, which reasonably could be expected to allow individual identification.

Term/Acronym	Definition
PHP (Prepaid Health Plan)	A program established to allow recipients to enroll in Health Maintenance Organizations (HMOs) as an alternative to the fee-for-service program. The program is intended to encourage the development of more efficient delivery of care, reduce inflationary costs, improve the access to and continuity of medical services, and reduce the administrative costs by allowing PHPs to assume the costs of administration and utilization controls for health services provided to their members.
PHR (Personal Health Record)	Related health data and care information maintained by the patient. This stands in contrast with the more widely used electronic medical record, which is operated by institutions (such as a hospital) and contains data entered by clinicians or billing data to support insurance claims. PHRs provide a complete and accurate summary of an individual's medical history online, which may include patient-reported outcome data, lab results, data from devices such as wireless electronic weighing scales, or collected passively from a smartphone.
PI (Program Integrity)	Actitives performed by the Department's Program Integrity (PI) Section or other entity concerning monitoring the utilization habits and patterns of both members and providers of the Colorado Medical Assistance program to create a culture where there are consistent incentives to provide better health outcomes within a context that avoids over- or underutilization of services.
PMPM (Per Member/Per Month)	Per Member Per Month is a standard unit of measure for capitation payments that payers provide to providers, both hospitals and physicians. These payments also include ancillary service use.
POS (Point of Sale)	Claims processing system capable of adjudicating claims on-line.

Term/Acronym	Definition
Power User	A user within an organization who has the ability to use advanced features of software programs, which are beyond the abilities of "normal" users, but is not necessarily capable of programming and system administration. In enterprise software systems, this title may go to an individual who is not a programmer, but who is a specialist in a business process or area.
Predictive Modeling	The process by which a model is created or chosen to try to best predict the probability of an outcome. This technique assists with forecasting and trend analysis.
Prescription	A written, faxed, or oral order, as required by the Board of Pharmacy, from a practitioner that a certain drug, medical supply, device or service is medically necessary.
Prime Contractor	The Offeror selected as a result of this procurement to complete the Work contained in the Contract. The individual or entity solely responsible for completion of all Work to be performed in the Contract, regardless of whether Subcontractors are used. See Contractor.
Problem(s)	A defect, Operational issue, or situation regarded as unwelcome or harmful and needing to be dealt with and overcome.
Procurement	The act of procuring a service and the process (RFP planning, development or evaluation) or planning activities for an upcoming solicitation.
Production	The system hardware and software environment designated to the final stage in the release process, which serves the end-users/clients.
Pro-DUR (Prospective Drug Utilization Review)	The provision of certain information, on-line, to authorized providers prior to filling a prescription.
Proprietary Contractor Material	Confidential material, knowledge, or information that the contracted parties wish to share with one another for certain purposes, but wish to restrict access to or by third parties.

Term/Acronym	Definition
Provider	Individual or entity furnishing medical, mental health, dental or pharmacy services.
Provider Enrollment	A completed capture and verification of provider demographic, licensure, disclosure information, and an executed provider participation agreement. This includes a Billable Provider Revalidation.
Provider Enrollment Tool	The Provider Enrollment Tool is a product of Implementation Stage I: Online Provider Enrollment activities. The purpose of Online Provider Tool is so that all providers are enrolled, re-enrolled, and validated through an automated, Web Based application. This process supports the Provider Re-enrollment/validation process that is required by ACA Provider Screening Rule.
Provider Preventable Conditions	Regulations per the June 30, 2011, CMS final rule implementing the requirements of Section 2702 of the ACA defined conditions known as "health-care acquired conditions" (HCAC) for which federal payments to states are prohibited under Section 1903 of the Social Security Act. Provider Preventable Conditions (PPC) include HCAC and other preventable conditions as defined by CMS that must be identified for non-payment by States.
Provider Revalidation	A completed evaluation verifying that a provider meets Federal and State conditions for participation. See ACA Provider Screening Rule.
Provider Screening	An evaluation that verifies that a provider meets the legal requirements in order to be reimbursed for services provided under the Medicaid or Children's Health Insurance Program, without limitations. The specific requirements for each Billable Provider Screening vary based on whether the provider's risk category is "limited," "moderate," or "high." See ACA Provider Screening Rule.
QA (Quality Assurance)	The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.

Term/Acronym	Definition
Quarterly Milestone Review Period	During Contract negotiations, the Department and its Contractor will agree on all quarterly Milestones for each Project Phase within each Contract Stage. At that time, both parties will agree on the review schedule, as well as all Milestone acceptance criteria.
QMB (Qualified Medicare Beneficiaries)	The Qualified Medicare Beneficiaries (QMB) program covers Medicare cost sharing requirements for certain low-income Medicare beneficiaries. This includes Medicare monthly premiums for Parts A & B, Medicare deductibles, and Medicare co-insurance.
RAC (Recovery Audit Contractors)	The Recovery Audit Contractor (RAC) program was created through the Medicare Modernization Act of 2003 (MMA) to identify and recover improper Medicare payments paid to health care providers under fee-for-service (FFS) Medicare plans. The United States Department of Health and Human Services (DHHS) is required by law to make the program permanent for all states by January 1, 2010 under Section 302 of the Tax Relief and Health Care Act of 2006.
RAI (Resident Assessment Instrument)	Tool used by Long-Term Care facilities to assess and determine a patient's eligibility for services and to assist in the care planning and management of the patient.
RCCO (Regional Care Collaborative Organization)	The RCCO connects Medicaid clients to Medicaid providers and also helps Medicaid clients find community and social services in their area. The RCCO helps providers to communicate with Medicaid clients and with each other, so Medicaid clients receive coordinated care. A RCCO will also help Medicaid clients get the right care when they are returning home from the hospital or a nursing facility, by providing the support needed for a quick recovery. A RCCO helps with other care transitions too, like moving from children's health services to adult health services, or moving from a hospital to nursing care.
Recipient	A person who has been determined eligible for Medicaid or Child Health Plan Plus. See also Client.

Term/Acronym	Definition
Retro-DUR (Retrospective Drug Utilization Review)	A retrospective review of provider dispensing patterns and client use of drugs.
RFP (Request for Proposal)	An invitation presented for suppliers/contractors, often through a bidding process, to submit a proposal on a specific commodity or service. The RFP is issued at an early stage in a procurement process, and the process brings structure to the procurement decision and is meant to allow the risks and benefits to be identified clearly up front.
RTM (Requirements Traceability Matrix)	A document that compares any two baselined documents that require a many-to-many relationship to determine the completeness of the relationship.
Sanction	Penalty for noncompliance with laws, rules, and policies regarding Medicaid, which may include withholding payment from a provider or terminating Medicaid enrollment.
Scorecard	A management tool used to compare actual results to business targets or goals.
SDAC (Statewide Data Analytics Contractor)	The individual or entity responsible for providing secure electronic access to clinically actionable data to the Regional Care Collaborative Organizations (RCCOs) and Primary Care Medical Providers (PCMPs) to help meet the goals of the Accountable Care Collaborative (ACC).
SDLC (Systems Development Life Cycle)	A process of creating or altering information systems, and the models and methodologies that are used to develop these systems. The methodologies form the framework for planning and controlling the creation of an information system.
Services	Services to be delivered by Contractor pursuant to the official Contract Documents.
SFY (State Fiscal Year)	The twelve (12) month period beginning on July 1st of a year and ending on June 30th of the following year; See also Fiscal Year.

Term/Acronym	Definition
Shall	Indicates a mandatory requirement or condition to be met by the specified individual, Contractor, or other entity.
SIS (Support Intensity Scale)	The Support Intensity Scale (SIS) is a tool used by some of the Home and Community Based Services (HCBS) waiver programs to evaluate the severity of the client's condition.
SLS (Supported Living Services)	State Supported Living Services (SLS) provide a variety of services, such as personal care (like eating, bathing and dressing) or homemaking needs, employment or other day type services, accessing his or her community, help with decision-making, assistive technology, home modification, professional therapies, transportation, and twenty-four emergency assistance. Supported Living Services are not intended to meet all needs, they are used to supplement already available supports for adults who either can live independently with limited supports or, if they need extensive support, are principally supported from other sources, such as the family.
SLR (State Level Registry)	Provides a mechanism for eligible Medicaid providers that adopt and successfully demonstrate Meaningful Use (MU) of a certified Electronic Health Records (EHR) technology to apply for available incentive payments to for allowable costs associated with the implementation, operation, and maintenance of this technology. See also Colorado Registration and Attestation.
SMAC (State Maximum Allowable Cost)	The maximum allowable cost that the State will pay for generic multi-source medications and single source drug products.
SME (Subject Matter Expert)	A person who is an expert in a particular area or topic.
SMHP (State Medicaid HIT Plan)	A documented plan that provides State Medicaid Agencies (SMAs) and CMS with a common understanding of the activities the SMA will be engaged in over the next 5 years relative to implementing Section 4201 Medicaid provisions of the American Recovery and Reinvestment Act (ARRA).

Term/Acronym	Definition
SNAP (Supplemental Nutrition Assistance Program)	Formerly known as the Food Stamp Program, it provides financial assistance for purchasing food to low- and no-income people living in the U.S. It is a federal aid program, administered by the U.S. Department of Agriculture, though benefits are distributed by individual U.S. states.
SOA (Service Oriented Architecture)	Represents software architecture comprised of interoperable, discoverable, and potentially reusable services.
SNF (Skilled Nursing Facility)	Places of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Nursing aides and skilled nurses are usually available 24 hours a day.
Software	A set of programs, procedures, algorithms and its documentation concerned with the operation of a data processing system. Program software performs the function of the program it implements, either by directly providing instructions to the computer hardware or by serving as input to another piece of software.
SOO (Statement of Objective)	States the overall explanation of objectives for this procurement.
SOW (Statement of Work)	The tasks and activities the Contractor is required to perform to fulfill its obligations under the Contract, including the performance of any services and delivery of any goods. See "Work."
SPAL	Service Plan Authorization Limits
SPSL	Service Plan Spending Limits
Specification(s)	A detailed, exact statement of particulars such as a statement prescribing materials, dimensions, and quality of Work.

Term/Acronym	Definition
SS-A (State Self-Assessment)	A structured method used to document a state's current Medicaid business enterprise by aligning a state's business areas to the MITA business areas and business processes. The self-assessment also allows states to determine business maturity, which allows them to shape the future of their Medicaid enterprise.
SSO (Single Sign-On)	An access control feature of software applications that allows a user to log in once and gain access to all associated applications, without being prompted to log in for each. This applies to all associated systems and/or applications provided by the Offeror for the COMMIT project.
Star Schema	The simplest style of data warehouse schema that is most effective for handing simpler queries. Star schemas typically consist of one or more fact tables that reference one or more dimension tables. Also called star-join schema, data cube, or multi-dimensional schema.
Start-Up Period	The period from the Effective Date of the Contract up to the start of DDI.
Stratified Random Sample	A random sample drawn after dividing the studied population into several non-overlapping subgroups or strata based on significant characteristics; sub-samples are then drawn separately from each of the strata. For example, the population of providers might be stratified by zip/specialty before random sampling.
Subcontractor	~~**Any person or entity undertaking part of the Work under the terms of the Master Contract, by virtue of agreement with the Prime Contractor. The Department must approve all subcontractors, in writing, prior to any agreement(s) with the Prime Contractor.**~~ **Third-parties, if any, engaged by Contractor to aid in performance of its obligations.**
Supplemental Drug Rebate	Payment from a pharmaceutical manufacturer, which is negotiated by the state to provide rebates greater than those provided through Federal rebate rates.

Term/Acronym	Definition
Supporting Services	Activities or functions required for successful completion of the project.
SURS (Surveillance and Utilization Review Subsystem)	Utilization review for Medicaid Programs to identify program policy inconsistencies and potential fraud or provider abuse by identifying aberrant billing patterns.
System	Refers to the collection of technical and/or automated functions within the Core MMIS and Supporting Services.
System Integrator	An enterprise that specializes in implementing, planning, coordinating, scheduling, testing, improving and maintaining computing operation.
System Maintenance	Routine activities required to sustain normal operations of the Fiscal Agent Operations and the System, including COTS utilized by the Contractor under this Contract and the upkeep of servers and software patches. These activities are not considered Enhancements requested by the Department and do not require a formal SDLC process. See also Maintenance.
TANF (Temporary Assistance for Needy Families)	Formerly known as the welfare program, it is a Federal assistance program that provides cash assistance to indigent American families with dependent children through the United States Department of Health and Human Services.
TCN (Transaction Control Number)	The Transaction Control Number (TCN) is the unique claim identifier used by the current System.
Technical Proposal	The competitive bid document in which an Offeror proposes how its system will meet the processing requirements for Colorado programs and agencies.
Technology Stack	A technology stack comprises the layers of components or services that are used to provide a software solution or application. Technology stacks are often articulated as a list of technologies, such as "J2EE with Java Server Faces running against a SQL Server database" or as a diagram.

Term/Acronym	Definition
Text Mining	The process of deriving high quality data/information from text.
TPL (Third Party Liability)	An entity that is, or may be, liable to pay all or part of the medical cost of care for a Medicaid client.
TRAILS	The system used by the Colorado Department of Human Services to track foster care clients. TRAILS foster care data are fed into CBMS. Foster care eligibility are then fed with other CBMS eligibility data into the System.
Transmittals	An official document from the Department authorizing the Contractor to perform a specific function that is considered within the Contractor's Scope-of-Work during the Implementation Contract Stages and Fiscal Agent Operations. The Transmittal document, workflow, and time frame for the Contractor to implement will be established through the Change Management Plan following Contract award. These requests will not include changes requiring a formal SDLC.
UAT (User Acceptance Testing)	The process to obtain confirmation that a system meets mutually agreed-upon requirements. Typically completed by the customer, UAT is one of the final stages of a project and often occurs before the customer accepts the new system.
ULTC (Uniform Long Term Care)	The ULTC 100.2 is the current client needs assessment tool form used to evaluate whether long term care is appropriate for any given client or potential client.

Term/Acronym	Definition
UM (Utilization Management)	The evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan. Typically it includes new activities or decisions based upon the analysis of a case. Utilization management applies to proactive procedures, including discharge planning, concurrent planning, pre-certification and clinical case appeals. It also covers proactive processes, such as concurrent clinical reviews and peer reviews, as well as appeals introduced by the provider, payer or patient.
Vendor	A general term to describe an entity that is paid to provide services and/or goods.
Visualization	Any technique used to create images, diagrams, or animations to communicate a message.
Warm Hand-Off	A call center technique that ensures that if a caller must be transferred, they are passed from one person to another person without being placed on hold or speaking to an automated system.
Warranty Period	The first year of the Ongoing MMIS Operations and Fiscal Agent Operations State, beginning on the date of which the System becomes operational and terminating 365 days later.
Web Portal	A secure Internet website that contains forms and other information specific to the system and provides the Medical Assistance program enterprise a consistent look and feel for the various applications.
Work	The tasks and activities the Contractor is required to perform to fulfill its obligations under the Contract, including the performance of any services and delivery of any goods. See "Statement of Work".

Colorado Department of
Health Care Policy and Financing

Solicitation #: XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix G – Procurement Library Content List
Modification 1

SECTION G1.0 APPENDIX G – PROCUREMENT LIBRARY CONTENT LIST

G1.1. OVERVIEW

G1.1.1. This appendix provides additional resources to assist Contractors in responding to the Core MMIS and Supporting Services RFP.

Manual/Form Name	RFP Section Reference, If Applicable	Documentation Location (for this RFP)
1. Current MMIS and Fiscal Agent Contract Documents	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251630478148
2. MMIS System Documentation and Operations Manual	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251630478148
3. Colorado Procurement Laws and Rules	N/A	http://www.colorado.gov/cs/Satellite/DPA-DFP/DFP/1251594746441
4. Medical Assistance program Client Caseload and Expenditure Reports as submitted monthly to the Joint Budget Committee	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1209635766663
5. Call Current Program Statistics with Center Data Reports	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251630478148

6. Printing and Mailing Statistics	Pricing	Section G2.0 of Appendix G
7. Interfacing Systems Documentation	Section 4.4.3 – interfacing systems Section 4.6.6 – Interfacing Systems and Contracts	Section G3.0 of Appendix G
8. State Technology Standards and Requirements – Office of Information Security a. OIT Policy and Standards b. Information Security Policies c. System Security Plan Template	Appendix A – Requirements and Performance Standards; requirements 1023, 1034, 1194, 1196, and 1202	a. http://www.colorado.gov/cs/Satellite/OIT-Main/CBON/1251579386760 b. http://www.colorado.gov/cs/Satellite/OIT-Cyber/CBON/1251575408771 c. Section G4.0 of Appendix G
9. Operational Claims/Encounters Processing Volume Forecast (SFY 2014-15 through SFY 2020-21)	Section 10.6.5 and Pricing	Section G5.0 of Appendix G
10. ACA Provider Screening Rule State Plan, Department's general implementation plan, and Department's response to CMS' request for additional information	Section 5.2.7.1 – Online Provider Enrollment	Section G6.0 of Appendix G
11. Colorado Medical Assistance Program Provider Services and Web Portal	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178

12. Department Information a. Department Organizational Chart b. Department FTE Count by Office, Page B-3 c. Claims Systems and Operations Division Organization Chart d. General Department Information, 2011 Annual Report e. General Department Information, FY 2013-14 Budget Request f. Joint Budget Committee Staff Briefing Document, Description of Department FTE (page 31 and 32) and other information g. Department Budget Request for MMIS Reprocurement, R-5	Section 3.1.4 – Background Information Sections 3.5.1.1, and 3.5.1.2 – Project and State Resources Section 5.2.3 – Contract Stages	a. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364086669 b. http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFAddLink&cid=1251633477624&pagename=HCPFWrapper c. Section G7.0 of Appendix G d. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364086669 e. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251633122652 f. http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/2012-13/hcpbrf.htm g. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251633549972
13. Miscellaneous Documents, MMIS Procurement Analysis Report, MITA State Self-Assessment a. Draft PBMS RFP b. Draft BIDM RFP	N/A	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251627905874 a. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251628990972 b. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251628977358 (Available 4/15/13)

14. Office of Information Technology – Gate Review Slides		h. Section G8.0 of Appendix G
15. MMIS Turnover Plan		i. Section G9.0 of Appendix G

	Total Pages	Total Packages	Additional Pages	Total Postage Used
Dec-12	73,006	50,538	22,468	$18,652
Nov-12	98,381	68,849	29,532	$25,391
Oct-12	90,054	63,547	26,507	$23,408
Sep-12	75,663	50,398	25,265	$18,534
Aug-12	69,817	46,432	23,385	$16,779
Jul-12	85,373	57,629	27,744	$21,145
Total July - December 2012	**492,294**	**337,393**	**154,901**	**$123,910**

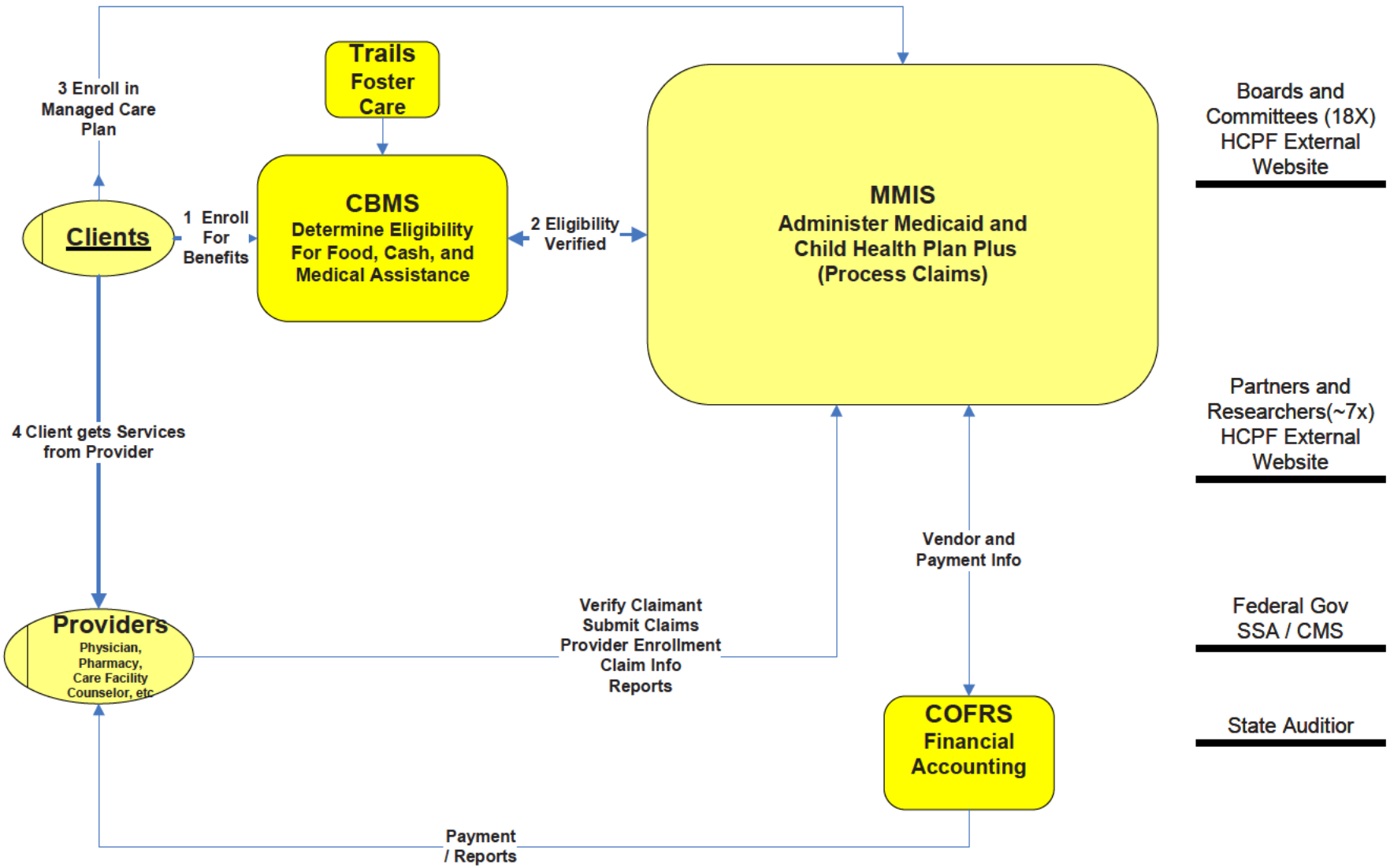
Printing / Postage (July 2012 - December 2012)

Printed Pages	647,195
Mailed Envelopes/Packages	337,393
Postage Cost	$123,910

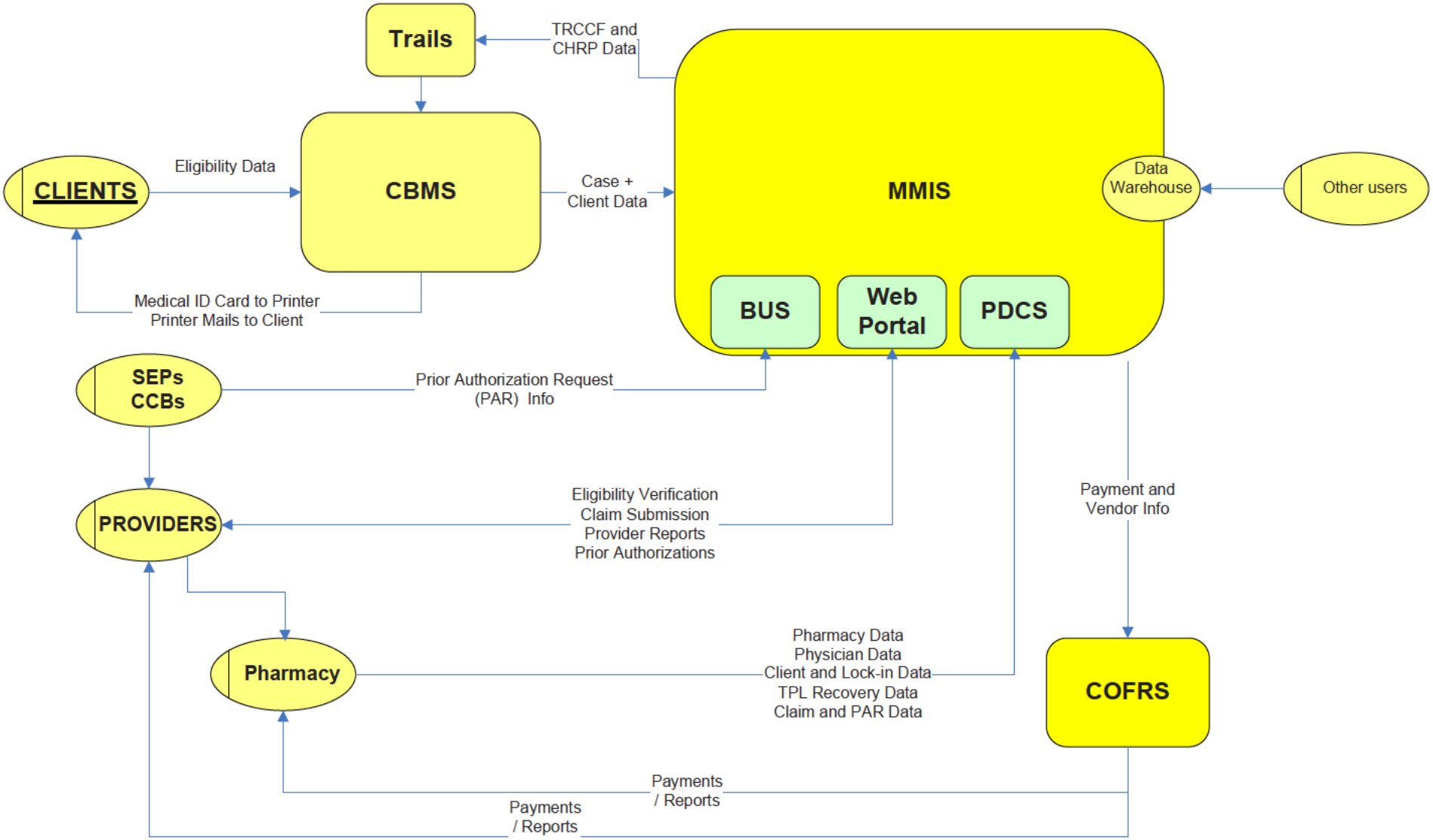
MMIS Overview

MMIS - THE VERY BASICS

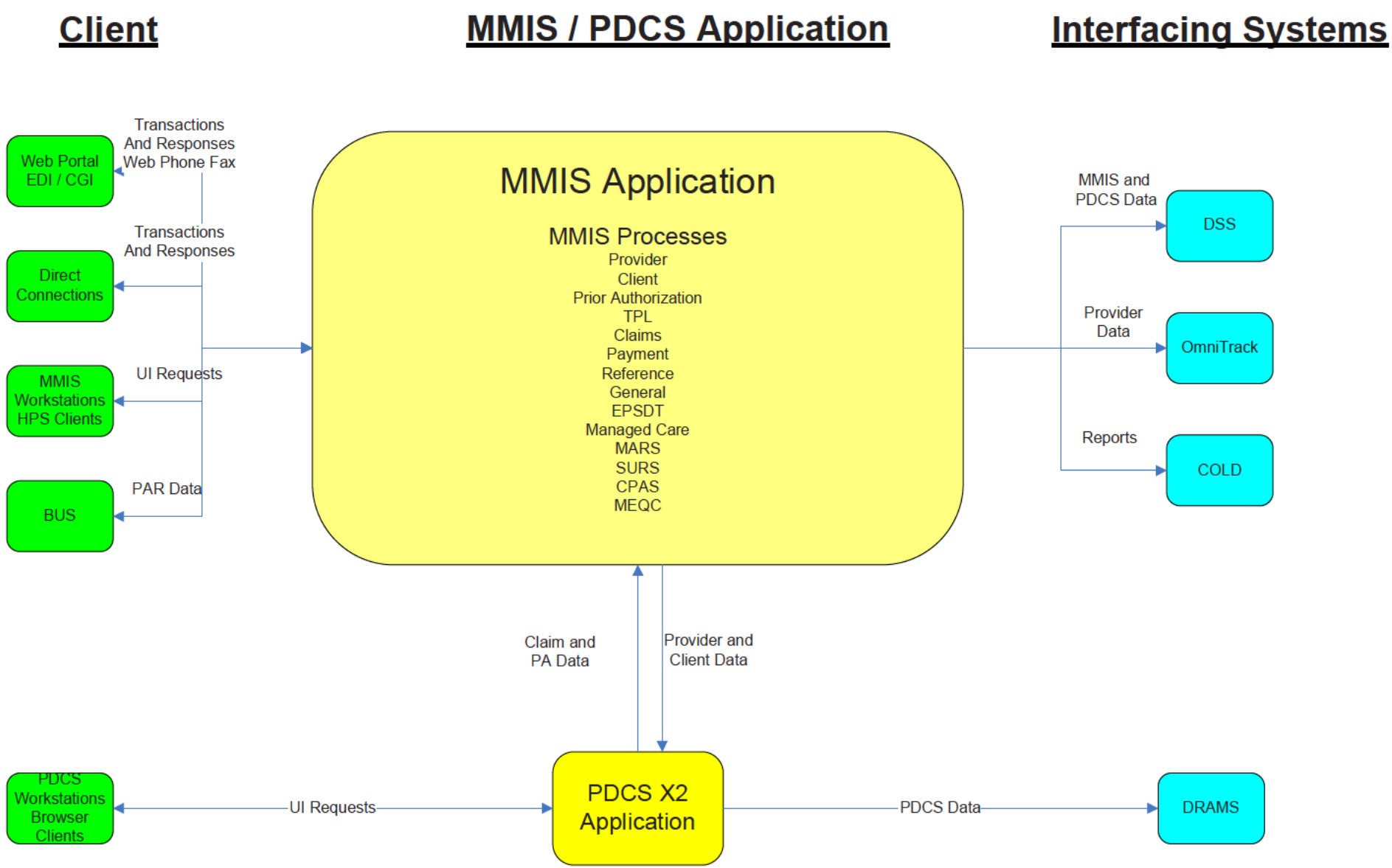
(Highest Level)



MMIS - A LITTLE MORE DETAIL



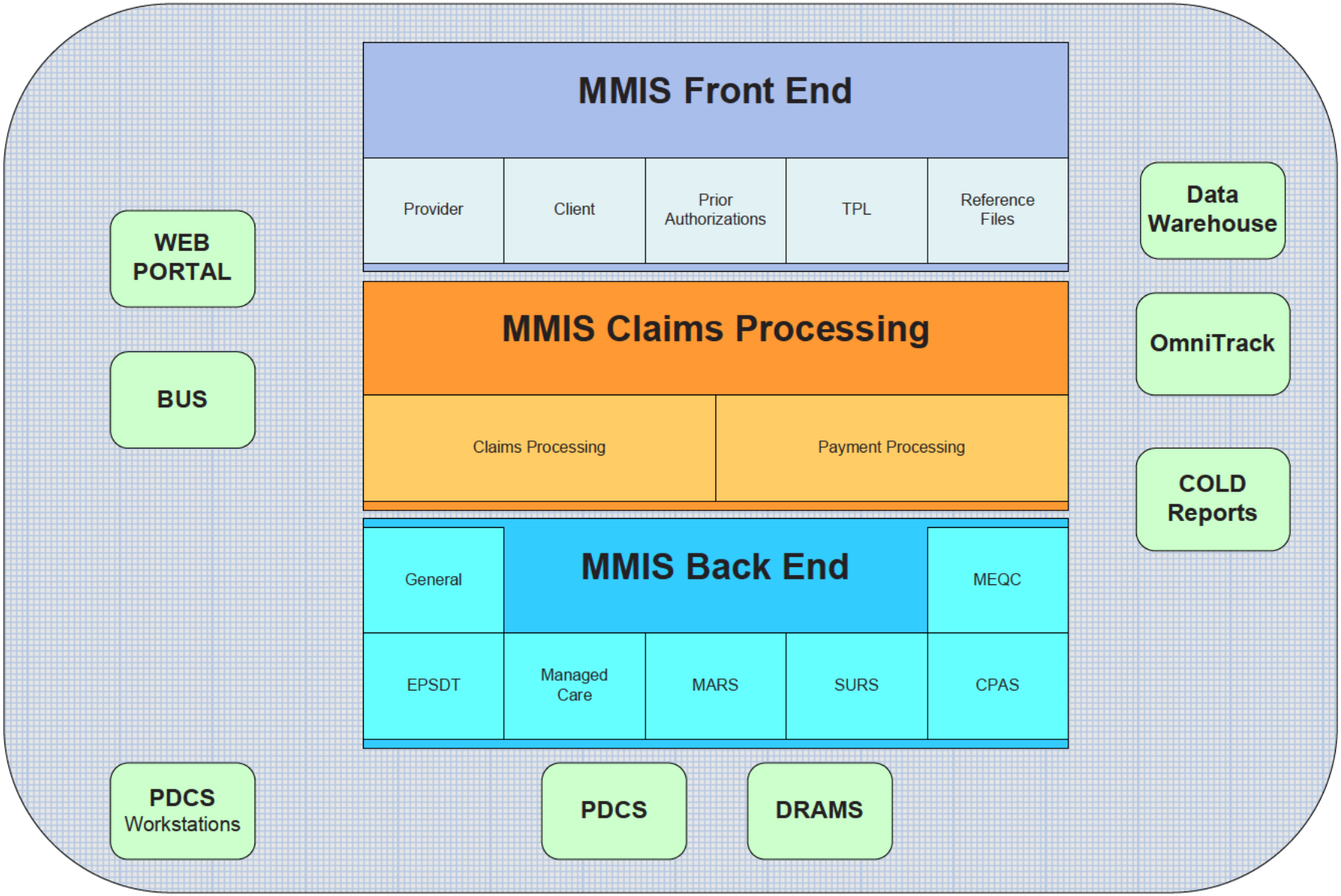
MMIS Overview



The source of much of this information (but not all) is from the ACS Stateshare folder:
Z:\Maintenance\System Doc\ < there is a folder per subsystem, and
Z:\Audits and Audit Support\MMIS Statewide Audit\CUST-20081002 Medicaid Processing Overview.pdf

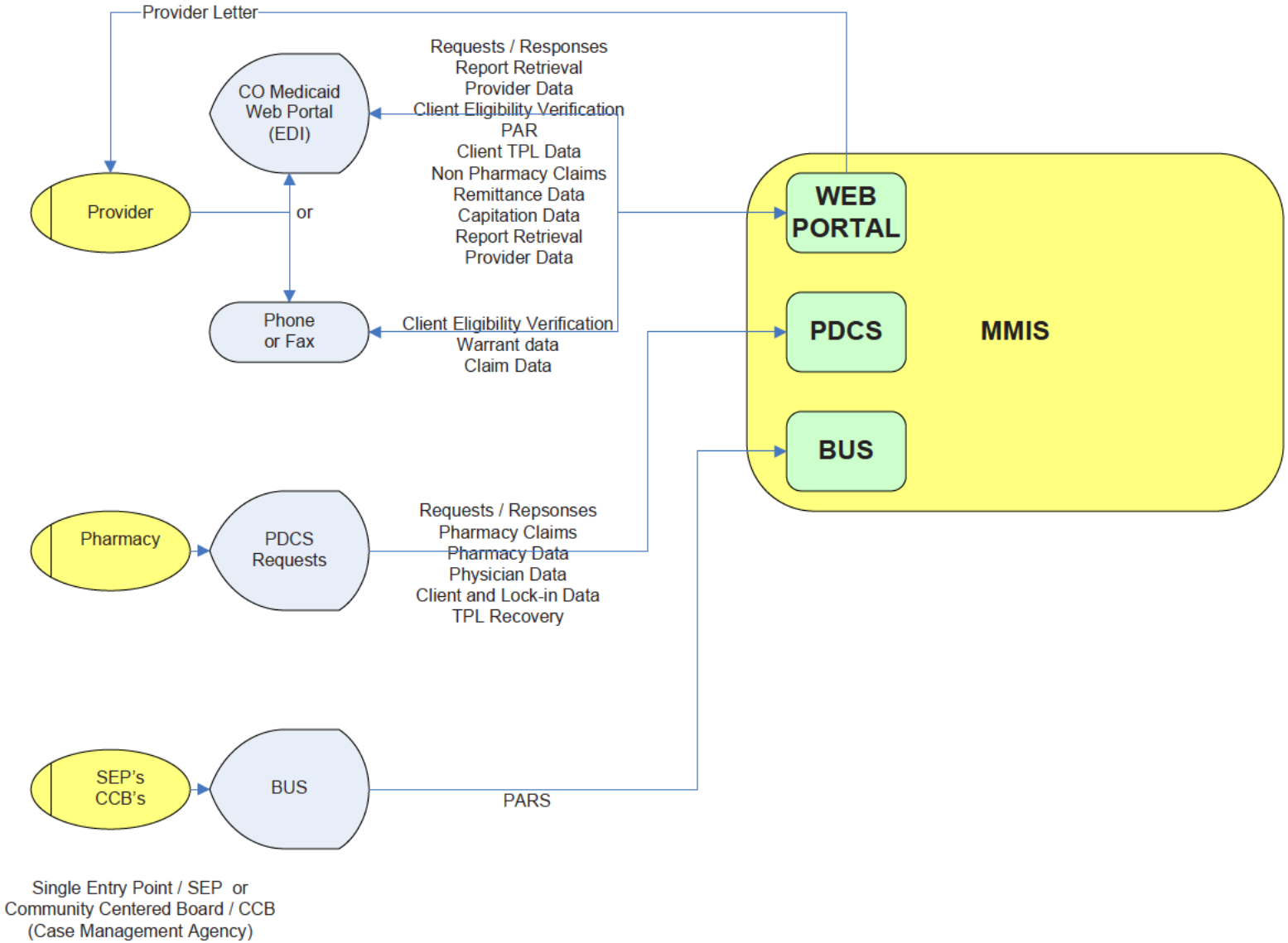
MMIS Overview

MAJOR COMPONENTS of MMIS



MMIS Front End

MMIS Web Access



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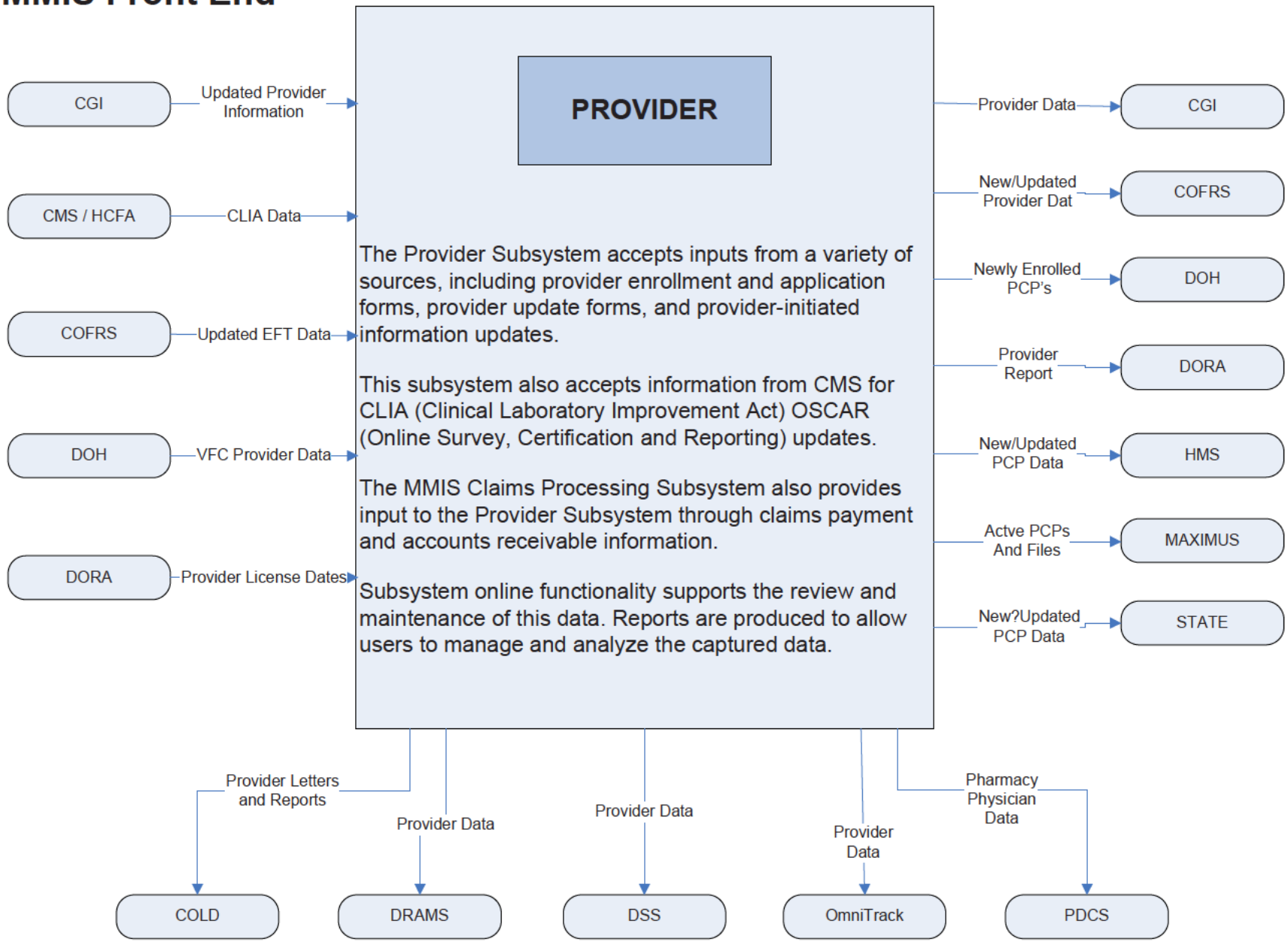

From ACS Medicaid Processing Overview 11/07/2008 pg 11

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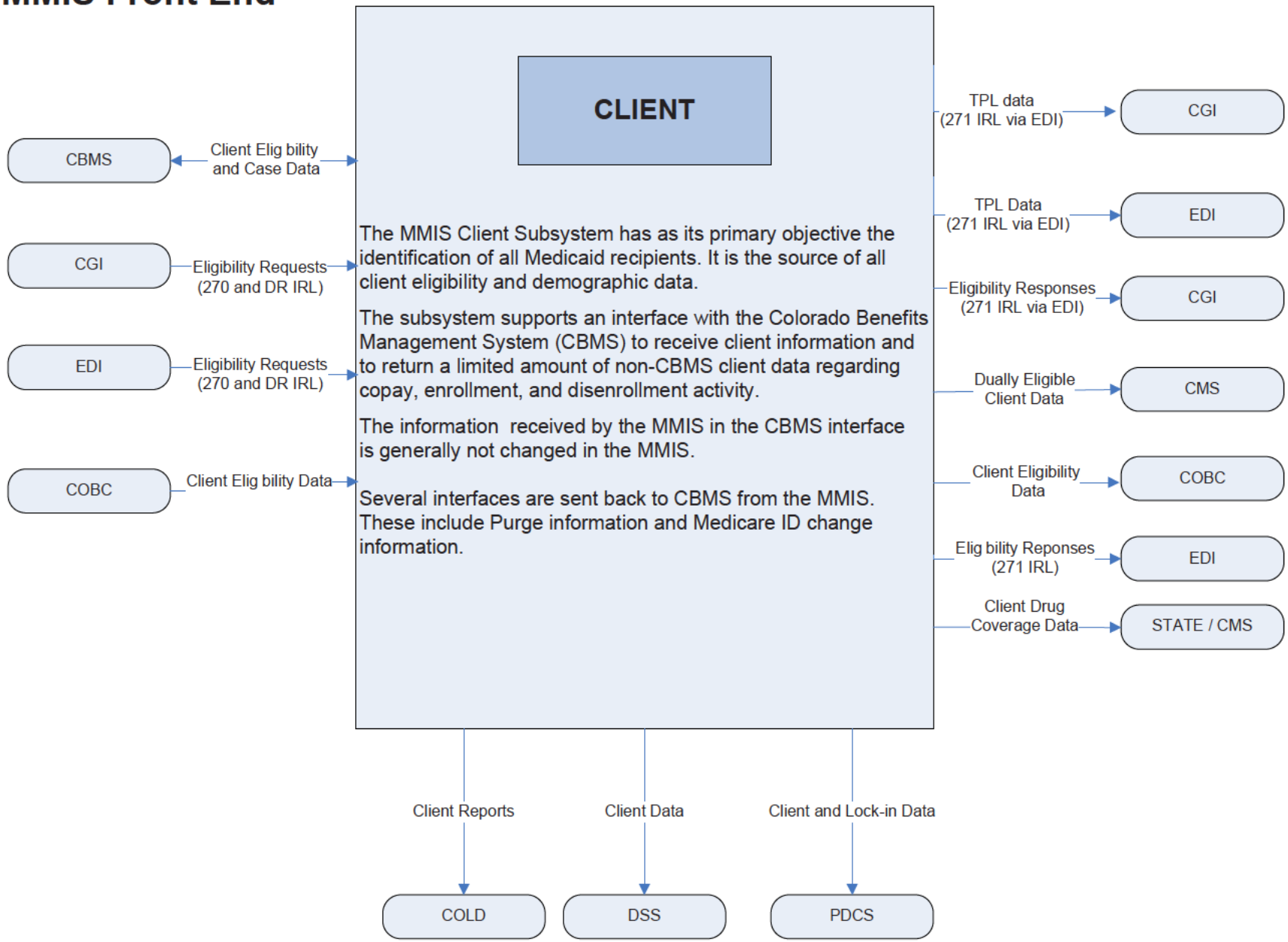

From ACS Medicaid Processing Overview 11/07/2008 pg 12

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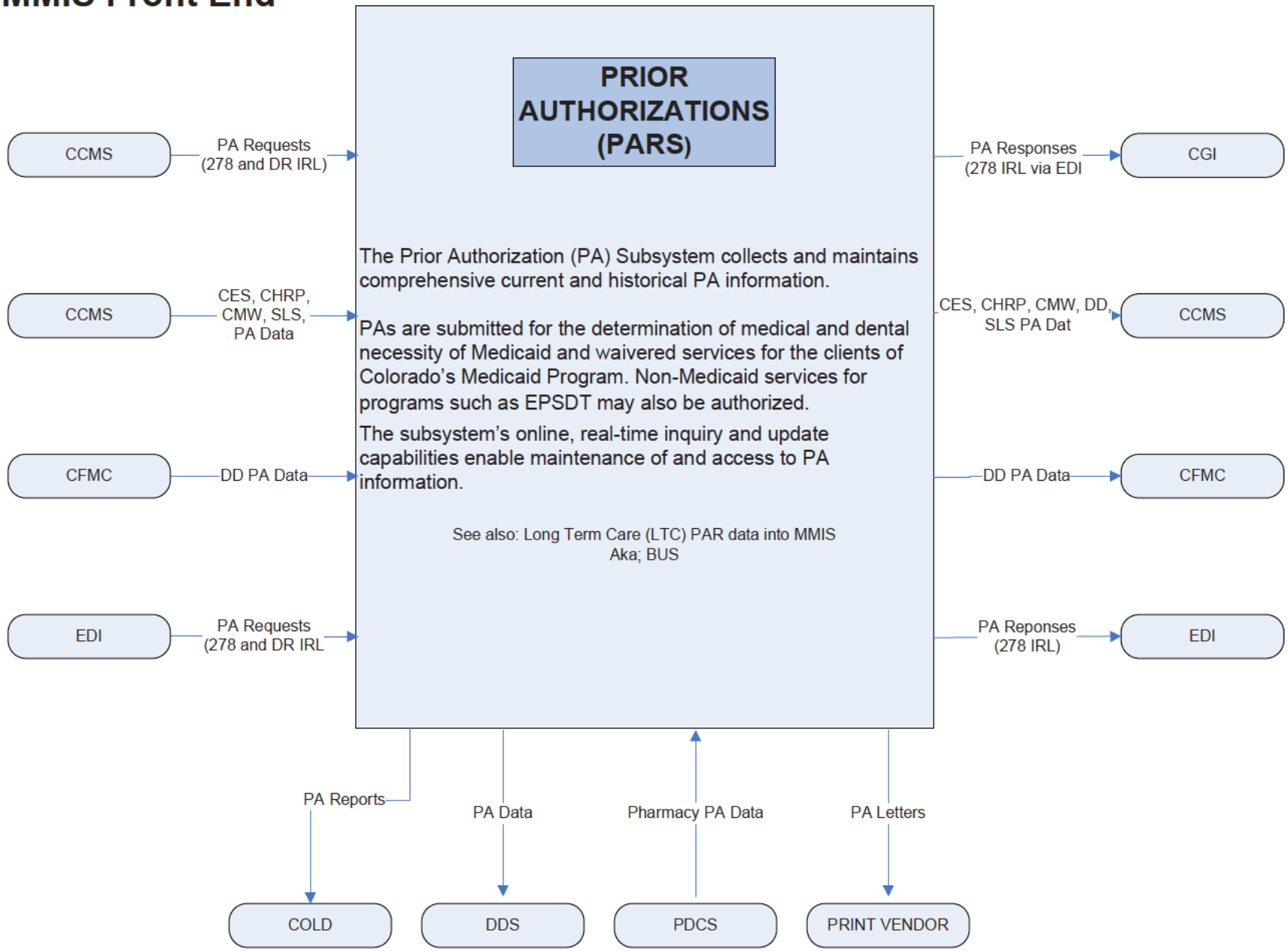

From ACS Medicaid Processing Overview 11/07/2008 pg 13

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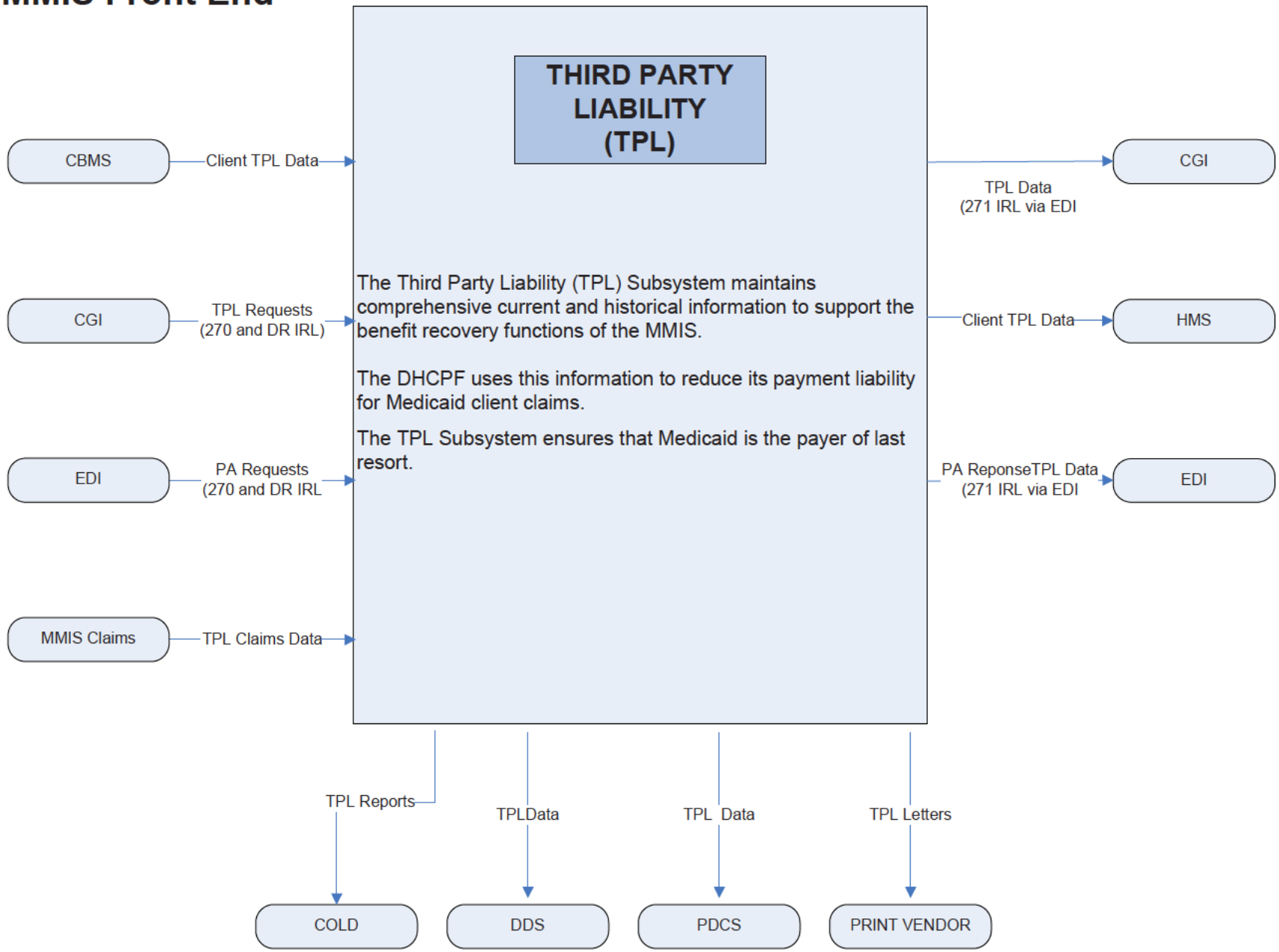

From ACS Medicaid Processing Overview 11/07/2008 pg 14

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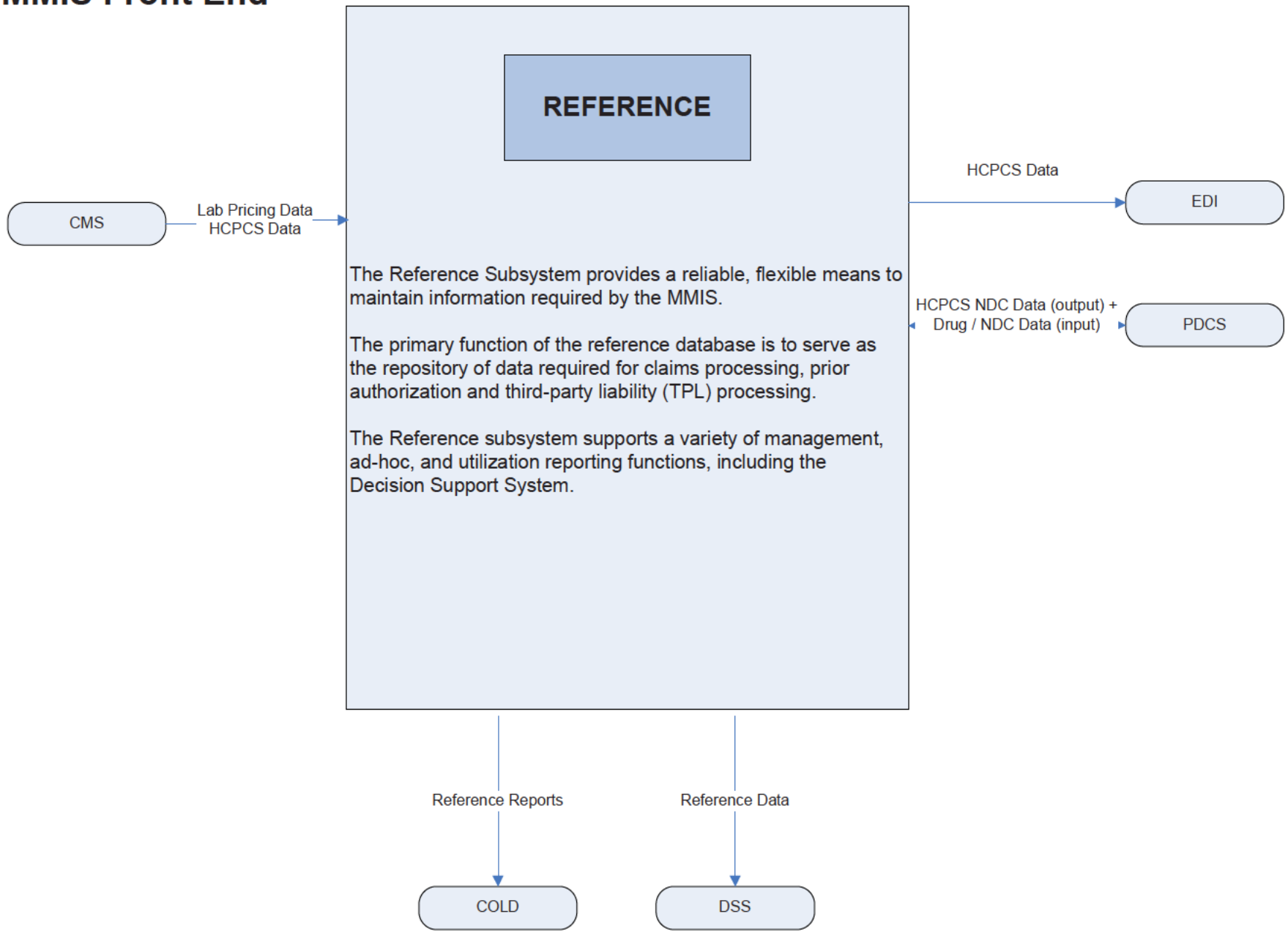
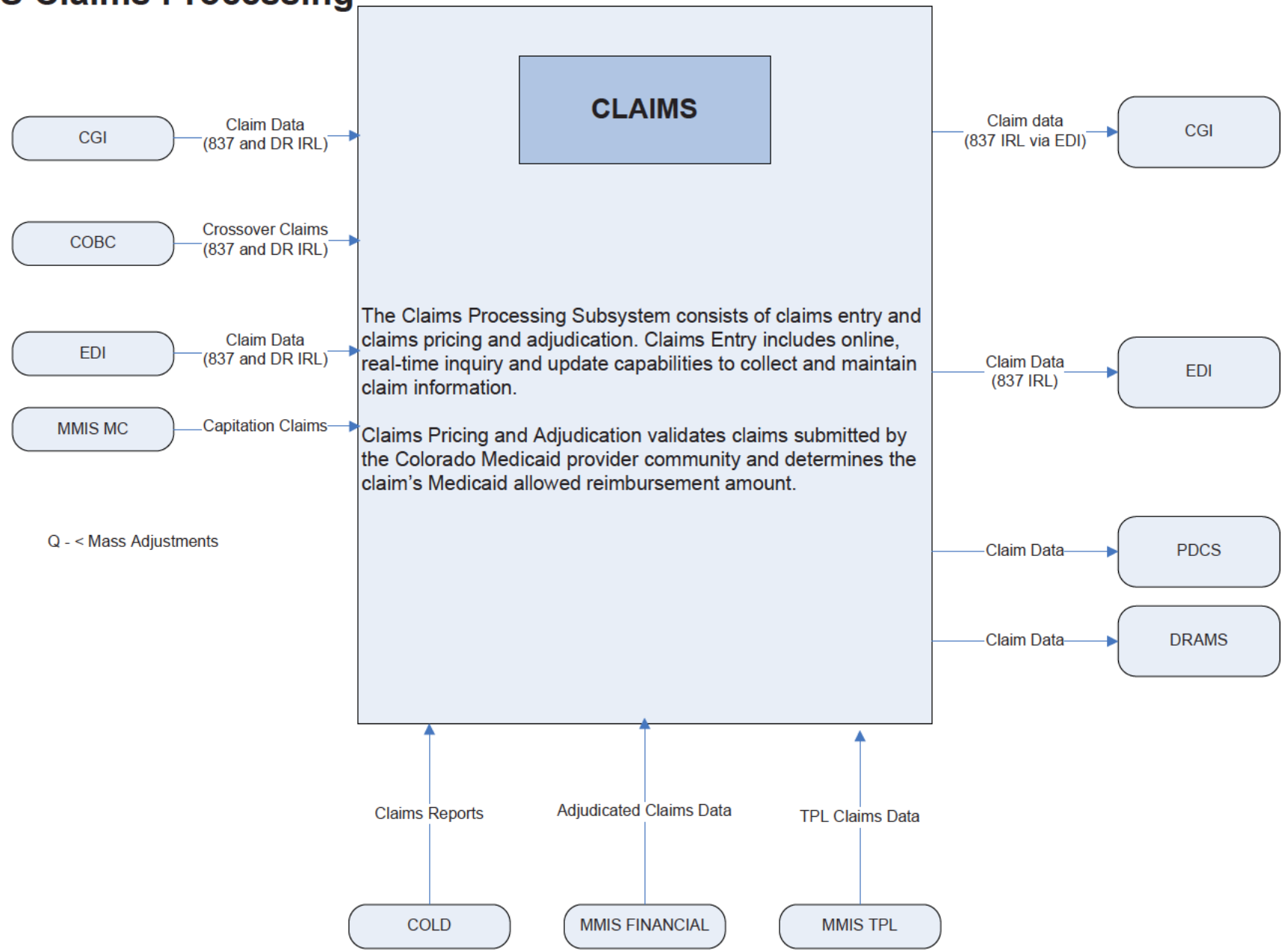
MMIS Front End



From ACS Medicaid Processing Overview 11/07/2008 pg 15

MMIS Claims Processing



From ACS Medicaid Processing Overview 11/07/2008 pg 16

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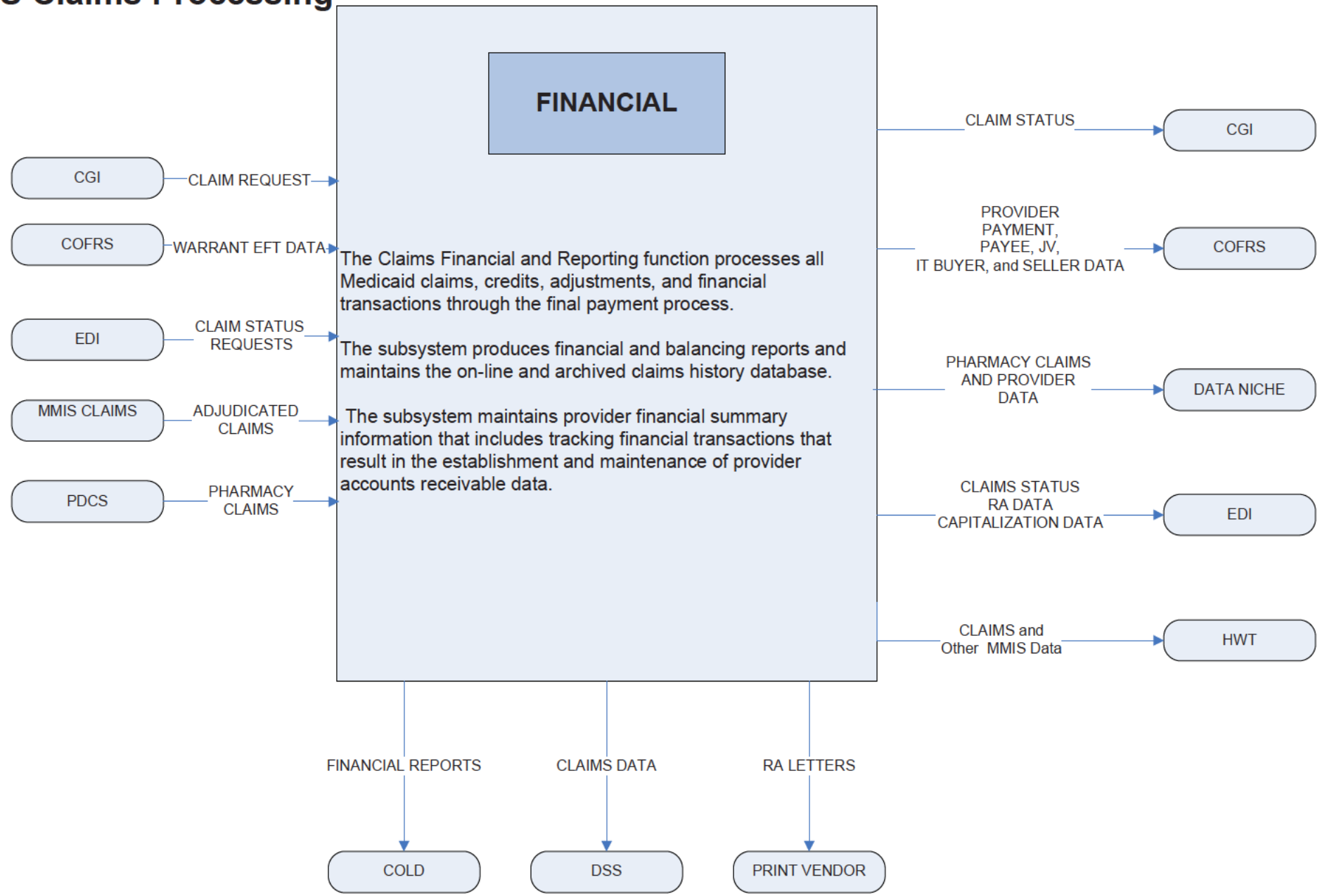
MMIS Claims Processing



From ACS Medicaid Processing Overview 11/07/2008 pg 17

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Z:\Audits and Audit Support\MMIS Statewide Audit\CUST-20081002 Medicaid Processing Overview.pdf

MMIS Back End

GENERAL

The MMIS includes the entry and maintenance of system parameters and system lists, as well as the maintenance of locked records.

The System Parameter function allows authorized users to enter a new parameter or search for existing parameters based on parameter number or subsystem.

The System List is similar to System Parameters, but allows the user to enter start/end values and supports an unlimited range of values for each of the five allowable effective dates.

GENERAL REPORTS

COLD

From ACS Medicaid Processing Overview 11/07/2008 pg 18

MMIS Back End

EPSDT

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Subsystem maintains EPSDT client demographic and screening information.

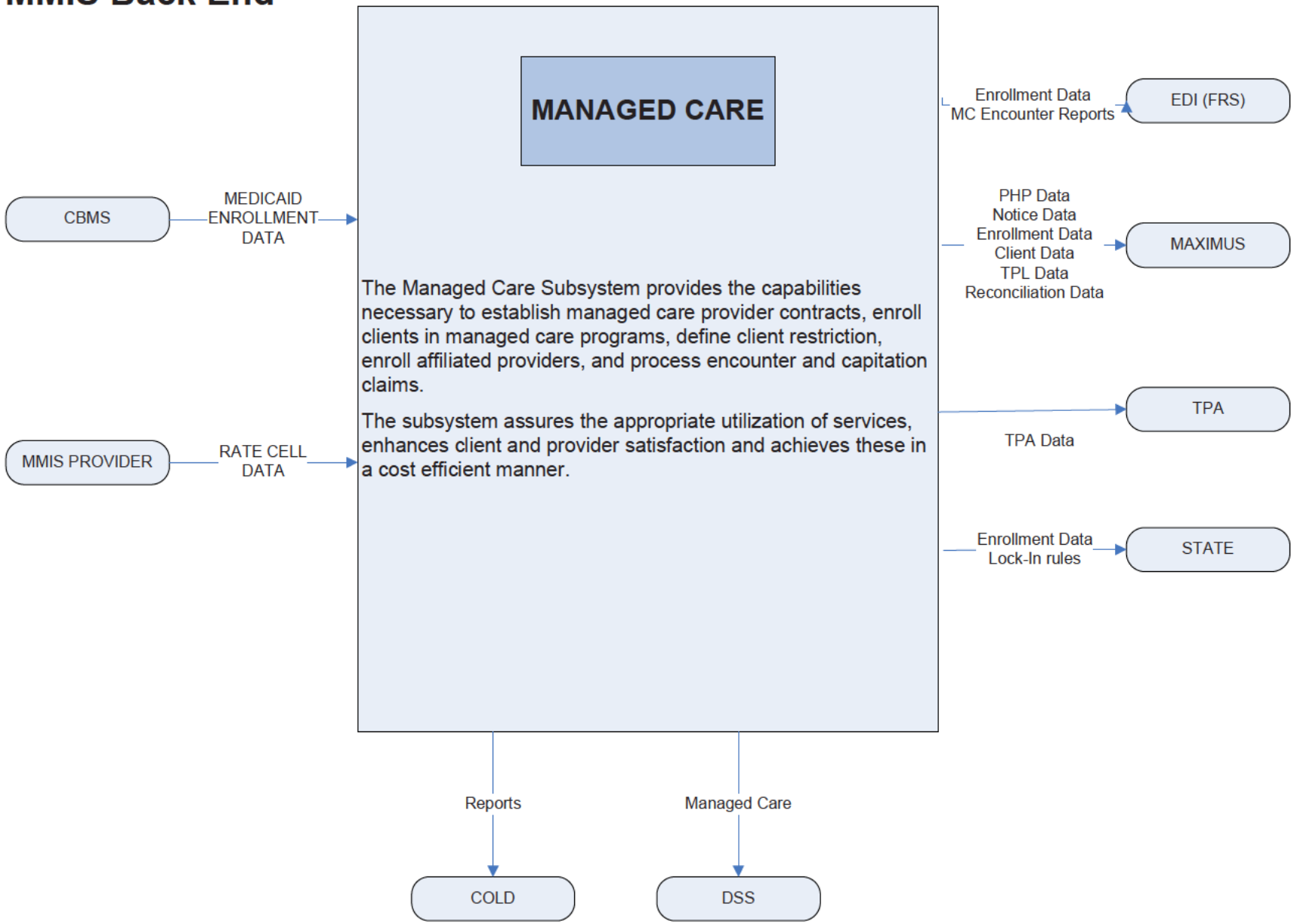
The EPSDT Subsystem supports client participation in the EPSDT Program and maintains security and control over all client EPSDT-related data through DHCPF-defined function and screen level security.

EPSDT REPORTS

COLD

From ACS Medicaid Processing Overview 11/07/2008 pg 18

MMIS Back End



From ACS Medicial Processing Overview
11/07/2008 pg 20

MMIS Back End

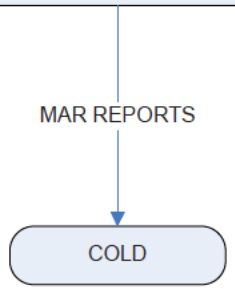
MAR

The MMIS Management and Administrative Reporting (MAR) Subsystem extracts key information from other MMIS functions for analysis and summary and presents information to measure program activity and ensure control of program administration.

It provides historical, trend analysis, and forecasting data to support the decision making process, to help predict potential problems and to plan solutions.

The MAR cycle provides monthly management reporting and summarizes and maintains data to support quarterly, semi-annual, annual and on-request reporting.

In addition, the MAR Subsystem produces financial and statistical reports necessary to administer an ongoing Title XIX program



From ACS Medicaid
Processing Overview
11/07/2008 pg 21

MMIS Back End

SURS

The Surveillance and Utilization Review (SUR) Subsystem creates a comprehensive statistical profile of provider delivery of health care services and supplies and client utilization of these services and supplies.

SUR provides extensive capabilities for peer grouping, data reduction and summarization, exception processing and report content control.

SUR Reports

COLD

From ACS Medicaid Processing Overview 11/07/2008 pg 22

MMIS Back End

CPAS

The Claims Processing Assessment System (CPAS) is a Medicaid Quality Control management tool for the DHCPF.

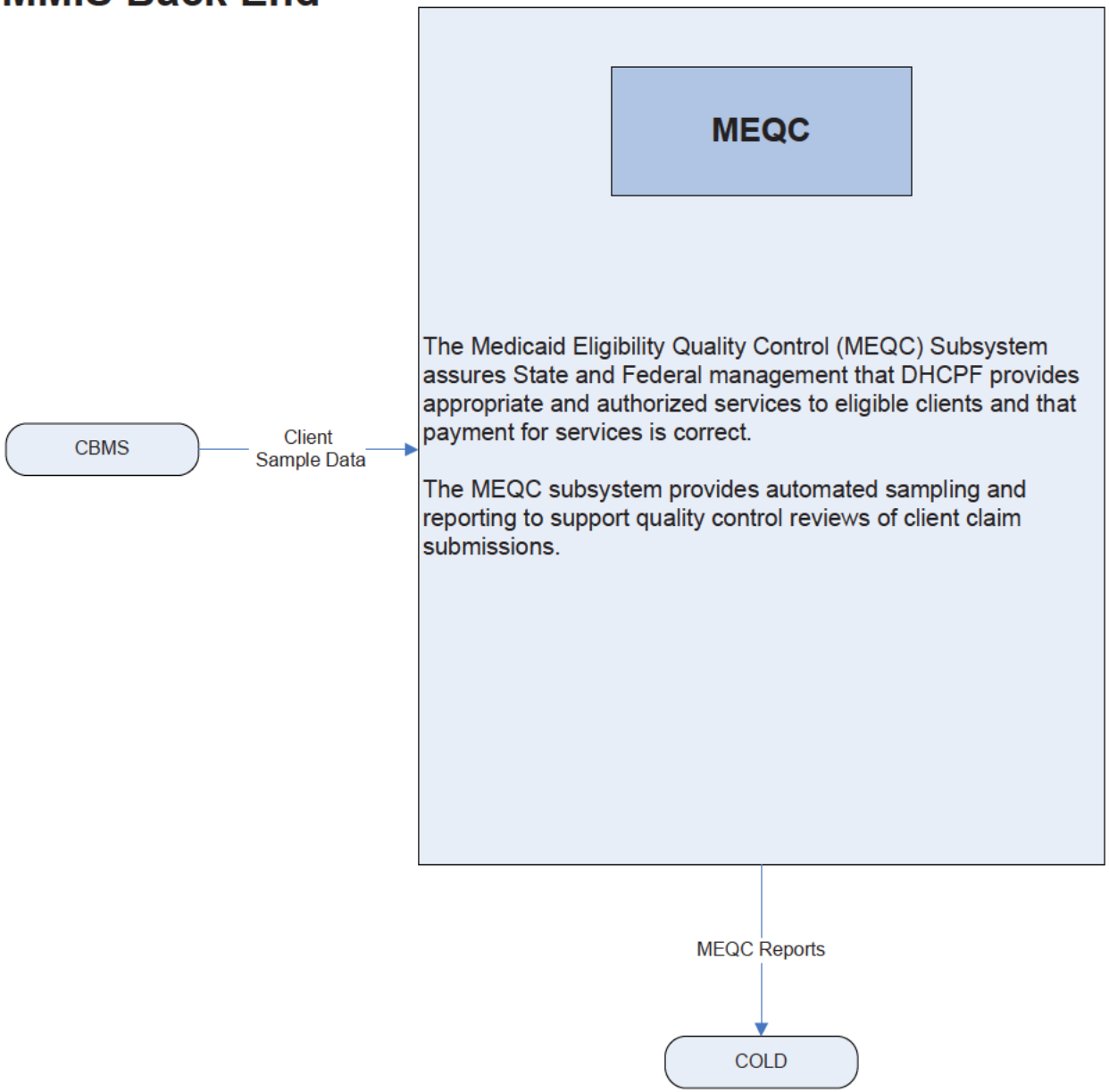
CPAS randomly selects claim samples based on DHCPF-defined parameters and examines and evaluates claim processing and payment accuracy.

CPAS Reports

COLD

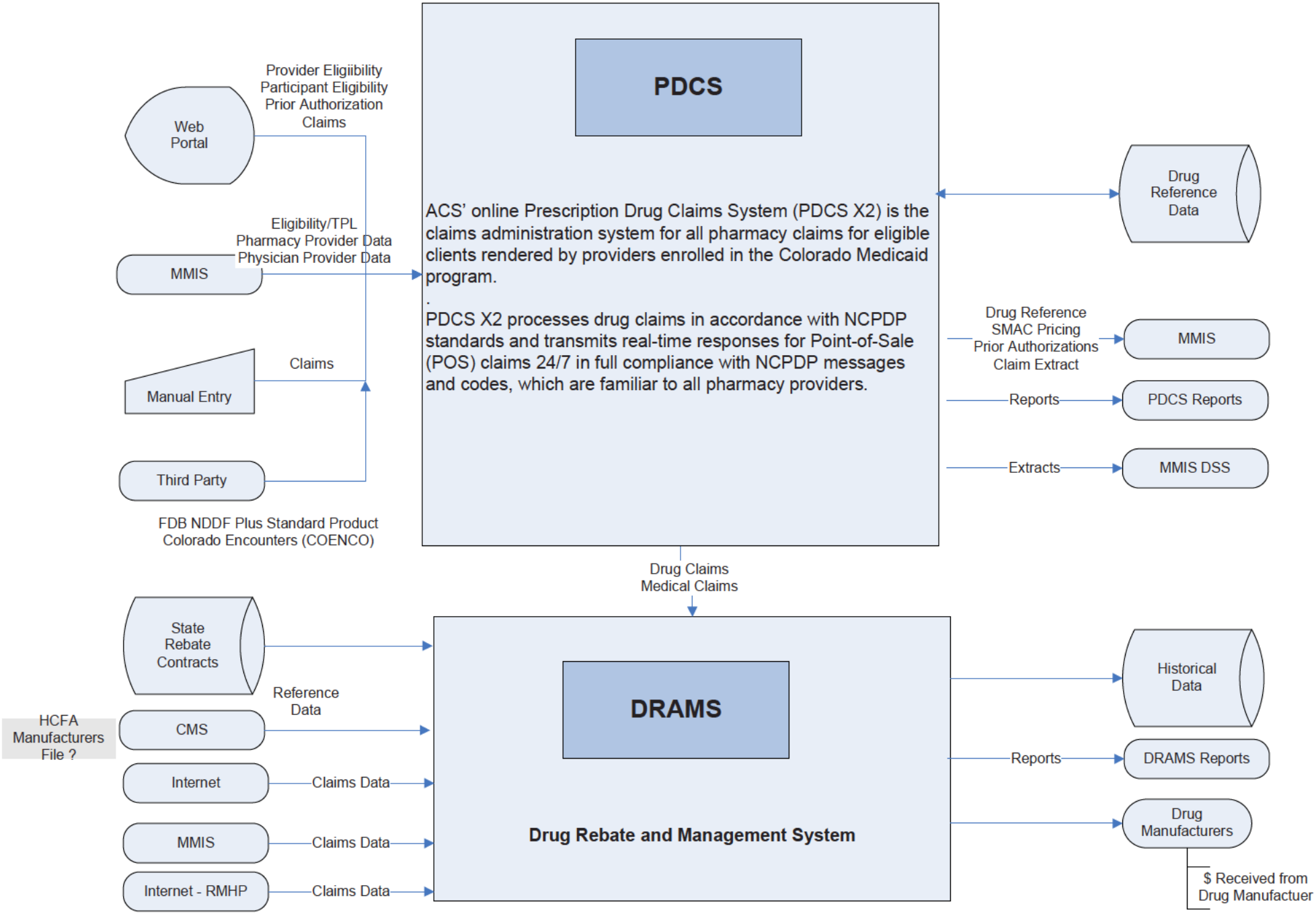
From ACS Medicaid Processing Overview 11/07/2008 pg 23

MMIS Back End



From ACS Medicaid Processing Overview 11/07/2008 pg 24

MMIS Pharmacy



MMIS Pharmacy

PDCS

Provider – PDCS verifies provider eligibility by matching the provider number to the information on the Provider master file. The verification insures that a particular pharmacy is eligible to provide services to members of a specific group and plan on the date of service.

Participant – PDCS verifies that the client has an active MMIS status and is authorized to receive pharmacy claim benefits on the claim's date of service. Eligibility is determined by comparing the claim date of service with the client's eligibility coverage date spans on the PDCS Eligibility file. Data on the Eligibility file is obtained directly from the MMIS Client Subsystem via the daily client eligibility interface.

Prior Auth – The Prior Authorization (PA) component insures that the client was eligible for the current plan's normally non-covered benefits on the claim's date of service. The claim date of service is compared to the client's medical profile record containing all prior authorization (PA) information.

Claims – All claims are processed according to standards set by the National Council for Prescription Drug Programs (NCPDP), version 3.2C. NCPDP provides a standardized electronic POS and batch claim submission format. Paper claims are submitted using the Colorado Pharmacy Paper Claim Form (PCF-1), which contains information that meets NCPDP and PDCS processing requirements.

Cust-Group-Plan – The Plan Custom Screen is an online record of drug coverage override parameters within a specific plan for Colorado Medicaid. Group is the eligibility group to which the participant belongs. Plan identifies under which plan the participant is eligible.

Reference – PDCS receives drug reference updates weekly from First DataBank. The PDCS provides a daily prior authorization (PA) file and a weekly reference file to the MMIS. Benefit limits and parameters are established on the Plan and Drug Reference files.

General – The Prescription Drug Card System (PDCS) is a stand-alone point-of-sale (POS) prescription drug claim processing system. The system includes online, real-time Prospective Drug Utilization Review (DUR) for claims submitted directly from a pharmacy provider via telecommunication. Prescription drug claims are directly entered into the PDCS through the exam entry function (paper claims) or in batch mode through an Electronic Data Interchange interface.

MMIS Pharmacy

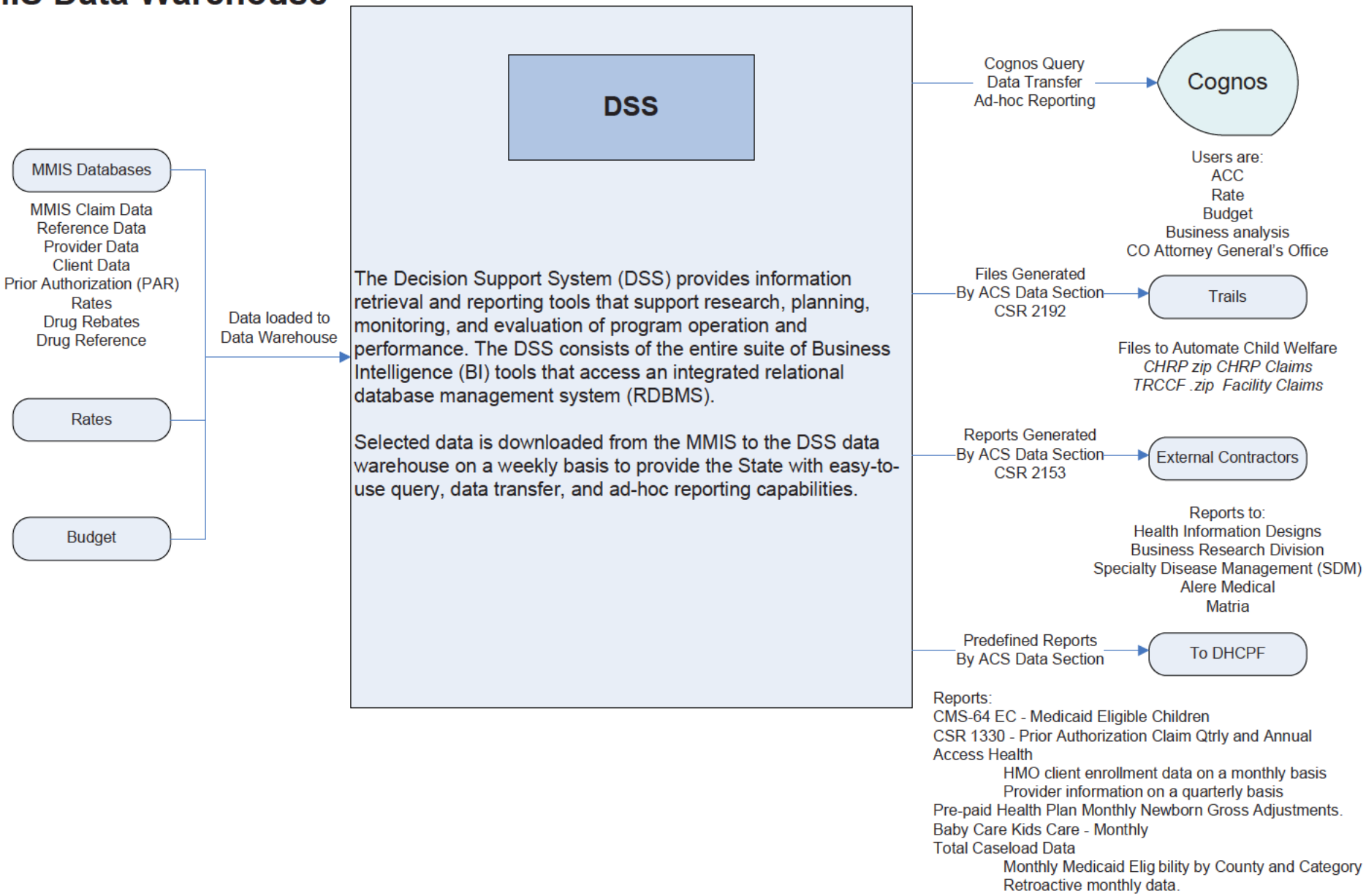
DRAMS

The ACS Drug Rebate Analysis and Management System (DRAMS) ensures compliance with the Centers for Medicare and Medicaid Services (CMS) Drug Rebate program, established under OBRA 90. Under the Drug Rebate Program, Colorado Medicaid recovers cash rebates from drug manufacturers whose products are used by Colorado Medicaid clients. The DRAMS tracks pharmacy claims for drugs and professional billed medical claims and invoices drug manufacturers using drug information and rebate amounts specified by CMS and stated amounts in approved State Supplemental Rebate contracts.

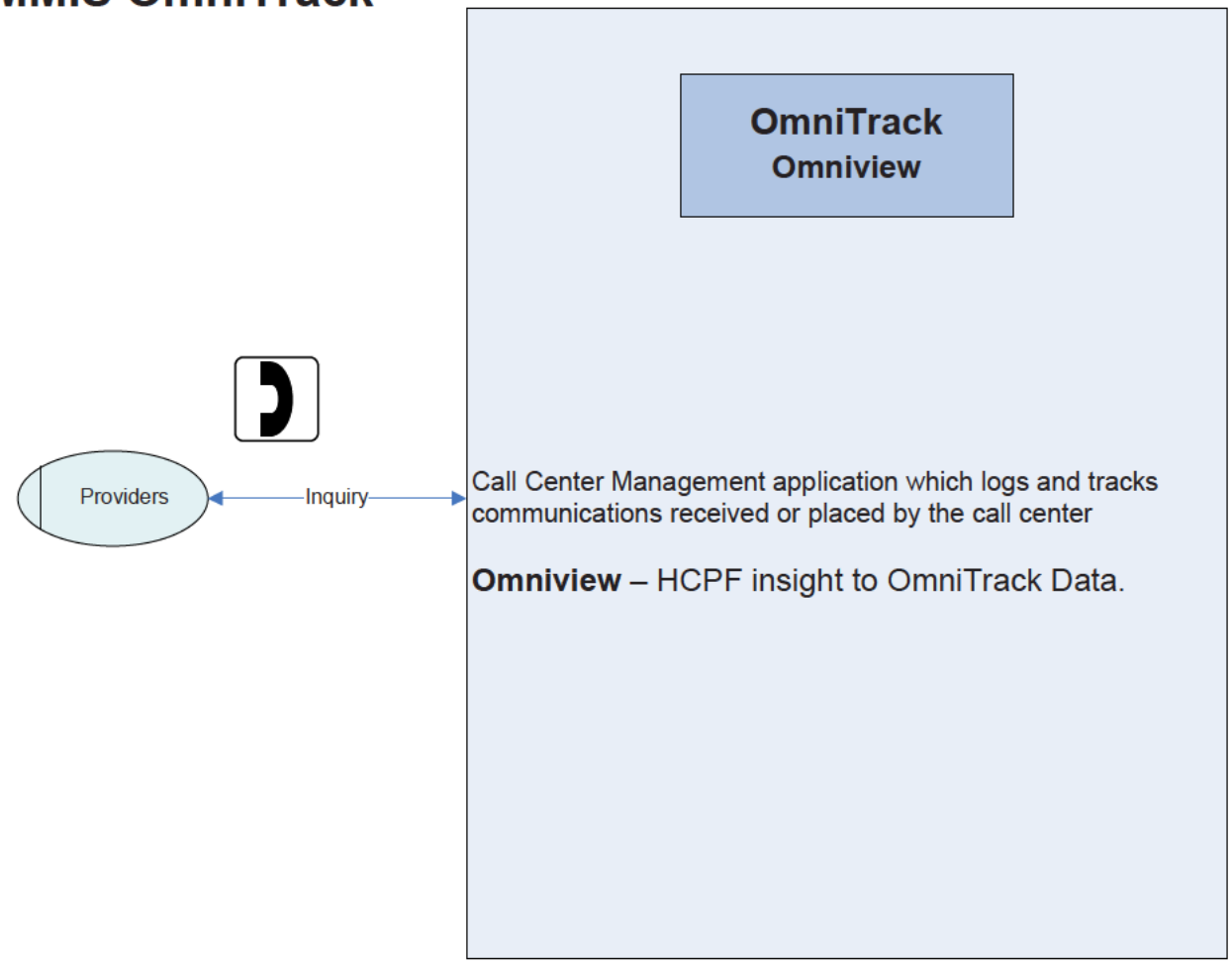
DRAMS supports multiple rebate schedules for healthcare programs and a payment reconciliation function. The DRAMS system extracts claim data for paid pharmacy claims from the Reporting Repository system to prepare invoices for rebate amounts due which are then submitted directly to pharmaceutical manufacturers.

The DRAMS application generates quarterly Drug Rebate invoices for the State and sends them to drug manufacturers. The DRAMS also maintains drug manufacturer information, records the remittance advices received from manufacturers with their rebate payments, and tracks manufacturers' adjustments and disputes, and dispute resolution. Each quarter, the DRAMS application creates invoices in addition to Collection and Dispute Resolution Letters. These letters are produced whenever a manufacturer has not paid all of what is due for an invoice.

MMIS Data Warehouse



MMIS OmniTrack

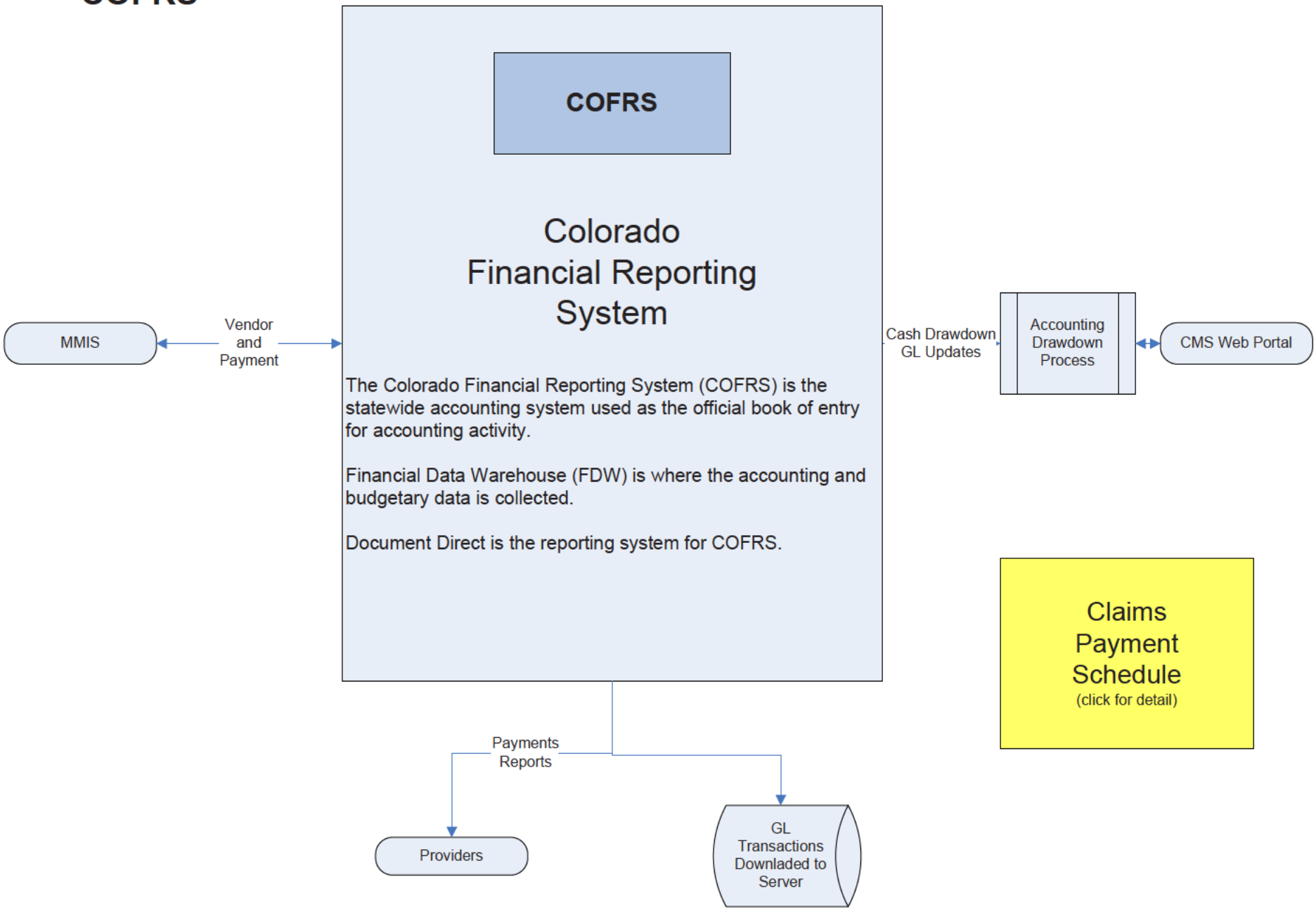


The Interaction Tracking system (**OmniTrack**) is a call center management application which logs and tracks communications received or placed by the call center. The OmniTrack application's primary function is logging and tracking communications made between the FAS and providers. The primary users are those within the call center that receive calls or place calls to a provider or provider group who need to track and manage correspondences required to resolve open issues.

OmniTrack integrates with the call center phone system and automatic call distribution facilities to assist call center operators when an incoming call is routed to the operator. The system uses Computer Telephony Integration (CTI) to pass a Medicaid provider number or National Provider Identifier (NPI) of the caller to OmniTrack. OmniTrack automatically retrieves and presents demographic data and a list of previous contracts in a 'screen pop' window, without requiring the operator to enter the caller identification.

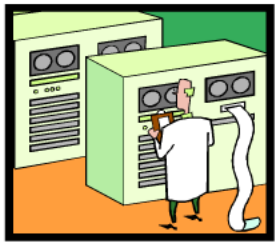
OmniTrack provides user tools to format and produce standard outbound correspondence from forms created as Microsoft Word templates. Templates can be created and maintained by call center users using Microsoft Word on their own workstations, without requiring programming support.

COFRS


COFRS
Colorado
Financial Reporting
System
The Colorado Financial Reporting System (COFRS) is the statewide accounting system used as the official book of entry for accounting activity.
Financial Data Warehouse (FDW) is where the accounting and budgetary data is collected.
Document Direct is the reporting system for COFRS.
MMIS
Vendor
and
Payment
Cash Drawdown
GL Updates
Accounting
Drawdown
Process
CMS Web Portal
Claims
Payment
Schedule
(click for detail)
Payments
Reports
Providers
GL
Transactions
Downladed to
Server

Claims Payment Schedule

Sunday
The fiscal agent processes weekly payment & creates PCRs.



Monday
Payment info transmitted to the Colorado Financial Reporting System (COFRS).

Tuesday
COFRS processes EFTs & warrants (checks).

Wednesday
DHCPF reviews payment information.

Thursday & Friday
Paper remittance statements & warrants are in the mail.

Friday
EFT payments are deposited in provider accounts at 12:00 a.m.

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MMIS "Bingo" Card – Icon Descriptions

Claim	Provider	Client
Reference	Authorization	Rates
TPL	Drug Rebate	Managed Cate
SUR	Other EPDST, MEQC CPAS, Locking System Paramters andLists	Security

Systems Interacting with MMIS

For Details, see Processing Subsystems (in parentheses)

CBMS CO Eligibility System
- Client Data (Client)
- Case Data (Client)
- TPL Data (TPL)
- Enrollment Data (CBMS)
- Resource Data (CBMS)
- Carrier Data (CBMS)
- CHP Data (CBMS)
- MEQC DATA (MEQC)
- *IM770M / N (Child Support PeteGarcia)*

DHS / CCMS CO State Agency
- Waiver Data
- PAR Request (PAR)

COFRS CO AcctgSystem
- Provider Data (Provider)
- Payment Data (Financial)
- Warrant EFT (Financial)
- *GL to Server (GregTanner)*

DHS /TRAILS CO State Agency Foster Care
- DSS Automate Child Welfare
- *CHRP zip CHRP Claims*
- *TRCCF .zip Facility Claims*

DHCPF CO State Agency
- DSS Predefined Reports
- PCP (Provider)
- Enrollment Data (Managed)
- LockinRules(Client,Managed
- Drug coverage Data (Client)

DORA CO State Agency
- Provider Data (Provider)

CFMC – CO Foundation for Medical Care CO Counties
- DD PAR Data (PAR)

DOH CO State Agency
- Provider Data (Provider)

Atty General CO State Agency
- Data (MMIS DSS)

PDCS MMIS SubSystem
- Client and Lock-in (WEB)
- TPL Recovery Data (TPL)
- PAR Data (PAR)
- PCP (Provider)
- HCPCS & NDC (Reference)
- Claims (Financial)

DRAMS MMIS SubSystem
- Provider Data (Provider)
- PharmacyData (PDCS,WEB)
- Claim Data(Claims)
- Reference Data (CMS)

CGI MMIS WEB Portal SubSystem
- Provider Data (Provider)
- Eligibility Requests (Client)
- TPL (Client, TPL))
- PAR Request (PAR)
- Claim Data (Claim,Financial)

EDI MMIS Subsystem
- EDI /FRS (Managed Care)
- Eligibility (Client)
- PAR Request (PAR)
- TPL Data (TPL)
- HCPCS (Reference)
- Claim Data (Claim,Financial)

OMNITRACK MMIS Subsystem
- Provider Data (Provider)
- (Call Center Tracking)

COLD MMIS Report SubSystem
- Provider (Provider)
- Client (Client)
- PAR Data (PAR)
- TPL Data (TPL)
- Reference (Reference)
- Claims(Claims)
- Financial Data (Finance)
- General Data (General)
- EPSDT Data (EPSDT)
- Managed (Managed Care)
- MAR Data (MAR)
- SUR Data (SUR)
- CPAS Data (CPAS)
- MEQC Data (MEQC)

DSS MMIS SubSystem
- Provider Data (Provider)
- Client Data (Client)
- PAR Data (PAR)
- TPL Data (TPL)
- Reference Data (Reference)
- Claims Data (Claims)
- Managed (Managed Care)
- Drug Data (PDCS)
- Financial Data
- Medicaid Data
- *ProcedureCode (TKnaack)*

DATA NICHE
- Pharmacy Claims (Financial)
- Provider Data (Financial)

CMS External Vendor
- PartA PartB (from SSA)
- BENDXD1 (from SSA)
- MSIS Data (ACS to SSA)
- CLIA Data (Provider)
- Dual Eligible (Client)
- Drug Coverage (Client)
- Reports - CMS 37, CMS 64
- LAB & HCPCS (Reference)
- *MMA DataFile* (Chris Ukoha)
- *REDLIS / REASSN files* (Chris Ukoha)

SSA External Vendor
- SSA8019 (to CBMS)
- PartA PartB (to ACS)
- BENDXD1 (to ACS)

External Vendors
- DSS External Reports
- Claim Data (Pharmacy)

HMS External Vendor
- PCP (Provider)
- Client Data (from CBMS)
- Case Data (from CBMS)
- Resource Data (TPL)
- Carrier Data (TPL)
- TPL data (from ACS)

HWT External Vendor
- Program Integrity (Claims)

MAXIMUS External Vendor
- Managed (Managed Care)
- PCP Data (Provider)
- Client Data (from CBMS)
- Case Data (from CBMS)
- CHP Data (from CBMS)

COBC External Vendor
- Coordination of Benefits
- Eligibility (Client)
- Crossover (Claims)

PRINTERS External Vendors
- Medical ID Cards (CBMS)
- Provider Letters (Web Portal)
- PA Letters (PAR)
- TPL Letters (TPL)
- RemittanceAdvice(Financial)
- DRAMS Dispute Letters

First Data External Vendors
- Claim Data (Pharmacy)

Introduction

The processing of transactions by the Colorado Medicaid program requires the integration of a number of applications to accommodate all of the program's business requirements.

Electronic Data Interchange (EDI) – The primary EDI function represents a clearinghouse that serves as a gateway or Electronic Data Sharing Gateway (EDSG) providing mediation and routing services for inbound and outbound data exchanges.

BUS - Online information management system used by Case Managers to document all aspects of a prospective or active client's case

Medicaid Management Information System (MMIS) – The primary MMIS function is as an Online Transaction Processor (OLTP) for non-pharmacy healthcare claims and related transactions providing transaction-oriented services such as data entry, real-time processing (editing, auditing, and adjudication), and retrieval.

Prescription Drug Claims System (PDCS) – The primary PDCS function is as an Online Transaction Processor (OLTP) for pharmacy claims and related transactions providing transaction-oriented services such as data entry, real-time processing (editing, auditing, and adjudication), and retrieval.

Decision Support System (DSS) – The primary DSS function is as an Online Analytical Processor (OLAP) providing ad hoc reporting and analysis capabilities on Colorado Medicaid program data and information.

OmniTrack – The primary OmniTrack function is as an interaction tracking and workflow solution for the Fiscal Agent call center representatives to track provider inquiries and requests.

Drug Rebate and Management System (DRAMS) – The primary DRAMS function is as an invoice and letter generation and invoice tracking solution to support the recovery of rebate funds from drug manufacturers for the Colorado Medicaid program.

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Electronic Data Interchange (EDI)

The EDI System is ACS' solution for processing and responding to HIPAA mandated transactions: 837, 835, 824, 820, 270/271, 276/277, 278, 997.

EDI allows client eligibility information through a FaxBack system and an Automated Voice Response System (AVRS).

EDI maintains a HIPAA Transaction compliance check system and interacts directly with the State's Web Portal through the Colorado Submission Services (CSS) processor to process claims interactively.

EDI also accepts batch submission of claims and eligibility requests and posts reports to the File Retrieval System (FRS). The FRS is the repository of provider-retrievable files and reports accessible to a submitter's using their Trading Partner ID. Submitters can retrieve their Provider Claim Reports, Claims Accepted and Rejected reports, client eligibility response, claim status response, PAR request response, and other provider information

All electronically submitted non-Pharmacy claims are handled by EDI Gateway Services Division of ACS. EDI provides submitter enrollment in the electronic claim submission program (Trade Partner Agreement) services, host computers to receive claims and retrieve electronic remittance advices. The Colorado Fiscal Agent (FAS) EDI call center provides EDI report retrieval and telephone support to assist submitters and providers with various aspects of electronic claim submission.

The EDI application handles the receipt of transactions, translation of ANSI ASC X12N standard formats to and from Colorado MMIS Internal Record Layouts (IRLs), transaction processing, and the delivery of transaction responses to submitters. The EDI application receives valid HIPAA transactions from Trading Partners (providers, billing services, and Medicare carriers and intermediaries).

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Electronic Data Interchange (EDI) Subsystem Summary – Part 1

The MMIS Electronic Data Interchange (EDI) Subsystem is the front end of the MMIS online transaction processor (OLTP). EDI electronically captures provider claims, client eligibility requests and claim status requests via a variety of methods.

The EDI Subsystem is comprised of the following components:

- MEDICAL ELECTRONIC VERIFICATION SYSTEM (MEVS)
- MMIS EDI HOST BULLETIN BOARD SYSTEM (BBS) / ASAP HOST COMMUNICATION SYSTEM (SUBMISSION)
- MMIS INTRANET FILE AND REPORTING SYSTEM (FRS) (REPORT RETREIVAL)
- WEB PORTAL INTERACTIVE TRANSACTIONS

These systems allow providers to electronically submit and retrieve MMIS information. Each is discussed separately below.

Medical Electronic Verification System (MEVS)
The Medical Electronic Verification System (MEVS) interfaces electronic claim transactions with the MMIS OLTP. This system is the central processing system for interactive and batch claim transactions as well as eligibility verifications.
Colorado Medicaid Eligibility Response System – AVRS/ CMERS is an automated voice response system that provides Medicaid eligibility, provider warrant and claim status information to providers who cannot access these functions through the interactive software or who do not have a fax machine.
Fax-Back is a phone number providers call to have an eligibility report automatically sent to the provider's fax machine.

MMIS EDI Host Bulletin Board System (BBS) / ASAP Host Communication System
The MMIS EDI Host Bulletin Board System (BBS) / ASAP Host Communication System receives and logs batch file transmissions.

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Electronic Data Interchange (EDI) Subsystem Summary – Part 2

MMIS Intranet File Reporting System (FRS)
The MMIS Intranet FRS System is the repository of provider-retrievable files and reports.
Provider Claim Reports, Claims Accepted and Rejected reports, client eligibility response, claim status response, PAR request response, and other provider information are retrievable by the submitter.

Web Portal
The Web Portal is a web-based claim entry and submission system that interactively submits ANSI X12N 837 claims, 270 Client Eligibility Request, 276 Claim Status Request, and 278 PAR Request transactions to the MMIS. The web portal also includes the reports to the FRS, EDI ECC reports and Par inquiry.

Web Portal Interactive Processing
Eligibility inquiries
Ability to search for a list of specific providers enrolled in the MMIS
Reporting features include claim status, eligibility accept/reject reports, Claims accept/reject/adjustment reports and PAR responses.
Inquire on or update demographic, Medicare ID, affiliation information, and NPI information that is stored in the MMIS.

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Medicaid Management Information System (MMIS)

The Colorado MMIS is the claims administration system for all non-pharmacy healthcare claims for eligible clients rendered by providers enrolled in the Colorado Medicaid program. The MMIS online system has a Graphical User Interface (GUI), the business logic is developed in a frontend tier 4th generation rules language and a backend tier common procedural business coding language (i.e., COBOL), and the backend data storage employs a Relational Database Management System (RDBMS).

The MMIS is logically grouped into the following three areas:

Front End
Claims Processing
Back End

These three logical areas are introduced in the following paragraphs.

Front End

The Front End includes the Provider, Client, Prior Authorization, Third Party Liability, and Reference Subsystems. The Front End subsystems are used primarily to maintain the data used in claims processing. This information includes provider-related data, client-related data, and reference data. It also includes the information needed to prior authorize services, and data that is used to ensure that Medicaid is the payer of last resort through Third Party Liability (TPL) processing. Data for these subsystems typically originates outside of the MMIS and therefore these subsystems include many interfaces. This data supports the accurate and thorough processing of Medicaid claims.

Provider – The Provider Subsystem maintains current and historical provider information and allows access to provider information through online, real-time inquiry and update capabilities. The subsystem includes medical and non-medical providers and managed care plans that are eligible to participate in the DHCPF Medical Assistance Program.

Client – The Client Subsystem is the source of all client eligibility and demographic data for the MMIS. The subsystem supports an interface with the Colorado Benefits Management System (CBMS) to receive client information and to return a limited amount of non-CBMS client data regarding copay, enrollment, and disenrollment activity.

Prior Auth – The Prior Authorization (PA) Subsystem collects and maintains comprehensive current and historical PA information. The subsystem's online, real-time inquiry and update capabilities enable maintenance of and access to PA information.

TPL – The Third Party Liability (TPL) Subsystem maintains comprehensive current and historical information to support the benefit recovery functions of the MMIS. The DHCPF uses this information to reduce its payment liability for Medicaid client claims.

Reference – The Reference Subsystem provides a reliable, flexible means to maintain information required by the MMIS. The primary function of the reference database is to serve as the repository of data required for claims processing, prior authorization and third-party liability (TPL) processing.

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Medicaid Management Information System (MMIS)

Claims Processing

The Claims Processing Subsystem is organized into Claims Entry, Claims Pricing and Adjudication, and Claims Financial and Reporting functionality. The Claims Entry function accepts claims into the system in a format that the system is prepared to process.

The Claims Pricing and Adjudication function edits, prices, audits, and adjudicates each claim. The Claims Financial and Reporting functions interact with the State's COFR System to reimburse the provider. This function also produces reports about claims processing, from both an operational and a financial perspective.

Claims – The Claims Processing Subsystem consists of claims entry and claims pricing and adjudication. Claims Entry includes online, real-time inquiry and update capabilities to collect and maintain claim information. Claims Pricing and Adjudication validates claims submitted by the Colorado Medicaid provider community and determines the claim's Medicaid allowed reimbursement amount.

Payment – The Claims Financial and Reporting function processes all Medicaid claims, credits, adjustments, and financial transactions through the final payment process. The subsystem produces financial and balancing reports and maintains the on-line and archived claims history database. The subsystem maintains provider financial summary information that includes tracking financial transactions that result in the establishment and maintenance of provider accounts receivable data.

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Medicaid Management Information System (MMIS)

Back End

The Back End functions include the General, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Management and Administrative Reporting (MAR), Surveillance and Utilization Review (SUR), Claims Processing Assessment System (CPAS), and Medicaid Eligibility Quality Control (MEQC) Subsystems. These reporting functions satisfy State and Federal reporting requirements.

Managed care functionality is fully integrated within the MMIS and managed care functions are included in many of the subsystems noted above. Managed care functions are accommodated in part by the addition of specific functionality to other subsystems. Other functionality resides in the Managed Care Subsystem itself.

General – The MMIS includes the entry and maintenance of system parameters and system lists, as well as the maintenance of locked records. The System Parameter function allows authorized users to enter a new parameter or search for existing parameters based on parameter number or subsystem. The System List is similar to System Parameters, but allows the user to enter start/end values and supports an unlimited range of values for each of the five allowable effective dates.

EPSDT – The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Subsystem maintains EPSDT client demographic and screening information. The EPSDT Subsystem supports client participation in the EPSDT Program and maintains security and control over all client EPSDT-related data through DHCPF-defined function and screen level security.

Managed Care – The Managed Care Subsystem provides the DHCPF with valuable tools to help improve access to quality care. The subsystem assures the appropriate utilization of services, enhances client and provider satisfaction and achieves these in a cost efficient manner.

MARS – The MMIS Management and Administrative Reporting (MAR) Subsystem supports the administration of the Colorado Medicaid Program by providing information to the DHCPF staff responsible for program management and oversight. The MAR cycle provides monthly management reporting and summarizes and maintains data to support quarterly, semi-annual, annual and on-request reporting.

SURS – The Surveillance and Utilization Review (SUR) Subsystem creates a comprehensive statistical profile of provider delivery of health care services and supplies and client utilization of these services and supplies. SUR provides extensive capabilities for peer grouping, data reduction and summarization, exception processing and report content control.

CPAS – The Claims Processing Assessment System (CPAS) is a Medicaid Quality Control management tool for the DHCPF. CPAS randomly selects claim samples based on DHCPF-defined parameters and examines and evaluates claim processing and payment accuracy.

MEQC – The Medicaid Eligibility Quality Control (MEQC) Subsystem assures State and Federal management that DHCPF provides appropriate and authorized services to eligible clients and that payment for services is correct. The MEQC subsystem provides automated sampling and reporting to support quality control reviews of client claim submissions.

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Prescription Drug Claims System (PDCS)

ACS' online Prescription Drug Claims System (PDCS X2) is the claims administration system for all pharmacy claims for eligible clients rendered by providers enrolled in the Colorado Medicaid program. The PDCS online system has a GUI (i.e., Java/J2E), the business logic is developed in a middle tier Object Oriented programming language (i.e., Java/Enterprise Java Beans) and a backend tier common procedural business coding language (i.e., COBOL), and data storage employs both a middle tier and a backend tier RDBMS (i.e., Oracle and DB2).

PDCS X2 processes drug claims in accordance with NCPDP standards and transmits real-time responses for Point-of-Sale (POS) claims 24/7 in full compliance with NCPDP messages and codes, which are familiar to all pharmacy providers. Enhanced messaging capabilities for DUR and other edits are also fully supported.

Provider – PDCS verifies provider eligibility by matching the provider number to the information on the Provider master file. The verification insures that a particular pharmacy is eligible to provide services to members of a specific group and plan on the date of service.

Participant – PDCS verifies that the client has an active MMIS status and is authorized to receive pharmacy claim benefits on the claim's date of service. Eligibility is determined by comparing the claim date of service with the client's eligibility coverage date spans on the PDCS Eligibility file. Data on the Eligibility file is obtained directly from the MMIS Client Subsystem via the daily client eligibility interface.

Prior Auth – The Prior Authorization (PA) component insures that the client was eligible for the current plan's normally non-covered benefits on the claim's date of service. The claim date of service is compared to the client's medical profile record containing all prior authorization (PA) information.

Claims – All claims are processed according to standards set by the National Council for Prescription Drug Programs (NCPDP), version 3.2C. NCPDP provides a standardized electronic POS and batch claim submission format. Paper claims are submitted using the Colorado Pharmacy Paper Claim Form (PCF-1), which contains information that meets NCPDP and PDCS processing requirements.

Cust-Group-Plan – The Plan Custom Screen is an online record of drug coverage override parameters within a specific plan for Colorado Medicaid. Group is the eligibility group to which the participant belongs. Plan identifies under which plan the participant is eligible.

Reference – PDCS receives drug reference updates weekly from First DataBank. The PDCS provides a daily prior authorization (PA) file and a weekly reference file to the MMIS. Benefit limits and parameters are established on the Plan and Drug Reference files.

General – The Prescription Drug Card System (PDCS) is a stand-alone point-of-sale (POS) prescription drug claim processing system. The system includes online, real-time Prospective Drug Utilization Review (DUR) for claims submitted directly from a pharmacy provider via telecommunication. Prescription drug claims are directly entered into the PDCS through the exam entry function (paper claims) or in batch mode through an Electronic Data Interchange interface.

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Decision Support System (DSS)

The Decision Support System (DSS) provides information retrieval and reporting tools that support research, planning, monitoring, and evaluation of program operation and performance. The DSS consists of the entire suite of Business Intelligence (BI) tools that access an integrated relational database management system (RDBMS). Selected data is downloaded from the MMIS to the DSS data warehouse on a weekly basis to provide the State with easy-to-use query, data transfer, and ad-hoc reporting capabilities.

The DSS online system employs a “ zero footprint” thin client GUI using standard Internet browsers, business logic is developed within report and data queries using the Business Intelligence (BI) query and report design tools, and data storage employs a backend tier RDBMS (i.e., Oracle).

The DSS databases include MMIS claim data, as well as reference, provider, client, and prior authorization data. The Oracle databases are updated by weekly downloads from the MMIS DB2 database on the ACS Government Healthcare Solutions mainframe. The DSS BI tools applications are robust, flexible query and reporting tools that allow users access to detail and summarized data for ad-hoc queries, analysis, and reporting.

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OmniTrack

The Interaction Tracking system (OmniTrack) is a call center management application which logs and tracks communications received or placed by the call center. The OmniTrack application's primary function is logging and tracking communications made between the FAS and providers. The primary users are those within the call center that receive calls or place calls to a provider or provider group who need to track and manage correspondences required to resolve open issues.

The OmniTrack online system employs a GUI (i.e., PowerBuilder), business logic resides within the online windows and database procedures and triggers, and data storage employs a backend tier RDBMS (i.e., Sybase).

OmniTrack integrates with the call center phone system and automatic call distribution facilities to assist call center operators when an incoming call is routed to the operator. The system uses Computer Telephony Integration (CTI) to pass a Medicaid provider number or National Provider Identifier (NPI) of the caller to OmniTrack. OmniTrack automatically retrieves and presents demographic data and a list of previous contracts in a 'screen pop' window, without requiring the operator to enter the caller identification.

OmniTrack provides user tools to format and produce standard outbound correspondence from forms created as Microsoft Word templates. Templates can be created and maintained by call center users using Microsoft Word on their own workstations, without requiring programming support.

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Drug Rebate and Management System (DRAMS)

The ACS Drug Rebate Analysis and Management System (DRAMS) ensures compliance with the Centers for Medicare and Medicaid Services (CMS) Drug Rebate program, established under OBRA 90. Under the Drug Rebate Program, Colorado Medicaid recovers cash rebates from drug manufacturers whose products are used by Colorado Medicaid clients. The DRAMS tracks pharmacy claims for drugs and professional billed medical claims and invoices drug manufacturers using drug information and rebate amounts specified by CMS and stated amounts in approved State Supplemental Rebate contracts.

The DRAMS online system employs a GUI (i.e., PowerBuilder), business logic resides within the online windows and database procedures and triggers, and data storage employs a backend tier RDBMS (i.e., Oracle).

DRAMS supports multiple rebate schedules for healthcare programs and a payment reconciliation function. The DRAMS system extracts claim data for paid pharmacy claims from the Reporting Repository system to prepare invoices for rebate amounts due which are then submitted directly to pharmaceutical manufacturers.

The DRAMS application generates quarterly Drug Rebate invoices for the State and sends them to drug manufacturers. The DRAMS also maintains drug manufacturer information, records the remittance advices received from manufacturers with their rebate payments, and tracks manufacturers' adjustments and disputes, and dispute resolution. Each quarter, the DRAMS application creates invoices in addition to Collection and Dispute Resolution Letters. These letters are produced whenever a manufacturer has not paid all of what is due for an invoice.

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Computer Output to Laser Disk (COLD) Storage and Retrieval System

ACS uses eSystems LANPATH Report Manager as the Computer Output to Laser Disk (COLD) storage and retrieval system for the Colorado MMIS. Report Manager enables the storage, indexing, and viewing of multiple high-volume reports in an electronic format. The COLD solution is an efficient replacement for microfiche.

All production reports are available through COLD. For each report, the user accesses the report by name and version (the date that the report was generated). Also, within specific reports, certain fields are set up as indexes. For example, a user can select the provider number index on the Provider Claim Report to call up the data for a particular provider, instead of paging through the entire report. The user is also able to search on a text string within a report.

Authorized users have an icon on their workstation desk top that allows them to enter Report Manager. Since these reports are centrally stored on a shared network, multiple users can access the same report simultaneously.

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Other Systems used by HCPF Personnel

(based on Security Access Request Forms)

OIT DocFinity

OIT DocFinity is the electronic capture and management system of documents to include secure web access to the image repository.

Systematic Alien Verification for Entitlements (SAVE)

The SAVE system determines immigration status information required for determining a non-citizen applicant's eligibility for many public benefits.

CBMS

The Colorado Benefits Management System is used by the counties and Medical Assistance Sites to determine Program eligibility. Default access includes inquiry access to alerts, scanning, traffic log, case comments, client referral, application intake, interactive interview, case assignment, eligibility, authorization, redetermination, eligibility spans, and medical ID card requests.

CBMS-DSS (COGNOS)

The CBMS Decision Support System contains report data taken from the CBMS.

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Other Files for HCPF Personnel

(Interface Programmer intervention needed for User Access)

E.CBMS.MMIS.IM770M and E.CBMS.MMIS.IM770N - download MF to PC
files are for Child Support – send to Pete Garcia – loads to Access DB

X.UHA.M.COPRCIN - download MF to PC
Procedure codes – send to Theresa Knaak – (could use DSS instead, but needs more fields)

X.HCPF.BUYIN.CDCO.REASSN.Dyymmdd.Txxxxxxx
800 x 18400 ~13,000 records Annual ~Oct 15 and Nov 15
Files for Chris Ukoha – had an Access DB, Greg Donlin put file in .xls format and forwaded to user (couldn't find Access DB)

X.HCPF.BUYIN.CDCO.REDLIS.Dyymmdd.Txxxxxxx
600 x 27600 ~4,500 records Annual ~Sept 15
Files for Chris Ukoha – had an Access DB, Greg Donlin put file in .xls format and forwaded to user (couldn't find Access DB)

E.CBMS.CMS.DATAFILE (also, see DATAFIX and MMACOPD)
180 x 27900 ~350,000 records Monthly ~16th
CBMS sends this file to CMS - CMS dataset received is: P#DDP.#DDP3.CMS.IN.ELIGIBLE.CO
Greg converts data to Access db, puts on O drive and sends a note to Chris Ukoha (Pharmacy section) that the file is there

E.CBMS.CMS.DATAFIX.G0035V00 (also, see DATAFILE and MMACOPD)
180 x 27900 ~210,000 records Monthly ~20th
CBMS sends this file to CMS - P#EFT.IN.ELIGIBLE.CMSCO.D100920.T1159428
Used in the Phasedown report

X.HCPF.BUYIN.MMACOPD(0) (also, see DATAFILE and DATAFIX) - where is this file used ? in CBMS ?
3400 x 27200 ~196,000 records Monthly ~21st
The 1st 180 characters is the E.CBMS.CMS.DATAFILE, the rest is the CMS updates

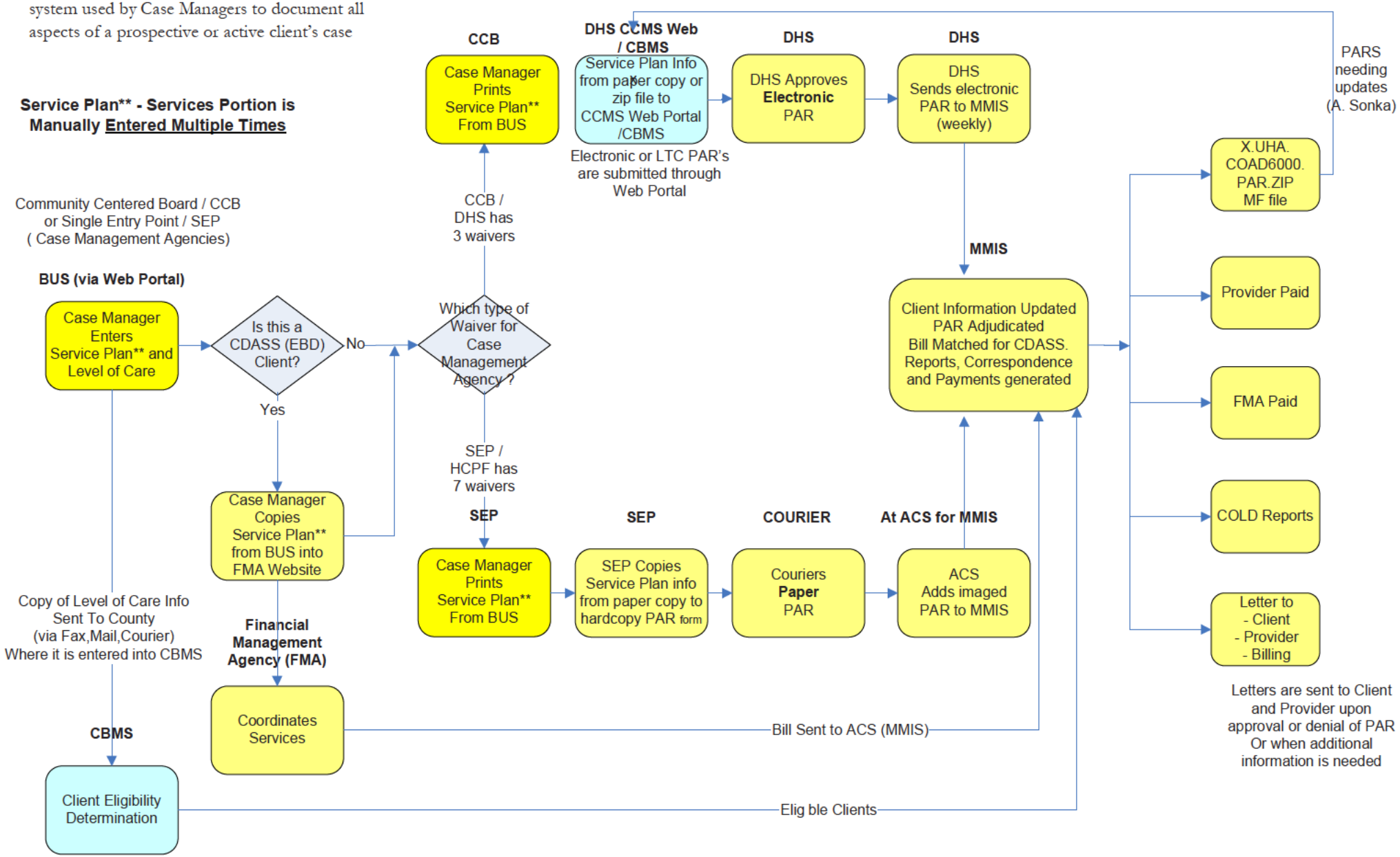
X.HCPF.CMS.LIS(0) -where is this file used ?
350 x 27650 ~25,000 records Monthly ~ 10th

X.UHA.M.MANCTPL -where is this file used ?
I believe this is from ACS Monthly ~1st

LTC PAR data into MMIS

BUS - Online information management system used by Case Managers to document all aspects of a prospective or active client's case

Service Plan - Services Portion is Manually Entered Multiple Times**



Q – CFMC is a CCB or SEP?

{System Name}

System Security Plan

{DATE}

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1 System Record of Changes

Issue	Date	Pages Affected	Description
Template Origination	May-14,2012	All	Initial Draft Version 1.1

1.1 Instructions on Completing the Template

- Text in **BLUE** are text insertions that need to be responded to by the writer of the plan.
- Texts in BLACK are standard template text that are required to be included in the Security Plan and should not be deleted unless necessary.
- Discussion text in **RED** are included to assist in the writer with the development of responses, provide consistency in responses necessary to fulfill the requirements for that section. Discussion text should be deleted after the section has been completed but may be left there for future reference if desired.
- Response Examples in **RED** are also provided in many sections as content reference. Example text should be deleted after the section has been completed to prevent any reader confusion.

1.2 Record of Changes

Modifications made to this plan, since the last printing, are listed on the Change Information Page contained in this document.

2 System Architecture Plan Objectives

2.1 Introduction

The purpose of a System Architecture Plan (SAP) is to provide an overview of [System Name] information system security requirements and identify any State, National or Federal security controls in place or planned to meet security requirements. The SSP also delineates responsibilities and expected behavior of all individuals who own, access or manage the information system and should be viewed as documentation of the structured process for planning adequate, cost-effective security protection for a major application or general support system. It should reflect input from various managers with responsibilities concerning the information system, including information owner(s), system owner(s), system operator(s), and the information security officers. Additional information may be included in the basic plan, and the structure and format organized according to requirements.

The security plan provides documentation of the structured process for managing and monitoring the information system to ensure the confidentiality, integrity and availability of the system. Components of each SSP include a system classification, risk assessment, environmental architecture design documentation, disaster Recovery plans, system interdependencies document and regulatory security requirements section. It reflects input from management responsible for the system, including information owners, the system operator, the system security manager, and system administrators. The System Architecture Plan delineates responsibilities and expected behavior of all individuals who access the system.

Each System Architecture Plan is developed in accordance with the guidelines contained in National Institute of Standards and Technology (NIST) Special Publication (SP) 800-18, Guide for Developing Security Plans for Information Technology Systems, and applicable risk mitigation guidance and standards.

Summarized in each plan are all security findings that indicate weaknesses in each system and recommended security controls that need to be corrected to ensure system compliance to State, National and Federal laws.

Documented in this plan are findings that indicate weaknesses in [System Name] security controls that need to be corrected. These findings are summarized as follows and will be tracked in the Colorado Risk Incident and Security Compliance (CRISC) system until corrected:

Discussion: After completing the security assesment for the system summarize any findings that are considered high risk or high vulnerability to the system here. The intention of this summary is to identify any security finding that poses a risk to the system prior to being implemented into a production environment. ALL items identified in this section must be added to the Colorado Risk Incident and Security Compliance (CRISC) system, and mitigation plans to correct security findings will be developed, implemented and validated for compliance to identified security standards identified in this document. **(This section should match the information developed from the System Security Control Plan)**

- Identify here each significant risk finding. [Example: Lack of Identification and Authentication.]
- Identify here each significant risk finding.
- Identify here each significant risk finding.

3 Intended Audience

This document is designed to be used by those parties responsible for managing and/or creating the SSP for an individual general support system or minor/major business application. System owners are organizationally responsible for conducting these activities; however, guidance and implementation assistance is frequently provided at an organizational level. Within OIT, guidance to complete the SSP, as well as support for the activities associated with, is provided by the Security Policy and Compliance Section.

4 System Identification

4.1 System Name / Title

Discussion:
Enter the System Name and acronym given to the general support system or application.

4.2 System Owner – Agency Contacts

The designated person(s) have sufficient knowledge of the system to be able to provide additional information or points of contact regarding the security plan and the system, as needed. They are the decision making authority as to budgetary and operation function of the system or solution

Discussion: Specify the program owner, program manager and the system manager to contact for further information regarding the security plan and the system. Include their address, telephone numbers, and e-mail. List the name, title, organization, and telephone number of one or more persons designated to be the point(s) of contact for this system. The contacts given should be identified as the system owner, program manager, and system manager. The designated persons should have sufficient knowledge of the system to be able to provide additional information or points of contact, as needed.

System personnel contacts include contact information for the system owner, authorizing official, other designated contacts, and the division security officer.

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

4.3 Responsible Organization – Data Owner

The data owner is the designated individual who is ultimately responsible for the confidentiality, Integrity and Availability (CIA) of the data owned by the System Owner. This individual typically determines how data is accessed, who the data is accessed by, its distribution and security. This individual has a clear understanding of all state, national, federal or international laws and regulations governing the security and access of the data.

Discussion: In this section, list the organization that owns and is responsible for the data in the application. The responsible organization owns the system, the data it contains, and controls the use of the data. List the federal organizational sub-component responsible for the system. If a state or local government or contractor performs the function, identify both the federal and other organization and describe the relationship. Be specific about the organization and do not abbreviate. Include phone numbers, physical locations, and addresses.

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

4.4 Agency Chief Information Officer (CIO)

The Agency Chief Information Officer is the designated person responsible for the general management of the IT system or solution utilized by a system owner or agency. This Individual is the decision making authority over budgetary requirements, project design, disaster recovery and ongoing maintenance and support of the system or solution for the system owner or agency.

List the Agency Chief Information Officer (CIO) or other person(s) responsible for the development, integration and ongoing IT support of an IT solution used by the system owner / agency, including their address and phone number. To be effective, this individual must be knowledgeable of the management, operational, and technical controls used to protect the system owners IT solution or system. You may also want to consider developing or amending an existing Service Level Agreement (SLA) to define the CIO to system owner relationship and service expectations for the respective system being developed on maintained at the agency.

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

4.5 Agency Information Security Officer (ISO)

The designated person(s) responsible for the security of the system has been assigned responsibility in writing to ensure that the [GSS or Major Application] has adequate security and is knowledgeable of the management, operational, and technical controls used to protect the system.

Discussion: List the Information Security Officer (ISO), or other person(s) responsible for the security of the system, including their address and phone number. An individual must be assigned responsibility to ensure that the GSS or Major Application has adequate security. To be effective, this individual must be knowledgeable of the management, operational, and technical controls used to protect the system. Include the name, title, and telephone number of the individual who has been assigned responsibility for the security of the system. You may also want to consider sending a memorandum from the organizational manager (or equivalent) to the person (or persons) identified in the SSP as responsible for security to officially confirm their appointment. If a memorandum is done, be sure to include a signed copy with the SSP.

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

4.6 System Subject Matter Expert / Administrator

The Subject Matter Expert (SME) is the individual responsible for the overall management and administration of the system. This individual is involved in all technical discussions for the system to include access control, documentation, applications, hardware, data, design and Disaster Recovery requirements for the system and is the primary contact for all security events affecting the system.

List the primary subject matter expert responsible for the overall support and technical administration of the IT system or solution identified in this SSP, or other person(s) responsible for the management of any vendor supported system or solution , including their address and phone number. This individual must be knowledgeable of the management, operational, and technical controls used to protect the system and any SLA requirements in place for the system or solution. Include the name, title, and telephone number of the individual below .

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

4.7 Authorizing Official

The Colorado Chief Information Security Officer (CISO) after review of each System Architecture Plan (SSP) is the individual responsible for sponsoring and approving the operation or denying operation of state computing systems and solutions for the state of Colorado.

Discussion: The authorizing official is a senior management official or executive with the authority to formally assume responsibility for operating an information system at an acceptable level of risk to agency operations, agency assets, or individuals. The authorizing official has the following responsibilities related to System Architecture Plans:

• Approves System Architecture Plans,
• Authorizes operation of an information system,
• Issues an interim authorization to operate the information system under specific terms and conditions, or
• Denies authorization to operate the information system (or if the system is already operational, halts operations) if unacceptable security risks exist.

Name:		**Address:**	
Title:		**Phone**	
Agency:		**E-mail**	

5 General System Description and Purpose of the System

Discussion: Present a brief description (one to three paragraphs) of the function and purpose of the system (e.g., economic indicator, network support for an organization, business census data analysis, and crop reporting support). Be sure to include the type(s) of information that the GSS or Major Application processes. If the system is a major application, describe and provided a data flow diagram. If the system is a general support system, list all applications supported by the general support system. Specify if the application(s) is or is not a major application and include unique name/identifiers, where applicable. Describe each application's function and the information processed. Include a list of user organizations pertaining to this system, whether they are internal or external to the system owner's organization, and a general description of the type of information and processing provided. Request information from the application owners (and a copy of the security plans for major applications) to ensure their requirements is met.

Example: The ABC LAN is the communication system, which is designed to facilitate the services and resources needed to support the operations of ABC's users. The ABC LAN supports several minor applications. Appendix B Minor Application Inventory Form provides minor application description, categorization, user community and responsible organization.

6 System Mission Criticality

Discussion:
The system owner, ISO and CIO will collaborate to determine the Mission Critical prioritization for the system or General Support Infrastructure based on the 5 prioritization baselines listed below. Once a system is prioritized, the CIO and system Subject Matter Expert (SME) will provide a detailed Disaster Recovery Plan (DRP) which meets the prioritization classification requirements for the system. The Completed DRP should be attached to this System Architecture Plan.

Example:
The state criminal history system is considered a Priority 1, Mission Critical core business system for the state of Colorado. An outage to this system would cause significant business impact to most all state agencies increase likelihood of loss of life or irreparable damage to operations, staff or citizens could occur.

{Insert copy of the supporting Disaster Recovery Plan Here}

Priority 1 – Instant Failover and Redundancy

Required for those essential state services that must maintain minimal to no service disruption. Typically, these systems are categorized as mission critical or essentilal core state systems whose functions provide support for mission critical operations and are dependencies for other applications or services to be recovered. If systems are not sustained, critical operations within the federal, state County and municipal governmental agencies cease to exist and the liklihood of loss of life or irreparable damage to operations, staff or citizens could occur. The recovery strategy for Priority 1 systems is a "redundant" or "instant" failover strategy where redundant systems are currently deployed in an alternate recovery facility or facilities.

Priority 2 – Hot Recovery - (8 hour recovery window)

Required for those core services that must be maintained with limited service disruption. Typically, these systems provide support for mission critical operations and are dependencies for other applications or services to be recovered. If systems are not sustained, loss of life or irreparable damage to operations, staff or citizens could occur. The recovery strategy for Priority 2 systems is a "Hot" strategy where redundant systems are currently deployed in an alternate recovery facility.

Priority 3 – Warm Recovery - (48 hour recovery window)

Required for those systems and data where service disruption will cause serious injury to government operations, staff or citizens. Typically, these systems and applications service required to support emergency operations and delivery of core government operations. The recovery strategy for Priority 3 systems will typically be a "Warm" strategy. Systems will be deployed in an alternate recovery facility but data is not installed and systems are not routinely maintained at a level where failover operations would be seamless.

Priority 4 – Warm/Cold Recovery - (<5) Business Days

Required for moderately critical agency services and IT functions where damage to government operations, staff and citizens would be significant but not serious. Typically, these systems support services that are provided by the agency in a non-emergency environment.
Depending on the type of system and ease of system replication, a "Warm" or "Cold" recovery strategy could be selected. In a cold recovery process, systems would be acquired form remote state inventories or purchased on an emergency basis from a reliable vendor at the time a disaster is declared. However, the acquisition of replacement systems would have to be defined in a reasonable process to ensure availability of the required systems. This may require a contract for standby equipment.

Priority 5 – Cold Recovery - (>5) Business Days

Required for less critical support systems. In many cases, these systems would not be deployed at the alternate recovery sties. The Priority 5 systems may be restored in primary operating site a few weeks after the primary disaster has dissipated. The most common recovery strategy for Priority 5 systems is a "Cold" strategy. No standby agreements are deployed and the state is at risk that systems are no longer available or that

7 System Classification

All State systems must be classified based on the type of information that is available within the system and to external sources. The classification of every system is based on the Confidentiality, Integrity and Availability of the system information to the end user.

7.1 Classification of Asset Based On Risk Evaluation (CARE)

Discussion: Use the Office of Information Security (OIS) Classification of Asset based on Risk Evaluation (CARE) system Spreadsheet to classify this system and include the completed CARE document as an attachment to this document. Once the system is classified all identified security controls for the operation of the system must be incorporated into the system security score card. Based on the outcome of the CARE scorecard, enter your results in the table below.

	Confidentiality	**Integrity**	**Availability**
Cumulative Impact Level	ADD YOUR RATING HERE	ADD YOUR RATING HERE	ADD YOUR RATING HERE
FIPS 199 Categorization	**Moderate**		

7.2 General Description of Information Sensitivity

In accordance with Federal Information Processing Standard (FIPS) 199, Standards for Security Categorization of Federal Information and Information Systems, information categorization is calculated based on the three basic security objectives: confidentiality, integrity, and availability. NIST Publication 800-60 Guide for Mapping Types of Information and Information System to Security Categories provides implementation guidance in completing this activity.

POTENTIAL IMPACT			
Security Objective	**LOW**	**MODERATE**	**HIGH**
Confidentiality Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information. [44 U.S.C., SEC. 3542]	The unauthorized disclosure of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals. ***Systems that contain Personal Identifiable Information (PII) may not be low for confidentiality and must be either a moderate or high.***	The unauthorized disclosure of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized disclosure of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Integrity Guarding against improper information modification or destruction, and includes ensuring information non-repudiation and authenticity. [44 U.S.C., SEC. 3542]	The unauthorized modification or destruction of information could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals. ***Systems that contain Personal Identifiable Information (PII) may not be low for integrity and must be either a moderate or high.***	The unauthorized modification or destruction of information could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The unauthorized modification or destruction of information could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.
Availability Ensuring timely and reliable access to and use of information. [44 U.S.C., SEC. 3542]	The disruption of access to or use of information or an information system could be expected to have a **limited** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **serious** adverse effect on organizational operations, organizational assets, or individuals.	The disruption of access to or use of information or an information system could be expected to have a **severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.

7.3 System Information Handled

Discussion: This section provides a description of the types of information handled by the system, an analysis of the sensitivity of the information stored within, processed by, or transmitted by a system and appropriate background investigation required for access.

The description will provide information to a variety of users, including: Analysts/programmers who will use it to help design appropriate security controls; Internal and external auditors evaluating system security measures; managers making decisions about the reasonableness of security countermeasures; and users accessing the system including system administrators, database administrators and/or application support staff members completing the appropriate background investigation forms.

Sensitivity levels range from low to high based on the type(s) of information processed

- Determine the sensitivity level of the information based on the information in Exhibits 1 and 2. Systems that contain Personal Identifiable Information (PII) are automatically either a moderate or high level sensitivity.
- Indicate the overall system sensitivity level by using the highest data sensitivity level from the table.
- Described the nature of the information sensitivity and criticality.
- Include a statement of the estimated risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information in the system.
- If applicable describe information on applicable laws, regulations, and policies affecting the system and a general description of sensitivity.

Example: HIGH RISK - The ABC System is the primary communications network that supports ABC's users in their day-to-day operations. This information system is continuously used during business and non-business hours, supporting many businesses processing within the agency's computing environment. The confidentiality, integrity and availability of the ABC system is critical, i.e., ensuring that data is only received by the persons and applications that it is intended for, that data is not subject to unauthorized or accidental alterations, and that the resources are available when needed. Due to the sensitivity of this information system, all personnel with system administration rights and roles will required an elevated background investigation to fulfill their duties.

8 System Environment – Architecture

8.1 Infrastructure Details

Discussion: Provide a brief (one-three paragraphs) general description of the technical system. Include any environmental or technical factors that raise special security concerns, such as:

- The system is connected to the Internet;
- It is located in a harsh or overseas environment;
- Software is rapidly implemented; The software resides on an open network used by the general public or with overseas access;
- The application is processed at a facility outside of the organization's control; or
- The general support mainframe has dial-up lines.

Describe the primary computing platform(s) used (e.g., mainframe, desktop, Local Area Network (LAN) or Wide Area Network (WAN)). Include a general description of the principal system components, including hardware, software, and communications resources. Provide server names and IP addresses. Discuss the type of communications included (e.g., dedicated circuits, dial circuits, public data/voice networks, Internet). Describe controls used to protect communication lines in the appropriate sections of the security plan.
Include any security software protecting the system and information.

Describe in general terms the type of security protection provided (e.g., access control to the computing platform and stored files at the operating system level or access to data records within an application). Include only controls that have been implemented or are planned, rather than listing the controls that are available in the software. Controls that are available, but not implemented, provide no protection.

Specify any system components that are essential to its operation, but that are not included within the scope of the plan, and the reason that this is so (i.e., covered under another plan, etc.).
Lastly, insert the system architecture diagram in this section after the text description.

Example: The ABC system is housed in a government owned building in Washington, DC. The entire building is occupied by the Department of Housing and Urban Development and contractor personnel and is not open to the general public. The ABC LAN operates Microsoft NT, version 4.0, and workstations run Windows 95. The security software protecting all system resources is the built in security of Microsoft Windows NT. The ABC LAN supports all office automation applications for ABC. The ABC LAN has dial up lines from each subordinate site. Users are required to be authenticated with user ID and password before access is granted to the network. Additionally, a personal firewall and up-to-date antivirus software is installed on each user's machine prior to the laptop being issued for travel.

[Insert System Architecture Diagram Here]

9 System Interconnection / Information Sharing Dependencies

Discussion: System interconnection is the direct connection of systems for the purpose of sharing information resources. System interconnection, if not appropriately protected, may result in a compromise of all connected systems and the data they store, process, or transmit. It is important that system operators, information owners, and management obtain as much information as possible about the vulnerabilities associated with system interconnection and information sharing and the increased controls required to mitigate those vulnerabilities. The security plan for the systems often serves as a mechanism to affect this security information exchange and allows management to make informed decisions regarding risk reduction and acceptance.

A description of the rules for interconnecting systems and for protecting shared data must be included with this security plan.

In this section, provide the following information concerning the authorization for the connection to other systems (including the internet) or the sharing of information:

List of interconnected systems (including Internet);

- Unique system identifiers, if appropriate;
- Name of dependent or connected system(s);
- Organization owning the other system(s);
- Type of interconnection (TCP/IP, Dial, SNA, etc.);
- Name and title of authorizing management official(s);
- Date of authorization;
- System of Record, if applicable (Privacy Act data);
- Sensitivity level of each system;
- Interaction among systems; and
- Security concerns and Rules of Behavior of the other systems that need to be considered in the protection of this system.

Example: The ABC LAN is interconnected with County backbones for Internet and Intranet access. The ABC LAN is a level II system and the information within the ABC LAN is currently shared with other state and county networks, and other Federal agencies for the sharing of Protected Health Information (PHI). Business Associate agreements exist between counties 1-65 and the Colorado Department of Health and Human Services. Contracts are maintained but the Office of Information Security for the state of Colorado and have been executed and by legal and are on file with the ISSO. The Rules of Behavior have to be read, understood, and signed by each user. This system is a Level one (1) high Security system and is required to meet federal HIPAA/HITECH security controls as defined in the Security Scorecard for level 1 systems of this type and sensitivity. Connections between state ancd County entities are TCP connections using secured VPN tecnologies to ensure secure communications. Web access utilizes SSL certificates from trusted host, Entrust and is a non-expiring certificate.

10 Applicable Laws or Regulations Affecting the System

Discussion: List any laws, regulations, or policies that establish specific requirements for confidentiality, integrity, or availability of data/information in this specific application. Each organization should decide on the level of laws, regulations, and policies to include in the security plan. Examples might include the Privacy Act or a specific statute or regulation concerning the information processed (e.g., tax or census information). If the system processes records subject to the Privacy Act, include the number and title of the Privacy Act system(s) of records and whether the system(s) are used for computer matching activities.
See the NIST Computer Security Division's Computer Security Resource Clearinghouse (CSRC) Web site for additional information (http://csrc.nist.gov).

Example:

This section shows the Federal laws, regulatory guidance, and directives that drive the essential security controls for the (System Name Here) system

- Federal Information Security Management Act (FISMA) of 2002
- HIPAA/HITECH security act 164.x security requirements
- Computer Fraud and Abuse Act of 1986, as amended.
- Privacy Act of 1987
- Federal Information Processing Standard 199 –
- NIST SP 800-18 Rev. 1 - Guide for Developing Security Plans for Federal Information Systems, February 2006
- NIST SP 800-30 - Risk Management Guide for Information Technology Systems, July 2002
- NIST SP 800-34 - Contingency Planning Guide for Information Technology Systems, June 2002
- NIST SP 800-37 – Guide for the Security Certification and Accreditation of Federal Information Systems, May 2004
- NIST SP 800-53 Rev. 2– Recommended Security Controls for Federal Information Systems, December 2007
- NIST SP 800-60 Volume I and II- Guide for Mapping Types of Information and Information Systems to Security Categories, June 2004

List individual contracts executed for accessing or sharing information if needed here Ie HIPAA Business associate agreements!

Annual Colorado MMIS Claim Volume

State Fiscal Year	Annual Claim Volume*
FY 2007-08	21,599,362
FY 2008-09	28,947,869
FY 2009-10	26,228,518
FY 2010-11	28,706,577
FY 2011-12	34,268,869
FY 2012-13	38,000,000
FY 2013-14	45,900,000
FY 2014-15	54,000,000
FY 2015-16	57,300,000
FY 2016-17	59,000,000
FY 2017-18	59,900,000
FY 2018-19	60,100,000
FY 2019-20	60,300,000
FY 2020-21	60,500,000
FY 2021-22	61,000,000
FY 2022-23	61,600,000

*Includes paid and denied fee-for-service based claims, paid capitations, and paid encounters. FY 2007-08 through FY 2011-12 values are actuals, FY 2012-13 through FY 2022-23 values are Department estimates.

COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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January 25, 2013

Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
1600 Broadway, Suite 700
Denver, Colorado 80202

Subject: Provider Screening and Enrollment Regulation Implementation

Dear Mr. Allen:

This letter contains responses to the questions of your June 11, 2012 letter to the Colorado Department of Health Care Policy and Financing (Department) and formally submits for your review revised State Plan Amendment pages related to Transmittal Number 12-009. In addition, this letter incorporates informal questions and responses between the Department and your office that have occurred since the Department submitted a draft response to this RAI on September 28, 2012.

The Amendment adds item 4.46 Provider Screening and Enrollment to Section 4 of the State Plan, and describes the Department's compliance with the requirements for provider screening specified in 42 CFR §455 Subpart E (Rules). The Department is revising several sections of item 4.46.

The Department is attempting to provide a thoughtful response to the regulations and is not stating compliance with the regulation. The Department's strategy for implementation of the Provider Screening Rules of the Affordable Care Act was developed to align with its imminent procurement of a replacement Medicaid Management Information System (MMIS) including a provider enrollment system. The Department's replacement MMIS and provider enrollment system is expected to be operational by July 2016.

Several important factors played a role in the development of the Department's strategy:

1. The current MMIS is based on older technology and lacks the flexibility for rapid and cost effective implementation of new requirements.
2. The Department is in the process of replacing the current MMIS by July 2016. Implementation of the replacement MMIS and the provider enrollment system will place significant demands on the Department's staff and resources.
3. State mandated initiatives and Departmental program updates intended to expand coverage and reduce expenses as directed under the Affordable Care Act are also in progress.

As a result, neither the Department nor the Department's Fiscal Agent are staffed or funded for significant additional efforts that are not transferrable to the replacement MMIS.

In order to be compliant with the Rules as much as possible during the transition to the replacement MMIS and with its fiscal responsibilities, the Department has developed and adopted the following strategy regarding the Rules:

1. The Department will avoid system updates to the current MMIS which could be better implemented in the replacement MMIS. Because of the technology of the current MMIS, system changes are costly and require long implementation times. As a result, changes made to the current system would be in service only a short period of time and not transferrable to the replacement system, resulting in only a small return on the investment of effort. Furthermore, they would delay implementation of currently planned system upgrades intended to expand program coverage and reduce expenses.
2. The Department will avoid interim administrative and paper-based solutions where the effort is not transferrable to the replacement MMIS. This allows Department staff to focus on the longer term permanent solution and avoids expenses for 'throw away' solutions where the practical benefits are short term and limited.
3. The Department will augment or improve current administrative processes where possible to achieve increased compliance with the Rules. The provider enrollment application will be augmented and the Department will make better use of existing screening options and tools.
4. The Department will implement the tools and processes necessary to fully comply with the Rules as a first priority of the replacement MMIS and fiscal agent contract. For example, the successful responder to the RFP for the replacement MMIS is required to provide a tool for online provider enrollment (OPE) by July 2014 and to propose a plan to complete provider re-enrollment by March 2016 as required by the Rules.

The questions of your June 11, 2012 letter and our responses are as follows.

- For 42 CFR 455.410, please provide information to explain why the State is not able to enroll physicians and other professionals who order or refer services. Since the State is already enrolling providers that render and bill for services, what is the difference between a provider which only orders or refers and one which submits claims since the information required is the same for both types. As required under 42 CFR 455.440, the National Provider Identifier (NPI) of the ordering or referring provider is required on claims submitted by the provider performing the order or referred service. If the State's concern is related to the NPI requirement, please explain why the State requires 3.5 years to incorporate the NPI on the claim record. In addition, please explain why it will take 4 years to edit claims based on the NPI of the ordering or referring provider

  Response: In keeping with the strategy outlined above:

  1. The Department wishes to avoid using the relatively costly and error prone current paper/administrative process to enroll referring (only) and ordering (only)

providers. The OPE tool, to be implemented by July 2014 will allow for much more efficient enrollment of all roles of providers. (Note however, that even with the OPE tool, claims will not be systematically adjudicated for the referring or ordering NPI until after the replacement MMIS is operational in 2016.)

2. The Department wishes to avoid the extensive system updates for editing of ordering or referring provider NPIs in the current MMIS that will soon be replaced. The Department will begin editing for an ordering or referring NPI when the replacement MMIS is operational.

Note also the response to 42 CFR 455.440, below.

- Per SPA 12-009, the State is able to verify licenses today using an existing process which is acceptable from the regulatory provision perspective. If the State whishes to modify or automate this process, we are supportive of such efforts. Because the State is already in compliance with 455.412, please explain why an automated approached creates a barrier to compliance until December 2015.

  Response: The Department is indeed exploring low cost improvements in its processes for validation of the licensure of most CO providers. In the interim, the Department will rely on its current processes for provider licensure validation and is largely compliant with this rule. A common repository of downloadable provider licensure data from all states would be helpful. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.416, that providers be terminated if they have been terminated by another State Medicaid/CHIP agency or by Medicare and information is currently available to assist the State with the termination process. Please explain the barriers for the State in implementing this provision.

  Response: In keeping with the strategy outlined above:

  1. The Department is largely in compliance with (a) and (b) of 42 CFR 455.416.
  2. The Department will update its provider screening processes for newly enrolling providers to comply with the enrollment requirements of part (c) by June 2013. The Department is compliant with the requirement to terminate providers terminated by Medicare or other state.
  3. The Department will include managing employees in its screening of newly enrolling providers to comply with part (d) by June 2013.

  SPA 12-009 has been updated accordingly.

- For 42 CFR 455.420, if the State does terminate providers, are these providers allowed to re-enroll after a period of time? If so, please provide additional information which explains the December 2015 implementation date for the reactivation of terminated providers.

Response: The Department is compliant with this rule with the exception of the collection of fees. The Department is researching the state statutes regarding the collection of fees. See the response for 42 CFR 455.460. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.422, if the Department provides appeal rights for a provider whose request for enrollment is denied, what is the barrier to having this requirement implemented under the current process? Please provide additional information as to why the State is proposing to not implement this provision until December 2015.

  Response: The Department is currently compliant with this rule. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.432, please provide information identifying the barriers the State is facing which delays conducting site visits until December 2015. This regulation does not require States to enter the results of site visits into the MMIS while we do support such modifications at the discretion of the State. The same is true for 42 CFR 455.434 which requires fingerprinting and criminal background checks and CMS will be releasing additional guidance regarding this soon.

  Response: The Department is currently compliant with this rule. The Department will establish screening levels that match the Medicare requirements under the Rules, such that all site visits will be performed according to Medicare enrollment activities prior to Medicaid enrollment. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.436, the State is currently checking Federal databases within its existing provider enrollment process as indicated in your May 25, 2012 cover letter to CMS. While an automated approach is more efficient, it is not required under the regulatory provision. We need additional information as to why these Federal database checks for newly enrolling providers cannot be done until December, 2015.

  Response: The Department is largely compliant with this rule with respect to the providers themselves. The Department will update its procedures regarding the disclosure of operating managers for newly enrolling providers. Full compliance with respect to owners and managing employees for newly enrolling providers will be achieved by June 2013. Full compliance with part (c)(2) must be deferred until this data can be systematically captured by the OPE tool. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.440, please explain the barrier for including the NPI for the ordering or referring provider on the claim from the provider performing the ordered or referred service.

  Response: The Department currently requires that the referring provider be identified on claims for certain procedures and clients. The NPI will be edited on these non-pharmacy claims in June 2013. Full compliance will accomplished with the implementation of the replacement MMIS and provider enrollment system by July 2016.

- For 42 CFR 455.450, what is the barrier that prohibits the State from establishing the screening levels until December 2015. The rule defines which providers are limited, moderate, or high risk provider and the screening requirements. Since the State is already performing the screening requirements for limited risk providers, why will it require 3.5 years to implement these screening requirements for moderate or high risk providers?

  Response: The Department is currently compliant with this rule. The Department will establish screening levels that match the Medicare requirements under the Rules. SPA 12-009 has been updated accordingly.

- For compliance under 42 CFR 455.460, please provide the rationale of why the State is not able to implement the collection of application fees until December 2015. Is legislation required at the State level to support this?

  Response: For 42 CFR 455.460, Department can implement this requirement through a regulation change. Legislation is not required. However, the State is subject to a state constitutional limitation on the amount of revenue that is can collect. Therefore, the Department must request an opinion from the Attorney General's Office if such revenue would be subject to that state constitutional limitation. If so, then by collecting this revenue, there is a possibility that other tax revenue collected by the state could be impacted and the Department may need to request a waiver to this requirement. At this time, the Department has not formally requested that opinion and expects that it will take more than 6-months to receive a formal response from the Attorney General's Office. In addition, the Department needs to have the new online provider enrollment (OPE) functional to understand if the provider has already paid a fee to Medicare and to provide the functionality to collect the fee. Such an operational process does not currently exist, so the fiscal controls to collect the fee are not in place. Therefore, the Department believes that the appropriate response is that this process is being researched to understand the legal ramifications on state revenues and that the Department currently plans to implement this through the new MMIS by providing a tool for online provider enrollment (OPE) by July 2014. SPA 12-009 has been updated accordingly.

- For 42 CFR 455.470, if the Secretary imposes a temporary moratorium for a specific provider type, what is the barrier for the State to not allow any new enrollments of such provider until the moratorium is over? If a request from such a provider is received, the provider would be notified that a moratorium exists and then would be notified when the moratorium has ended. Please provide additional information as to why 3.5 years are needed to implement this provision.

  Response: For 42 CFR 455.470, the Department is compliant with this rule. SPA 12-009 has been updated accordingly.

In addition, the Department is submitting the following information:

- For 455.416 on the termination of providers there is an existing system which CMS has available for States. The system includes Medicare and Medicaid termination information. The system is called Medicaid/CHIP Information Sharing Service (MCSIS). State can have multiple licenses to the system and we understand that the information can be downloaded. In addition, States enter information into the system as well. Thus, is the State of Colorado aware of MCSIS? Are you using it?

  Response: The Department uses the MCSIS data to for post-enrollment screening of providers. The Department will begin using MCSIS for pre-enrollment screening beginning no later than June 2013.

- For 455.436 even if the process is not automated the exclusion databases do allow for multiple searches. If the State is capturing owners of providers there is no reason to wait until 2016 to be utilizing the databases for enrollment. In addition, without making any modification to the existing MMIS does the State have a mechanism to extract data from the system to be used for the monthly exclusion database checks?

  Response: The Department does not currently require disclosures of managing employee data and does not record the disclosure of owner data after screening. As a result, at this time, post-enrollment screening of managing employees is not possible and post-enrollment screening of owners is not practical. Post-enrollment screening of the providers themselves is conducted by the Department monthly. Beginning June 2013, the Department will use exclusion databases for pre-enrollment screening of providers, their owners and managing employees. Beginning as soon as possible after July 2014, the databases will be used for monthly screening of recently enrolled providers, their owners and managing employees post-enrollment.

- For 455.440 is the State indicating that pharmacies do not report the NPI of the prescribing provider on the claim? If they do what action is the State able to make to review the claims with NPIs of providers not enrolled? The basis of this provision is to protect the program against significant abuses in the ordering of services like prescriptions. What actions will the State take to impact this need? Will providers be contacted if they order prescriptions and are not enrolled in order to get them to enroll? What action will the State take to investigate potential inappropriate actions by providers regarding such abuses? Is the State using a Point of Service (POS) processing environment for prescriptions? Is this environment part of the MMIS or is it separate with an interface with the MMIS? If it is separate what action within the POS could be taken to implement the changes. The point is that there are a number of actions a state could take even if they are not positioned to fully implement the claim edits into the MMIS until the new MMIS is implemented. A 2016 date before any actions to implement the provision, even if not totally implemented, is not acceptable.

Response: The Department investigated the characteristics of recent pharmacy claims regarding this rule. It was found that about 3,800 ordering (prescribing) providers would need to be enrolled in the CO program in order to comply with the rule in addition to system changes for both the pharmacy point-of-sale system and the MMIS. The enrollment of this number of providers in the short term using the current paper-based process is impractical and would likely be disruptive for clients. As a result, the cost of system changes was not investigated further. The Department suspects that other states would have similar challenge and believes that requiring enrollment – possibly in many states – only for the purpose of prescribing adds unreasonable administrative burden to the providers.

The Department will begin a campaign to enroll prescribing providers after the online provider enrollment tool is ready. Full implementation of editing of the prescribing NPIs for pharmacy claims will be implemented with the new MMIS in 2016.

The Department considers these plans regarding provider Screening and Enrollment Regulation to be a prudent use of resources during a time when many other expectations have been placed on the Department with modest increases in our operating budget. If you have any questions regarding this Amendment, please contact Chris Underwood at 303-866-4766.

Sincerely,

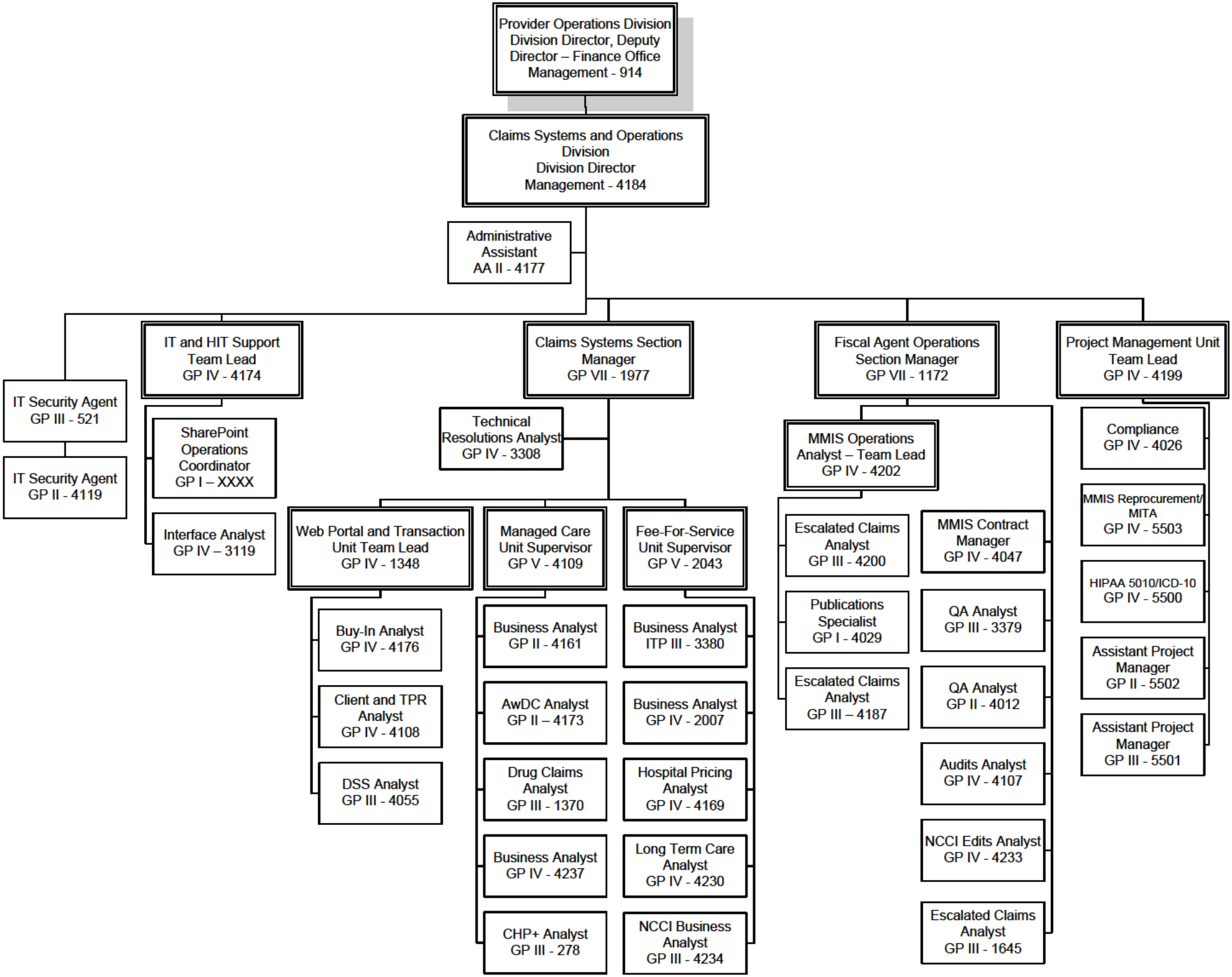
John Bartholomew
Director, Finance Office

4.46 Provider Screening and Enrollment (Page 1 of 3)

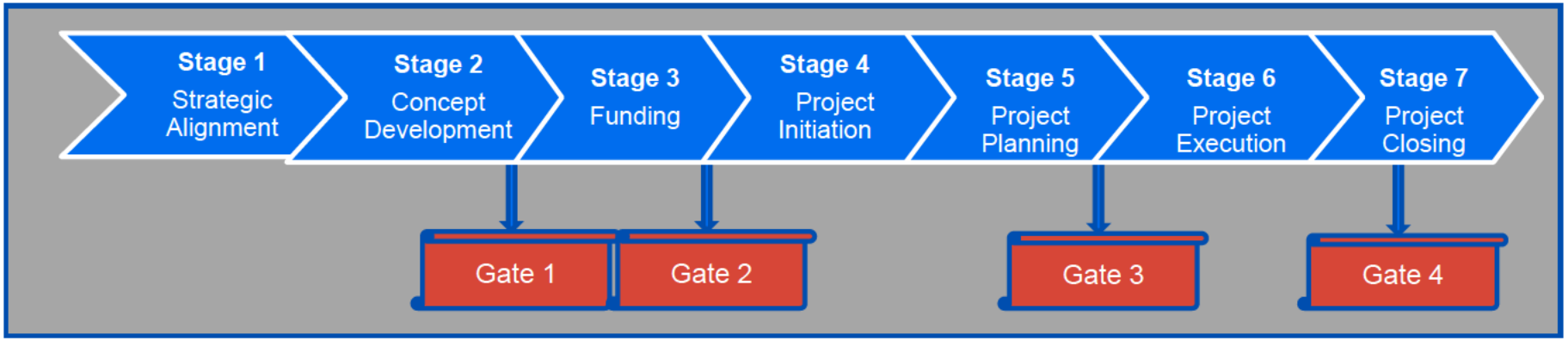
Citation 1902(a)(77) 1902(a)(39) 1902(kk) P.L. 111-148 and P.L. 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E	PROVIDER SCREENING __X__Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act. **The Department expects to be partially compliant with these regulations as described below and fully compliant by July 2016.**
42 CFR 455.410	ENROLLMENT AND SCREENING OF PROVIDERS __X__Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. __X__Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider. **The Department is largely compliant with part (a) of these regulations and expects to implement improvements by June 2013. The Department expects to begin compliance with part (b) of these regulations by July 2014 and be fully compliant by March 2016.**
42 CFR 455.412	VERIFICATION OF PROVIDER LICENSES __X__ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations. **The Department is largely compliant with these regulations.**
42 CFR 455.414	REVALIDATION OF ENROLLMENT __X__ Assures that providers will be revalidated regardless of provider type at least every 5 years. **The Department expects to begin compliance with this regulation by July 2014 with re-enrollment of all providers completed by March 2016.**

42 CFR 455.416	TERMINATION OR DENIAL OF ENROLLMENT __X__Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment. **The Department is largely compliant with parts (a), (b), (e) and (f)) of this regulation. The Department expects to be compliant with parts (c) and (d) of this regulation by June 2013.**
42 CFR 455.420	REACTIVATION OF PROVIDER ENROLLMENT __X__Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460. **The Department is compliant with these regulations with the exception of the collection of fees.**
42 CFR 455.422	APPEAL RIGHTS __X__Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation. **The Department is currently compliant with this regulation.**
42 CFR 455.432	SITE VISITS __X__Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur. **The Department is largely compliant with part (a) of these regulations. The Department expects to be compliant with part (b) of these regulations by June 2013.**
42 CFR 455.434	CRIMINAL BACKGROUND CHECKS __X__Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider. **The Department expects to be compliant these regulations by June 2013.**

42 CFR 455.436	FEDERAL DATABASE CHECKS __X__Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider. **The Department expects to be compliant with parts (a), (b) and (c)(1) regulations by June 2013. The Department will begin compliance with part (c)(2) of these regulations by July 2014.**
42 CFR 455.440	NATIONAL PROVIDER IDENTIFIER __X__Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional. **The Department will be partially compliant for non-pharmacy claims in June 2013**. The Department will begin enrollment of prescribing only providers in July 2014. The Department **expects to be fully compliant with these regulations by July 2016.**
42 CFR 455.450	SCREENING LEVELS FOR MEDICAID PROVIDERS __X__Assures that the State Medicaid agency complies 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider. **The Department is largely compliant with these regulations.**
42 CFR 455.460	APPLICATION FEE __X__Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460. **The Department expects to begin compliance with this regulation by July 2014.**
42 CFR 455.470	TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS __X__Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance. **The Department is compliant with these regulations.**

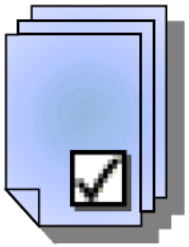

Provider Operations Division
Division Director, Deputy Director – Finance Office Management - 914
Claims Systems and Operations Division
Division Director
Management - 4184
Administrative Assistant
AA II - 4177
IT Security Agent
GP III - 521
IT Security Agent
GP II - 4119
IT and HIT Support Team Lead
GP IV - 4174
SharePoint Operations Coordinator
GP I – XXXX
Interface Analyst
GP IV – 3119
Claims Systems Section Manager
GP VII - 1977
Technical Resolutions Analyst
GP IV - 3308
Web Portal and Transaction Unit Team Lead
GP IV - 1348
Buy-In Analyst
GP IV - 4176
Client and TPR Analyst
GP IV - 4108
DSS Analyst
GP III - 4055
Managed Care Unit Supervisor
GP V - 4109
Business Analyst
GP II - 4161
AwDC Analyst
GP II – 4173
Drug Claims Analyst
GP III - 1370
Business Analyst
GP IV - 4237
CHP+ Analyst
GP III - 278
Fee-For-Service Unit Supervisor
GP V - 2043
Business Analyst
ITP III - 3380
Business Analyst
GP IV - 2007
Hospital Pricing Analyst
GP IV - 4169
Long Term Care Analyst
GP IV - 4230
NCCI Business Analyst
GP III - 4234
Fiscal Agent Operations Section Manager
GP VII - 1172
MMIS Operations Analyst – Team Lead
GP IV - 4202
Escalated Claims Analyst
GP III - 4200
Publications Specialist
GP I - 4029
Escalated Claims Analyst
GP III – 4187
MMIS Contract Manager
GP IV - 4047
QA Analyst
GP III - 3379
QA Analyst
GP II - 4012
Audits Analyst
GP IV - 4107
NCCI Edits Analyst
GP IV - 4233
Escalated Claims Analyst
GP III - 1645
Project Management Unit Team Lead
GP IV - 4199
Compliance
GP IV - 4026
MMIS Reprocurement/ MITA
GP IV - 5503
HIPAA 5010/ICD-10
GP IV - 5500
Assistant Project Manager
GP II - 5502
Assistant Project Manager
GP III - 5501

Governance Process within Project Lifecycle



Phase gate movement:

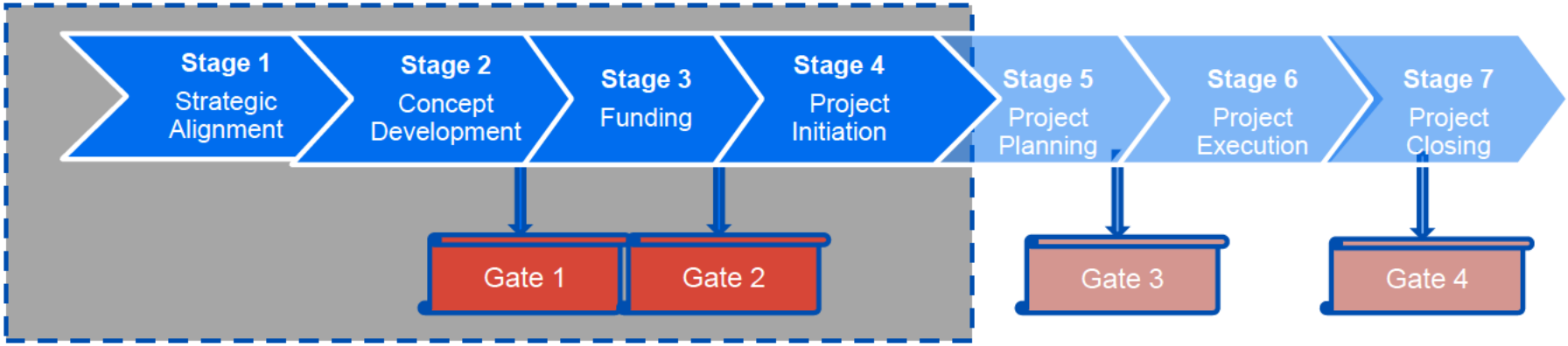
- Defined entrance/exit criteria
- Options for preliminary Agency review
- "Pre-approval" process for requesting Governance review
  - Board administrator
  - Potential workflow management

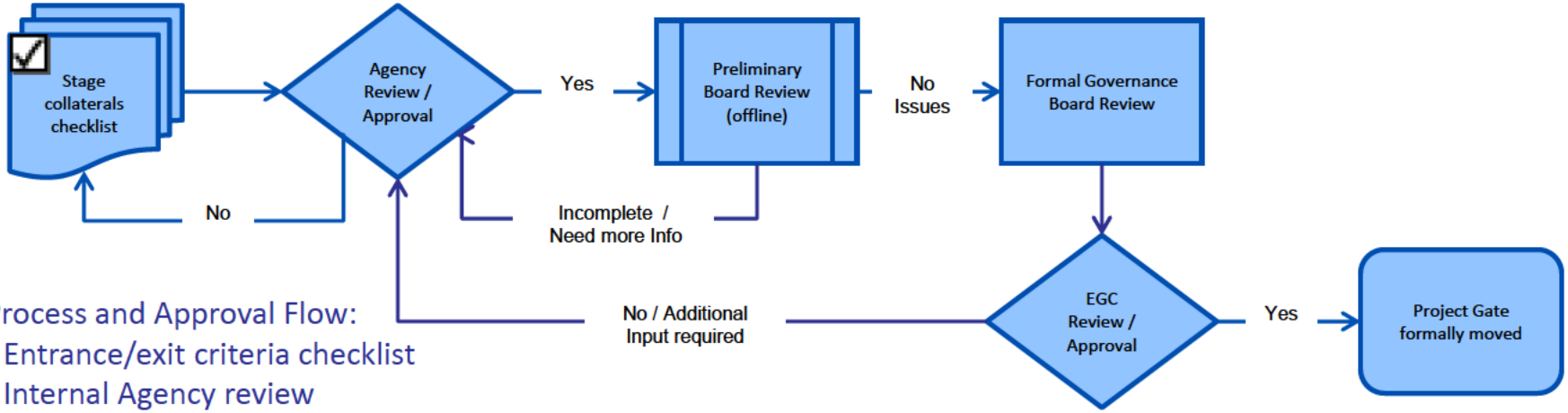


Governance approval options:

- Formal board meeting and review
- Electronic management of collateral and approvals
- Future workflow automation

Project Initiation Governance Flow





Process and Approval Flow:

- Entrance/exit criteria checklist
- Internal Agency review
- Preliminary Governance review
  - Pre-approval (collateral review)
  - Formal board review
- Gate move approved

MMIS TURNOVER PLAN

FOR

TRANSFER OF

MMIS SYSTEM AND OPERATIONS
12 Month Update

June 30, 2009

Introduction

The requirements for this document are defined in Article, 4 Tasks 4.7-4.7.3 of the Request for Proposals for the Replacement and Enhancement of a Medicaid Management Information System. A copy of Article 4 is located in Appendix #1.

MMIS Turnover Project

The objective of the MMIS Turnover Task is to provide for an orderly, complete, and controlled transition to a successor contractor, and to minimize any disruption of processing and services provided to Colorado Medical Assistance Program recipients, providers, and operational users of the system. The following topics are discussed regarding ACS's MMIS turnover management approach:

- Proposed approach to turnover
- Phases, tasks, and subtasks for turnover
- Schedule for turnover
- Production program and documentation update procedures during turnover

1. Proposed Approach to Turnover

It is ACS's responsibility to maintain stable operations of the Colorado MMIS while turnover activities proceed. To this end, ACS updates and follows a detailed turnover plan that coordinates regular account functions while providing the necessary support to ensure a smooth Colorado MMIS turnover.

As part of the Turnover plan, ACS will designate a Turnover Coordinator to act as the liaison between the Department, and ACS. This person will serve part time until the department initiates a request for turnover activities, at that point the Turnover Coordinator will work full time until termination of the contract.

Sherri Gouthier will serve as the Turnover Coordinator for ACS and will coordinate and monitors all turnover activities. The ACS senior management team or Sherri can be contacted in relation to turnover activities.

Once ACS receives notice from the Department to transfer the MMIS, ACS conducts the turnover of files and turnover training by separating the Colorado MMIS functions, first by subsystem and then by manual and system procedures within each subsystem. An automated project tracking mechanism is used to ensure that all deliverable requirements are met.

ACS develops electronic and hard copy document deliverable schedules based upon the final cycle execution update or content modification of each file. The dates reflect the latest times that files may be expected to arrive at the transferring entity's data center, and are based upon estimates of cycle production times, copying files, and shipment to the off-site entity.

Assumptions and Constraints

This Turnover Plan is based on several assumptions regarding scheduling, and has established certain constraints to allow current operations to proceed. The Department should review these assumptions and constraints carefully to ensure minimal impact of the turnover on the provider and client communities.

- Final schedules for all cycle processes are determined and published as part of the updated Turnover Plan document, due six (6) months prior to the final system transfer.
- The turnover ending date is based upon a relative turnover date. The Department should notify ACS of any extensions six (6) months prior to the end of the current contract.
- Updating of reference, provider, and rates files ceases at an agreed upon amount of time prior to the turnover date to allow completion of all ongoing activities and finalization of in process claims and update transaction processes.
- Ten (10) working days are required to allow for the completion of the final processing cycles and transfer of the remaining data files.

- No new claims, either electronic or hard copies, are accepted during the final five (5) working days prior to the transfer date, with the exception of point-of-sale drug claims. This allows the complete resolution of all edits and adjudication of claims to be transferred.

ACS establishes the final system file turnover dates based upon the final cycle execution or update of each file. Final file and data transfer schedules include the expected delivery times of the electronic media or documents included in the transfer process.

Statement of Resource Requirements

At least twelve (12) months prior to the start of the last year of the base contract period, the contractor shall furnish, at no extra charge, a statement of the resources that would be required by the Department or another contractor to fully take over Fiscal Agent functions of the MMIS.

The statement must include an estimate of the number, type, and salary of personnel required to perform the other functions of the Colorado MMIS. The statement shall be separated by type of activity of the personnel, including, but not limited to, the following categories:

1. Data processing staff (for modification support)
2. Systems analysts
3. Systems programmers
4. Programmer analysts
5. Administrative staff
6. Clerks
7. Managers
8. Medical personnel (nurses, MDs, pharmacists, etc.)
9. Other support staff (TPL, SURS, Provider/Client Relations)

The statement shall include all facilities and any other resources required to operate the Colorado MMIS, including, but not limited to:

1. Telecommunications networks
2. Office space
3. Hardware
4. Software
5. Other

The statement of resource requirements shall be based on the contractor's experience in the operation of the MMIS and shall include actual contractor resources devoted to Fiscal Agent operations.

With respect to office (physical) facilities, ACS currently uses 25,372 square feet of office space to perform its current Colorado Fiscal Agent MMIS Operations. This does not include offsite support space.

2. Phases, Tasks and Subtasks for Turnover

An automated project tracking mechanism (such as Microsoft Project) is used to ensure that all deliverable requirements are identified, and progress towards the goals is tracked against the project completion dates. The turnover plan is intended to clearly define tasks and subtasks which must be completed prior to turnover of the Colorado MMIS. Within each task, subtasks define the activities that must be completed prior to turnover of the Colorado MMIS.

The high-order tasks are as follows:

1. Notify ACS of intent to initiate the transfer of the MMIS

2. Complete Turnover Plan

3. Deliver Plan and request review and approval of Turnover Plan from DHCPF

4. State approval of the MMIS Turnover Plan is provided

5. Complete Development of the MMIS Requirements Statement, including:

    5.1. Staff
        5.1.1. Data Processing Staff (for modification support)
        5.1.2. Systems Analysts
        5.1.3. Systems Programmers
        5.1.4. Programmer Analysts
        5.1.5. Administrative staff
        5.1.6. Managers
        5.1.7. Medical personnel (nurses, MDs, pharmacists, etc)
        5.1.8. Other support staff
            5.1.8.1. TPL
            5.1.8.2. SURS
            5.1.8.3. Provider/Client relations
    5.2. Telecommunications networks
    5.3. Hardware
    5.4. Software
    5.5. Office space

6. Establish a Turnover date and final schedules

7. Update Turnover Plan

8. Update Turnover Requirements Statement

9. Develop Training Plan Containing sessions for:
    9.1. Claims processing data/exam entry
    9.2. Exemption claims processing

9.3. Other manual procedures

10. Conduct training for State staff or the designated fiscal agent in the operation of the MMIS
    - 10.1. Claims processing data/exam entry
    - 10.2. Exemption claims processing
    - 10.3. Other manual procedures

11. Execute final Colorado MMIS cycles and Transfer Colorado MMIS electronic and hard copy data files

12. Remove Hardware from State Offices

13. Transfer State-owned Hardware to State Offices

3. Schedule for turnover

Anticipated Turnover Project Schedule

The anticipated start date of the Colorado MMIS Turnover Project is dependent upon the agreed upon date on which the contract is to be terminated. Prior to the beginning of the turnover activities, the MMIS Turnover Plan must be formally approved by DHCPF.

Prior to the start of the last year of the agreement, ACS prepares updates and delivers a Requirements Statement document listing the resources that would be required by the State or another contractor to take over operation of the MMIS and the claims submission software. Over time, the resources of an operational Fiscal Agent account change as a result of changes in workload, staffing efficiencies and system modifications. These changes are reflected in all iterations of the Turnover Plan and the Requirements Statement.

At the six (6) month interval before transition, the current staffing and system components required for operation of the Colorado MMIS are identified in the inventory list of the Requirements Statement document provided to the Department.

This Turnover Plan document is updated again six (6) months prior to the transfer of processing responsibility. The Turnover Plan is reviewed by the turnover support team to ensure that it identifies all tasks necessary to transfer the Colorado MMIS to the Department or another fiscal agent. The turnover team identifies all areas of systems and operation in which transfer of the current MMIS is needed. The schedule is refined to comprehensively identify turnover dates, activities and deliverables. The plan includes a complete list of production programs and data files required by the receiving contractor or the State to operate the system.

The schedules identify the following events for each of the MMIS subsystem processing components:

- Final Cycle Execution Date
- System File Transfer Date
- Manual Activities Completion Date
- Manual File Transfer Date

Actual completion dates will be mutually determined and agreed upon by DHCPF and ACS, and based upon existing inventories and ACS's production capabilities during the final months of the contract.

At the time the turnover date is established, ACS notifies the Department of the final dates for receipt of input data for MMIS final cycle execution, as well as the dates at which on-line files can be used for inquiry-only purposes. ACS and DHCPF mutually agree upon the schedule.

The Turnover Plan also includes a process to provide DHCPF with all program and documentation updates on any modifications that are made to the system during the turnover period. The turnover support team develops a deliverable receipt form and identifies a method of tracking all deliverables to the Department.

Five (5) months prior to the end of the contract, ACS prepares a training plan and begins training the staff of the State or its designated agent in the operation of the MMIS. Such training is to be concluded at least three (3) months prior to the end of the contract in accordance with Colorado RFP requirement 4.7.1.3

The plan contains the following information:
- Schedules of training sessions
- Training locations
- Names of instructors and training assistants
- Needed supplies
- Equipment requirements
- Training methods
- Subject matter
- Class sizes
- Planned training materials

ACS prepares training materials to reinforce the topics covered in the classes, and provides reference materials that the trainees can use later in their jobs. Wherever possible, existing user manual documentation is used during the training to assist State staff or the designated agents. Training materials typically include documentation, flow charts, and if appropriate, screen-prints from the Colorado MMIS. Online training is used to guide trainees through a variety of MMIS functions. Each functional component includes descriptions of the automated and manual components or processes required to perform the identified job activity.

Training is completed at least three (3) months prior to the end of the turnover task. Such training includes sessions for:
- Claims processing data/exam entry
- Exception claims processing
- Other manual procedures

Turnover Project Deliverables

The defined deliverables for the turnover project include:
- Turnover Plan
- Requirements Statement
- Software, files, and operations and user documentation

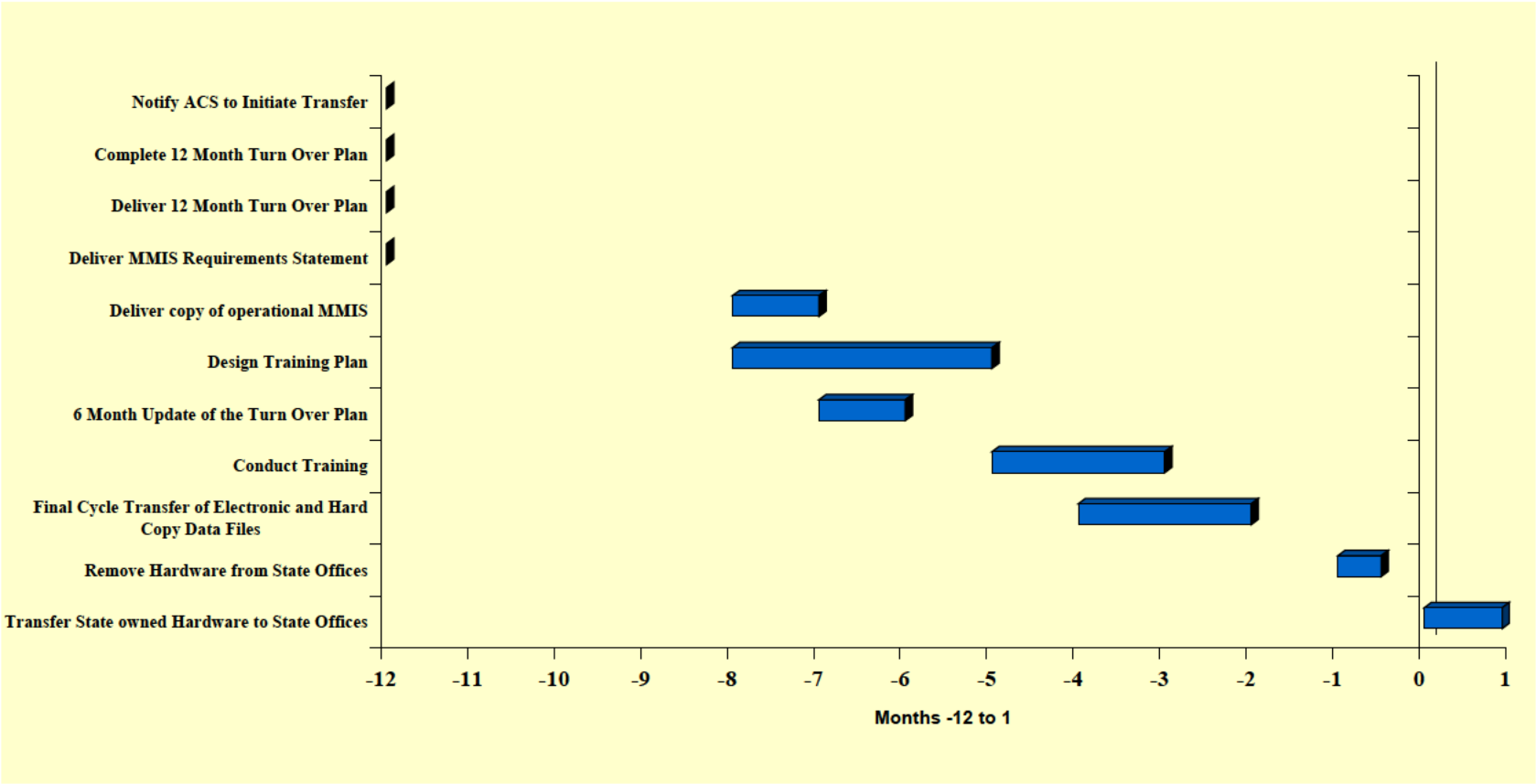
The Turnover Plan and the Requirements Statement are revised, delivered, and approved by the Department at specified intervals as described earlier in this document. Attached to each deliverable is a receipt form describing the item and requesting either an approval or a return with comments. The Department must formally approve all deliverables before successor tasks may be initiated.

Turnover Project Time Line

The chart on the following page identifies the high order tasks in the turnover project and the relative months of delivery or performance based on a twelve (12) month time line, including all updates for the turnover/transfer of the Colorado MMIS. As referred to above, the turnover ending date is based upon a relative turnover date as determined and agreed upon by the Department and ACS, at least six (6) months prior to the end of the contract period.

The twelve (12) month update of Turnover Project Timeline is the time period required for an orderly transfer of the MMIS and Fiscal Agent Operations. Although the delivery for items identified herein may be accelerated, it is believed that accelerating any deliverable time lines in the final six (6) months prior to transfer would adversely impact the overall success of the MMIS transfer.

Turnover Task Time Scale



4. Production program and documentation update procedures during turnover

ACS continues to be responsible for providing to the Department complete, accurate, and timely documentation of the MMIS. During the turnover project, ACS continues to provide consultation to the State in the development of maintenance and modification requests. All major changes and modifications resulting from CSRs are based upon requirements statements and processing plans, and all procedures and standards relating to software development, documentation, system testing and implementation are followed.

ACS continues to prepare updates to the MMIS Systems Documentation, incorporating all changes, corrections, or enhancements to the MMIS. Updates to the MMIS Systems Documentation are delivered to the State within ten (10) business days of Department approval of implementation of the change, unless otherwise agreed to by DHCPF.

During the final six (6) months of the contract, the number and scope of enhancements to the system are significantly reduced to allow for the orderly and controlled transfer of processing responsibilities. Only those CSRs and system changes that can be finalized and fully implemented prior to the transfer and acceptance testing of the transferred system are allowed to proceed. Other system and process modification work is curtailed during this period.

Appendix 1
Article 4 Tasks 4.7-4.7.3
Colorado MMIS RFP

4.7.TURNOVER

Prior to the conclusion of the contract, the Fiscal Agent contractor shall provide, at no extra charge, assistance in turning over the final contractor responsibilities to the Department or its agent.

4.7.1. Contractor Responsibilities

4.7.1.1. Develop an MMIS Turnover Plan

At least twelve (12) months before the start of the first option year of the contract, the contractor shall provide, at no additional cost, a Turnover Plan to the Department. The plan shall include:

1. Proposed approach to turnover
2. Tasks and subtasks for turnover
3. Schedule for turnover
4. Documentation update procedures during turnover

4.7.1.2. Develop an MMIS Requirements Statement

At least twelve (12) months prior to the start of the last year of the base contract period, the contractor shall furnish, at no extra charge, a statement of the resources that would be required by the Department or another contractor to fully take over Fiscal Agent functions of the MMIS.

The statement must include an estimate of the number, type, and salary of personnel required to perform the other functions of the Colorado MMIS. The statement shall be separated by type of activity of the personnel, including, but not limited to, the following categories:

10. Data processing staff (for modification support)
11. Systems analysts
12. Systems programmers
13. Programmer analysts
14. Administrative staff
15. Clerks
16. Managers
17. Medical personnel (nurses, MDs, pharmacists, etc.)
18. Other support staff (TPL, SURS, Provider/Client Relations)

The statement shall include all facilities and any other resources required to operate the Colorado MMIS, including, but not limited to:

6. Telecommunications networks
7. Office space
8. Hardware
9. Software
10. Other

The statement of resource requirements shall be based on the contractor's experience in the operation of the MMIS and shall include actual contractor resources devoted to Fiscal Agent operations activities.

4.7.1.3. Provide Turnover Service

As requested, but approximately six (6) months prior to the end of the base contract period or any extension thereof, transfer to the Department or its agent, as needed, a copy of the operational MMIS on media determined by the Department, including:

Documentation, including, but not limited to, user, provider, and other manuals needed to maintain the system.

As requested, but approximately five (5) months prior to the end of the contract or any extension thereof, begin training Department staff, or its designated agent, in the Fiscal Agent operations activities of the MMIS. Such training must be completed at least three (3) months prior to the end of the contract or any extension thereof. Such training shall include:

1. Claims processing data/exam entry
2. Exception claims processing
3. Other manual procedures

4.7.1.4. Update MMIS Turnover Plan

At least six (6) months prior to the end of the base contract and at least six (6) months prior to the end of any contract extension, the contractor shall provide an updated MMIS Turnover Plan and MMIS Requirements Statement.

4.7.2. Department Responsibilities

1. Review and approve a Turnover Plan to facilitate transfer of the Fiscal Agent responsibilities to the Department or its designated agent.
2. Review and approve a statement of staffing and non-mainframe resources that would be required to take over operation.
3. Request turnover services are initiated by the contractor.
4. Make Department staff or designated replacement Fiscal Agent staff available to be trained in the operation of the MMIS.

4.7.3. Turnover Staffing Requirements

Beginning with the submission of the initial Turnover Plan and Resource Statement, the contractor shall designate a staff person as Turnover Coordinator. This individual shall have a Systems Analysis background and shall serve part-time in this capacity until the Department initiates a request for turnover activity. At the time that the Department requests that the contractor initiate turnover activity, this individual shall become a full-time Turnover Coordinator until termination of the contract.

4.ACS®

MMIS TURNOVER PLAN

REQUIREMENTS STATEMENT

FOR

TRANSFER OF

MMIS SYSTEM AND OPERATIONS
12 Month Update

June 30, 2009

Section #1
ACS Colorado MMIS Statement of Resource Requirements

Introduction

This is the 12 month update to the MMIS Turnover Plan Requirements Statement. The requirements for this document are defined in Article 4, Task 4.7.1.2 of the "Request for Proposals for MMIS Takeover and Fiscal Agent Services." A copy of this article is located in Section #5.

Statement of Resource Requirements

The following identifies the updated resources currently used by ACS in its administration of the Colorado MMIS and its operations in accordance with the RFP requirements.

- The ACS Colorado MMIS Staffing Matrix in Section #2 meets RFP requirement 4.7.1.2 which states the Contractor shall include an estimate of the number and type of personnel required to operate the equipment and perform the other functions of the MMIS. This Staffing Matrix is comprised of 100 Full Time Equivalent (FTE) employees. The breakdown of these employees is:
    - 54 Exempt Employees
    - 46 Non-Exempt Employees
- As required by RFP requirement 4.7.1.2, the statements of resource requirements contained in this document are based on ACS' experience in the operation of the MMIS, and reflect actual Contractor resources devoted to the operation of the system. These statements are contained in Section #3 – PC and Server Configurations and Section #4 – Colorado MMIS RFP Inventory Recap. These two sections identify the resources required by ACS to operate the MMIS, including, at a minimum, data processing hardware/equipment, system and special software, other equipment, telecommunications circuits, and any other requirements.

With respect to office (physical) facilities, ACS currently uses 25,372 square feet of office space to perform its current Colorado Fiscal Agent MMIS Operations. This does not include offsite support space.

Section #2
ACS Colorado MMIS Staffing Matrix

Department	# of FTE's
Account Manager	1
Business Ops Manager	1
Business Services	5
Claims Operations	20
Claims Processing Manager	1
Deputy Account Manager	1
Financial Analyst	1
LAN Manager	1
Medical Policy Manager	1
Medical Review	5
Operations Supervisor	2
Professional Services	11
Professional Services Manager	1
Provider Relations Manager	1
Provider Services	19
Quality Control	4
State Trainer	1
Systems	22
Systems Manager	1
Systems QA	1

Section #3
PC and Server Configurations

Basic PC configuration

Workstation Software Configuration		
Type	**OS**	**Software**
Basic	MS XP Pro.	McAfee, Adobe Reader, Office 2003, Compatibility Pack for Office 2007, MMIS, COLD, Ad-aware SE, Microsoft Visual C++ 2005 Redistributable Package
Call Center	MS XP Pro.	McAfee, Adobe Reader, Office 2003, Compatibility Pack for Office 2007, MMIS, COLD, Avaya Agent/Wallboard, Omnitrack, DocFinity, Ad-aware SE, Spark, Microsoft Visual C++ 2005 Redistributable Package
Systems BA/PA	MS XP Pro.	McAfee, Adobe, Office 2003, Compatibility Pack for Office 2007, MMIS, COLD, Trackwise, RUMBA, Business Objects, Visio Viewer, Ad-aware SE, CutePDF Writer, Microsoft Visual C++ 2005 Redistributable Package

Other Software (as needed)

Misc. Software
TN3270
Avaya CMS Supervisor
FaxPress
MS Project 2000
MS Publisher 2000
MS Visio 2003
UltraEdit

Server Configurations

Server Software Configuration		
Server Name	**OS**	**Applications**
ACSDENVER-CCE	Windows 2003 Server	Avaya Contact Center Express
ACSDENVER-SQL	Windows 2003 Server	MS SQL 2005
ACSIVR	Windows 2000 Server	EPOS Firstline Encore 7.3 / Xpressboot
AGDEN0SLPDB01	Red Hat Enterprise Linux 5 Server	ESURS Datamart Server
AGDEN0SVPDM01	Vmware ESX 3i	VMWare
AGDEN0SWPDM01	Windows 2003 Enterprise	COGNOS Web Server
AGDEN0SWPDM02	Windows 2003 Server	COGNOS Application Server
AGDEN0SWPDM03	Windows 2003 Server	VMWare Host
AGDEN0SWPDM04	Windows 2003 Server	
AGDEN0SWPDM05	Windows 2003 Server	ESURS Application Server
AGDEN0SWPFP01	Windows 2003 Server	Part of server migration project of combining DENPDC01 and DENBDC01 stand alone servers in to rack configuration
AGDEN0SWPSM01	Windows 2003 Server	Dell Desktop Manager
AGDEN0SWPSM02	Windows 2000 Server	Symantec Ghost Console 2.1
AGDEN0SWTFP01	Windows 2003 Server	Wildfire 3.2.0 IM Server / Spiceworks Asset Management
AGDEN0SWTFP02	Windows 2003 Server	VMWare
AGDEN0SWVPDM01	Windows 2000 Server	
AGDEN0SWVPS	Windows 2003 Server	Voice Print 2.83 / Firebird SQL Database 1.5.3
AGDENSWRBK01	Windows 2003 Server	Symantec Ghost Console 2.1
CO-APPS1	Windows 2000 Server	Business Objects
CO-APPS2	Windows 2000 Server	Business Objects
CO-ETL	Windows 2000 Server	DSS File Server
COPROD	Solaris 9	DSS Database Server

DELL0093N	Windows 2000 Server	McAfee EPO
DELL0147	Windows 2003 Server	Denver Helpdesk Ticketing System
DENBDC01	Windows 2003 Server	MMIS_PROD / MMIS_Unit_Test / Trackwise / MS SQL Server / Consultrack
DENOITAPPSVR	Windows 2003 Server	Netbackup 5.1 / Docfinity Object Importer
DENOITSQLSVR	Windows 2003 Server	MS SQL
DENOITWEBSVR	Windows 2003 Server	Cold Fusion 6.0
DENOTRACK1	Windows 2000 Server	Sybase SQL Central 4.1.1.1370
DENPDC01	Windows 2003 Server	MMIS _Test / MMIS_System/ Script Logic
DENPRTSVR01	Windows 2003 Server	WSUS 3.0
DENTERM01	Windows 2000 Server	Citric MetaFrame XP Feature Release 2 / Terminal Services Windows 2000 Server

Section #4
Colorado MMIS RFP Inventory Recap

DENVER Resources

Hardware Inventory					
Vendor	**Quantity**	**Model #**	**CPU**	**# Drives / Drive Capacity**	**Memory**
Servers					
DELL	1	PowerEdge 1600SC	Dual Xeon / 2.0GHz	2/36 GB	512 MB
DELL	1	PowerEdge 2400	PIII / 733MHz	4/9.2 GB	4 GB
DELL	1	PowerEdge 2500	PIII / 1.0GHz	3/'36 GB	2 GB
DELL	1	PowerEdge 2600	Dual Xeon / 2.4GHz	4/73 GB	2 GB
DELL	1	PowerEdge 2850	Xeon / 3.0GHz	6/36 GB	2 GB
DELL	1	PowerEdge 2850	Dual Xeon / 3.0GHz	6/73 GB	2 GB
DELL	1	PowerEdge 2850	Xeon / 3.0GHz	6/73 GB	2 GB
DELL	1	PowerEdge 2950	Dual Dual-Core Xeon / 2.0GHz	3/278.88GB	4 GB
DELL	1	PowerEdge 2900	Dual-Core Xeon / 1.86GHz	2/146 GB	1 GB
DELL	1	PowerEdge 2950	Dual Quad-Core Xeon / 2.0 GHz (E5405)	3/300 GB	4 GB
DELL	1	PowerEdge 2950	Dual Quad-Core Xeon / 3.0GHz (E5450)	2/750GB	32 GB
DELL	5	PowerEdge 2950	Dual Quad-Core Xeon / 2.0GHz (E5335)	3/300 GB	4 GB
DELL	1	PowerEdge 4400	PIII / 1.0GHz	4/9.2 GB / 4/73 GB	1 GB
DELL	2	PowerEdge 4600	P4 / 2.4GHz	8/36 GB	4 GB
DELL	2	PowerEdge 860	Dual-Core Xeon / 2.4GHz	1/80 GB	2 GB
DELL	1	PowerEdge R900	Quad Dual-Core Xeon / 2.93GHz	5/300GB	64 GB
HP/COMPAQ	1	Proliant DL360R03	Dual Xeon / 2.4GHz	2/36.4 GB	4 GB
HP/COMPAQ	2	Proliant DL380R03	Quad Xeon / 2.8GHz	4/36.4 Gig	4 GB
HP/COMPAQ	1	Proliant DL380R03	Quad Xeon / 1.9GHz	4/72.8 GB	12 GB
HP/COMPAQ	1	Proliant DL580R02	Quad Xeon / 1.9GHz	4/ 72.8 GB	4 GB
SUN	1	SunFire V880	Quad Sun UltraSPARCIII / 900MHz	6/73 GB	16 GB
Total	28				
Workstations					
IBM	5	8215D1U	Intel Pentium 43000 MHz	80 GB	1 GB
IBM	36	8215D1U	Intel Pentium 43000 MHz	80 GB	512 MB
DELL	1	Inspiron 2500	Intel Celeron800 MHz	10 GB	128 MB
DELL	1	Inspiron 2600	Intel Celeron1200 MHz	20 GB	640 MB
DELL	1	Latitude C640	Mobile Intel Pentium 4 - M2000 MHz	20 GB	512 MB
DELL	2	Latitude D630	Intel(R) Core(TM)2 Duo2000 MHz	80 GB	1 GB
DELL	2	Latitude D830	Intel(R) Core(TM)2 Duo2000 MHz	120 GB	2 GB
DELL	1	Latitude E6400	Intel(R) Core(TM)2 Duo2400 MHz	80 GB	2 GB
DELL	23	OptiPlex 330	Intel(R) Pentium(R) Dual1600 MHz	80 GB	1 GB
DELL	29	OptiPlex 330	Intel(R) Pentium(R) Dual2000 MHz	80 GB	2 GB
DELL	7	OptiPlex 360	Intel(R) Core(TM)2 Duo2200 MHz	80 GB	2 GB
DELL	5	OptiPlex 755	Intel(R) Core(TM)2 Duo2200 MHz	80 GB	4 GB
DELL	1	OptiPlex GX260	Intel Pentium 42700 MHz	20 GB	1 GB
DELL	1	OptiPlex GX260	Intel Pentium 42700 MHz	40 GB	512 MB
DELL	5	OptiPlex GX260	Intel Pentium 42700 MHz	20 GB	512 MB

DELL	1	OptiPlex GX260	Intel Pentium 42700 MHz	20 GB	640 MB
DELL	1	OptiPlex GX260	Intel Pentium 42800 MHz	40 GB	1 GB
DELL	2	OptiPlex GX260	Intel Pentium 42800 MHz	40 GB	384 MB
DELL	3	OptiPlex GX260	Intel Pentium 42800 MHz	20 GB	384 MB
DELL	2	OptiPlex GX260	Intel Pentium 42800 MHz	20 GB	512 MB
DELL	1	OptiPlex GX260	Intel Pentium 42800 MHz	20 GB	768 MB
DELL	1	OptiPlex GX270	Intel Pentium 42800 MHz	40 GB	512 MB
DELL	1	Precision WorkStation T3400	Intel(R) Core(TM)2 Duo2000 MHz	150 GB	3 GB
Total	132				
Printers					
HP	1	Color LaserJet 4600DN			
HP	1	LaserJet 4100DTN			
HP	1	LaserJet 4100N			
HP	1	LaserJet 5SiMX			
HP	1	LaserJet 8150DN			
HP	1	LaserJet 9000			
Lanier	1	LD151 MFD			
Total	**7**				
Scanners					
Kodak	1	Kodak i810			

Communication Resources:

Networking Devices	
Model	**Quantity**
Cisco Catalyst 4510R Switch	1
Cisco PIX 515 Firewall	2
Cisco 2821 Router	2
Cisco 1841 Router	1
Total	**6**

PBX - Voice Hardware	
Model	**Quantity**
Avaya S8500 Media Server	1
Avaya Audix	1
Avaya Call Master IV phones	27
Avaya 6408D+ phones	70
Avaya 8405B+ phones	29
Total	**128**

Network Circuits	
Model	**Quantity**
MPLS T1 - ACS Network	4
PTP T1 - State Network	1
PTP T1 - HSAG Netwokr	1
PTP T1 - Maximus Network	1
Total	**7**

Voice Circuits	
Model	**Quantity**
AT&T Long Distance	2
Quest Local	2
POTS Line	2
Total	**6**

End of Denver Resources ----------

Section #5
Article 4 Task 4.7.1.2
Colorado MMIS RFP

4.4.1.1. *Develop an MMIS Requirements Statement*

At least twelve (12) months prior to the start of the last year of the base contract period, the contractor shall furnish, at no extra charge, a statement of the resources that would be required by the Department or another contractor to fully take over Fiscal Agent functions of the MMIS.

The statement must include an estimate of the number, type, and salary of personnel required to perform the other functions of the Colorado MMIS. The statement shall be separated by type of activity of the personnel, including, but not limited to, the following categories:

1. Data processing staff (for modification support)
2. Systems analysts
3. Systems programmers
4. Programmer analysts
5. Administrative staff
6. Clerks
7. Managers
8. Medical personnel (nurses, MDs, pharmacists, etc.)
9. Other support staff (TPL, SURS, Provider/Client Relations)

The statement shall include all facilities and any other resources required to operate the Colorado MMIS, including, but not limited to:

1. Telecommunications networks
2. Office space
3. Hardware
4. Software
5. Other

The statement of resource requirements shall be based on the contractor's experience in the operation of the MMIS and shall include actual contractor resources devoted to Fiscal Agent operations activities.

Colorado Department of
Health Care Policy and Financing

Solicitation #:XXXXX

FOR REFERENCE ONLY

Core MMIS and Supporting Services

Request for Proposals

Appendix H – Draft Contract

Modification 1

Modifications are shown in red.

STATE OF COLORADO
Department of Health Care Policy and Financing
Contract with
Legal Namefor
Name of Contract

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1. PARTIES

This Contract (hereinafter called "Contract") is entered into by and between Legal Name, dba and/or address (hereinafter called "Contractor"), and the STATE OF COLORADO acting by and through the Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203 (hereinafter called the "State" or "Department"). Contractor and the State hereby agree to the following terms and conditions.

2. EFFECTIVE DATE AND NOTICE OF NONLIABILITY

This Contract shall not be effective or enforceable until it is approved and signed by the Colorado State Controller or designee (hereinafter called the "Effective Date"). The State shall not be liable to pay or reimburse Contractor for any performance hereunder including, but not limited to, costs or expenses incurred, or be bound by any provision hereof prior to the Effective Date.

3. RECITALS

A. Authority, Appropriation, and Approval

Authority to enter into this Contract exists in enter legal reference and funds have been budgeted, appropriated and otherwise made available and a sufficient unencumbered balance thereof remains available for payment. Required approvals, clearance and coordination have been accomplished from and with appropriate agencies.

B. Consideration

The Parties acknowledge that the mutual promises and covenants contained herein and other good and valuable consideration are sufficient and adequate to support this Contract.

C. Purpose

The purpose of this Contract is brief description of services. Contractor's offer, submitted in response to ~~Choose~~ **Request for Proposal Number** enter bid # was selected by the State.

D. References

All references in this Contract to sections (whether spelled out or using the §symbol), subsections, exhibits or other attachments, are references to sections, subsections, exhibits or other attachments contained herein or incorporated as a part hereof, unless otherwise noted.

4. DEFINITIONS

The following terms as used herein shall be construed and interpreted as follows:

A. "Closeout Period" means the period of time defined in **Exhibit A**, Statement of Work.

B. "Contract" means this Contract, its terms and conditions, attached addenda, exhibits, documents incorporated by reference under the terms of this Contract, and any future modifying agreements, exhibits, attachments or references incorporated herein pursuant to Colorado State law, Fiscal Rules, and State Controller Policies.

C. "Contract Funds" means funds available for payment by the State to Contractor pursuant to this Contract.

D. Exhibits and other Attachments. The following documents are attached hereto and incorporated by reference herein:

HIPAA Business Associate Addendum and Attachment A
Exhibit A, Statement of Work
Exhibit B, Rates
Exhibit C, Sample Option Letter

E. "Goods" means tangible material acquired, produced, or delivered by Contractor either separately or in conjunction with the Services Contractor renders hereunder.

F. "Party" means the State or Contractor and Parties means both the State and Contractor.

G. "Review" means examining Contractor's Work to ensure that it is adequate, accurate, correct, and consistent with the provided specifications, if any, and in accordance with the standards described in this Contract.

H. "Services" means the required services to be performed by Contractor pursuant to this Contract.

I. "State Fiscal Year" or "SFY" means the period which begins on July 1 of each calendar year and ends on June 30 of the following calendar year.

J. "Subcontractor" means third-parties, if any, engaged by Contractor to aid in performance of its obligations.

K. "Work" means the tasks and activities Contractor is required to perform to fulfill its obligations under this Contract, and **Exhibit A**, including the performance of the Services and delivery of the Goods.

L. "Work Product" means the tangible or intangible results of Contractor's Work, including, but not limited to, software, research, reports, studies, data, photographs, negatives or other finished or unfinished documents, drawings, models, surveys, maps, materials, or work product of any type, including drafts.

Any terms used herein which are defined in **Exhibit A**, Statement of Work shall be construed and interpreted as defined therein.

5. TERM

A. Initial Term

The Parties' respective performances under this Contract shall commence on Month Day, Year. or "." This Contract shall expire on , unless sooner terminated or further extended as specified elsewhere herein.

B. Two Month Extension

The State, at its sole discretion, upon written notice to Contractor as provided in **§16**, may unilaterally extend the term of this Contract for a period not to exceed two (2) months if the Parties are negotiating a replacement Contract at or near the end of any initial term or renewal term. The provisions of this Contract in effect

when such notice is given, including, but not limited to, prices, rates and delivery requirements, shall remain in effect during the two month extension. The two (2) month extension shall immediately terminate when and if a replacement contract is approved and signed by the Colorado State Controller or an authorized designee.

C. Option to Extend

The State may require continued performance for a period of one (1) year or less at the same rates and same terms specified in the Contract. If the State exercises this option, it shall provide written notice to Contractor at least thirty (30) days prior to the end of the current Contract term in form substantially equivalent to **Exhibit C**. If exercised, the provisions of the Option Letter shall become part of and be incorporated into this Contract. In no event shall the total duration of this Contract, from the Operational Start Date until termination and including the exercise of any options under this clause, exceed five (5) years, unless the State receives approval from the State Purchasing Director or delegate.

~~**D. Extension Amendments**~~

~~**The State may require continued performance for a period of one (1) year or less at the same rates and same terms specified in the Contract, unless modified by the extension amendment. Such extension shall be made by contract amendment. An extension amendment is not effective until approved and signed by the Colorado State Controller or an authorized designee. The extended contract shall be considered to include this renewal provision. In no event shall the total duration of this Contract, including any extension amendments under this clause, exceed five (5) years, unless the State receives approval from the State Purchasing Director or delegate.**~~

6. STATEMENT OF WORK

A. Completion

Contractor shall complete the Work and its other obligations as described in this Contract and in **Exhibit A** on or before the end of the term of this Contract. The State shall not be liable to compensate Contractor for any Work performed prior to the Effective Date or after the expiration or termination of this Contract.

B. Goods and Services

Contractor shall procure Goods and Services necessary to complete the Work. Such procurement shall not increase the maximum amount payable hereunder by the State.

C. Independent Contractor

All persons employed by Contractor or Subcontractors to perform Work under this Contract shall be Contractor's or Subcontractors' employee(s) for all purposes hereunder and shall not be employees of the State for any purpose as a result of this Contract.

7. PAYMENTS TO CONTRACTOR

The State shall, in accordance with the provisions of this **§7** and **Exhibit A**, Statement of Work, pay Contractor in the amounts and using the methods set forth below:

A. Maximum Amount

The maximum amount payable under this Contract to Contractor by the State is shown in the following table, as determined by the State from available funds. Payments to Contractor are limited to the unpaid obligated balance of the Contract at the rates set forth in **Exhibit B**. The maximum amount payable by the State to Contractor is:

State Fiscal Year 20xx-xx	$0.00
Total for All State Fiscal Years	**$0.00**

B. Payment

Payment pursuant to this Contract will be made as earned. Any advance payments allowed under this Contract shall comply with State Fiscal Rules and be made in accordance with the provisions of this Contract. Contractor shall initiate any payment requests by submitting invoices to the State in the form and manner prescribed by the State.

C. Interest

The State shall not be liable for any interest due related to any payments or late payments by the State under the Contract.

D. Available Funds-Contingency-Termination

The State is prohibited by law from making commitments beyond the term of the State's current Fiscal Year. Therefore, Contractor's compensation beyond the State's current Fiscal Year is contingent upon the continuing availability of State appropriations as provided in the Colorado Special Provisions, set forth below. If federal funds are used to fund this Contract, in whole or in part, the State's performance hereunder is contingent upon the continuing availability of such funds. Payments pursuant to this Contract shall be made only from available funds encumbered for this Contract and the State's liability for such payments shall be limited to the amount remaining of such encumbered funds. If State or federal funds are not appropriated, or otherwise become unavailable to fund this Contract, the State may terminate this Contract immediately, in whole or in part, without further liability notwithstanding any notice and cure period in **§14.**B.

E. Erroneous Payments

At the State's sole discretion, payments made to Contractor in error for any reason, including, but not limited to, overpayments or improper payments, may be recovered from Contractor by deduction from subsequent payments under this Contract or other contracts, grants or agreements between the State and

Contractor or by other appropriate methods and collected as a debt due to the State. Such funds shall not be paid to any party other than the State.

F. Closeout Payments

Notwithstanding anything to the contrary in this Contract, all payments for the final month of the Contract shall be paid to the Contractor no sooner than ten (10) days after the Department has determined that the Contractor has completed all of the requirements of the Closeout Period.

G. Option to Increase or Decrease Statewide Quantity of Service

The Department may increase or decrease the statewide quantity of ~~Choose~~ **services** described in the Contract based upon the rates established in the Contract. If the Department exercises the option, it will provide written notice to Contractor in a form substantially equivalent to **Exhibit C**. Delivery/performance of ~~Choose~~ **services** shall continue at the same rates and terms. If exercised, the provisions of the Option Letter shall become part of and be incorporated into the original Contract.

8. REPORTING NOTIFICATION

Reports required under this Contract shall be in accordance with the procedures and in such form as prescribed by the State and as described in **Exhibit A**.

A. Litigation Reporting

Within ten (10) days after being served with any pleading in a legal action filed with a court or administrative agency, related to this Contract or which may affect Contractor's ability to perform its obligations hereunder, Contractor shall notify the State of such action and deliver copies of such pleadings to the State's principal representative as identified herein. If the State's principal representative is not then serving, such notice and copies shall be delivered to the Executive Director of the Department.

B. Noncompliance

Contractor's failure to provide reports and notify the State in a timely manner in accordance with this **§8** may result in the delay of payment of funds and/or termination as provided under this Contract.

9. CONTRACTOR RECORDS

A. Maintenance

Contractor shall make, keep, maintain, and allow inspection and monitoring by the State of a complete file of all records, documents, communications, notes, and other written materials, electronic media files and electronic communications, pertaining in any manner to the Work or the delivery of Services or Goods hereunder. Contractor shall maintain such records until the last to occur of: **(i)** a period of six (6) years after the date this Contract expires or is sooner terminated, or **(ii)** a period of six (6) years after final payment is made hereunder, or **(iii)** a period of six (6) years after the resolution of any pending Contract matters, or **(iv)**

if an audit is occurring, or Contractor has received notice that an audit is pending, until such audit has been completed and its findings have been resolved (collectively, the "Record Retention Period"). All such records, documents, communications and other materials shall be the property of the State, and shall be maintained by the Contractor in a central location and the Contractor shall be custodian on behalf of the State.

B. Inspection

Contractor shall permit the State, the federal government and any other duly authorized agent of a governmental agency to audit, inspect, examine, excerpt, copy and/or transcribe Contractor's records related to this Contract during the Record Retention Period, to assure compliance with the terms hereof or to evaluate performance hereunder. The State reserves the right to inspect the Work at all reasonable times and places during the term of this Contract, including any extensions or renewals. If the Work fails to conform with the requirements of this Contract, the State may require Contractor promptly to bring the Work into conformity with Contract requirements, at Contractor's sole expense. If the Work cannot be brought into conformance by re-performance or other corrective measures, the State may require Contractor to take necessary action to ensure that future performance conforms to Contract requirements and exercise the remedies available under this Contract, at law or in equity, in lieu of or in conjunction with such corrective measures.

C. Monitoring

Contractor shall permit the State, the federal government and any other duly authorized agent of a government agency, in their sole discretion, to monitor all activities conducted by Contractor pursuant to the terms of this Contract using any reasonable procedure, including, but not limited to: internal evaluation procedures, examination of program data, formal audit examinations, or any other procedure. All monitoring controlled by the State shall be performed in a manner that shall not unduly interfere with Contractor's performance hereunder. The State shall provide the Contractor at least five (5) Business Days notice prior to any such monitoring.

D. Final Audit Report

If an audit is performed by any governmental agency on Contractor's records for any fiscal year covering a portion of the term of this Contract, Contractor shall submit a copy of the final audit report to the State or its principal representative at the address specified herein.

10. CONFIDENTIAL INFORMATION

Contractor shall comply with the provisions of this **§10** if it becomes privy to confidential information in connection with its performance hereunder. Confidential information includes, but is not necessarily limited to, any state records, personnel records, and information concerning individuals. Such information shall not include information

required to be disclosed pursuant to the Colorado Open Records Act, CRS §24-72-101, *et seq*.

A. Confidentiality

Contractor shall keep all State records and information confidential at all times and comply with all laws and regulations concerning confidentiality of information. Any request or demand by a third party for State records and information in the possession of Contractor shall be immediately forwarded to the State's principal representative.

B. Health Insurance Portability & Accountability Act of 1996 ("HIPAA")

i. Federal Law and Regulations

Pursuant to federal law and regulations governing the privacy of certain health information, the Contractor, to the extent applicable, shall comply with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d – 1320d-8 ("HIPAA") and its implementing regulations promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Parts 160 and 164 (the "Privacy Rule") and other applicable laws, as amended.

ii. Business Associate Contract

Federal law and regulations governing the privacy of certain health information requires a "Business Associate Contract" between the State and the Contractor, 45 C.F.R. Section 164.504(e). Attached and incorporated herein by reference and agreed to by the parties is a HIPAA Business Associate Addendum ("Addendum") for HIPAA compliance. Terms of the Addendum shall be considered binding upon execution of this Contract and shall remain in effect during the term of the Contract including any extensions or amendments.

iii. Confidentiality of Records

The Contractor shall protect the confidentiality of all records and other materials containing personally identifying information that are maintained in accordance with the Contract and comply with HIPAA rules and regulations. Except as provided by law, no information in possession of the Contractor about any individual constituent shall be disclosed in a form including identifying information without the prior written consent of the person in interest, a minor's parent, or guardian. The Contractor shall have written policies governing access to, duplication and dissemination of, all such information. The Contractor shall advise its employees, agents and subcontractors, if any, that they are subject to these confidentiality requirements. The Contractor shall provide its employees, agents and subcontractors, if any, with a copy or written explanation of these confidentiality requirements before access to confidential data is permitted. No confidentiality requirements contained in this Contract shall negate or supersede the provisions of HIPAA.

C. Notification

Contractor shall notify its agents, employees, Subcontractors and assigns who may come into contact with State records or other confidential information that each is subject to the confidentiality requirements set forth herein, and shall provide each with a written explanation of such requirements before permitting them to access such records and information.

D. Use, Security, and Retention

Confidential information of any kind shall not be distributed or sold to any third party or used by Contractor or its agents in any way, except as authorized by this Contract or approved in writing by the State. Contractor shall provide and maintain a secure environment that ensures confidentiality of all State records and other confidential information wherever located. Confidential information shall not be retained in any files or otherwise by Contractor or its agents, except as permitted in this Contract or approved in writing by the State.

E. Disclosure-Liability

Disclosure of State records or other confidential information by Contractor for any reason outside of the requirements of this contract may be cause for legal action by third parties against Contractor, the State or their respective agents. Contractor shall indemnify, save, and hold harmless the State, its employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by Contractor, or its employees, agents, Subcontractors, or assignees pursuant to this **§10**.

11. CONFLICTS OF INTEREST

A. Contractor shall not engage in any business or personal activities or practices or maintain any relationships which conflict in any way with the full performance of Contractor's obligations hereunder. Contractor acknowledges that with respect to this Contract, even the appearance of a conflict of interest is harmful to the State's interests. Absent the State's prior written approval, Contractor shall refrain from any practices, activities or relationships that reasonably appear to be in conflict with the full performance of Contractor's obligations to the State hereunder. If a conflict or appearance exists, or if Contractor is uncertain whether a conflict or the appearance of a conflict of interest exists, Contractor shall submit to the State a disclosure statement setting forth the relevant details for the State's consideration. Failure to promptly submit a disclosure statement or to follow the State's direction in regard to the apparent conflict constitutes a breach of this Contract.

B. The Contractor (and Subcontractors permitted under the terms of this Contract) shall maintain a written code of standards governing the performance of its employees engaged in the award and administration of contracts. No employee, officer or agent of the Contractor, or Subcontractor shall participate in the selection, or in the award or administration of a contract or subcontract supported

by federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:

i. The employee, officer or agent;
ii. Any member of the employee's immediate family;
iii. The employee's partner; or
iv. An organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award. The Contractor's or Subcontractors' officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from Contractors, potential Contractors, or parties to subagreements.

12. REPRESENTATIONS AND WARRANTIES

Contractor makes the following specific representations and warranties, each of which was relied on by the State in entering into this Contract.

A. Standard and Manner of Performance

Contractor shall perform its obligations hereunder in accordance with the highest standards of care, skill and diligence in Contractor's industry, trade, or profession and in the sequence and manner set forth in this Contract.

B. Legal Authority – Contractor Signatory

Contractor warrants that it possesses the legal authority to enter into this Contract and that it has taken all actions required by its procedures, and bylaws, and/or applicable laws to exercise that authority, and to lawfully authorize its undersigned signatory to execute this Contract, or any part thereof, and to bind Contractor to its terms. If requested by the State, Contractor shall provide the State with proof of Contractor's authority to enter into this Contract within fifteen (15) days of receiving such request.

C. Licenses, Permits, Etc.

Contractor represents and warrants that as of the Effective Date it has, and that at all times during the term hereof it shall have and maintain, at its sole expense, all licenses, certifications, approvals, insurance, permits and other authorizations required by law to perform its obligations hereunder. Contractor warrants that it shall maintain all necessary licenses, certifications, approvals, insurance, permits, and other authorizations required to properly perform this Contract, without reimbursement by the State or other adjustment in Contract Funds. Additionally, all employees, agents, and Subcontractors of Contractor performing Services under this Contract shall hold all required licenses or certifications, if any, to perform their responsibilities. Contractor, if a foreign corporation or other foreign entity transacting business in the State of Colorado, further warrants that it currently has obtained and shall maintain any applicable certificate of authority to transact business in the State of Colorado and has designated a registered agent in Colorado to accept service of process. Any revocation, withdrawal or non-renewal of licenses, certifications, approvals, insurance, permits or any such similar requirements necessary for Contractor to properly perform the terms of this

Contract is a material breach by Contractor and constitutes grounds for termination of this Contract.

13. INSURANCE

Contractor and its Subcontractors shall obtain and maintain insurance as specified in this section at all times during the term of this Contract. All policies evidencing the insurance coverage required hereunder shall be issued by insurance companies satisfactory to Contractor and the State.

A. Contractor

i. Public Entities

If Contractor is a "public entity" within the meaning of the Colorado Governmental Immunity Act, CRS §24-10-101, *et seq*., as amended (the "GIA"), then Contractor shall maintain at all times during the term of this Contract such liability insurance, by commercial policy or self-insurance, as is necessary to meet its liabilities under the GIA. Contractor shall show proof of such insurance satisfactory to the State, if requested by the State. Contractor shall require each contract with a Subcontractor that is a public entity, to include the insurance requirements necessary to meet such Subcontractor's liabilities under the GIA.

ii. Non-Public Entities

If Contractor is not a "public entity" within the meaning of the GIA, Contractor shall obtain and maintain during the term of this Contract insurance coverage and policies meeting the requirements set forth in **§13.B** with respect to Subcontractors that are not "public entities".

B. Contractors – Subcontractors

Contractor shall require each contract with Subcontractors other than those that are public entities, providing Goods or Services in connection with this Contract, to include insurance requirements substantially similar to the following:

i. Worker's Compensation

Worker's Compensation Insurance as required by State statute, and Employer's Liability Insurance covering all of Contractor's or Subcontractor's employees acting within the course and scope of their employment.

ii. General Liability

Commercial General Liability Insurance written on ISO occurrence form CG 00 01 10/93 or equivalent, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

a. $1,000,000 each occurrence;
b. $1,000,000 general aggregate;

c. $1,000,000 products and completed operations aggregate; and
d. $50,000 any one fire.

If any aggregate limit is reduced below $1,000,000 because of claims made or paid, Subcontractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to Contractor a certificate or other document satisfactory to Contractor showing compliance with this provision.

iii. Protected Health Information Insurance

Liability insurance covering all loss of Protected Health Information data and claims based upon alleged violations of privacy rights through improper use or disclosure of Protected Health Information with minimum limits as follows:
a. $1,000,000 each occurrence; and
b. $2,000,000 general aggregate.

iv. Automobile Liability

Automobile Liability Insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of $1,000,000 each accident combined single limit.

v. Professional Liability Insurance

Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts with minimum limits as follows:
a. $1,000,000 each occurrence; and
b. $1,000,000 general aggregate.

vi. Crime Insurance

Crime Insurance including Employee Dishonesty coverage with minimum limits as follows:
a. $1,000,000 each occurrence; and
b. $1,000,000 general aggregate.

vii. Additional Insured

The State shall be named as additional insured on all Commercial General Liability, Automobile Liability Insurance policies and Protected Health Information Insurance policies (leases and construction contracts require additional insured coverage for completed operations on endorsements CG 2010 11/85, CG 2037, or equivalent) required of Contractor and any Subcontractors hereunder.

viii. Primacy of Coverage

Coverage required of Contractor and Subcontractor shall be primary over any insurance or self-insurance program carried by Contractor or the State.

ix. Cancellation

The above insurance policies shall include provisions preventing cancellation or non-renewal without at least 30 days prior notice to Contractor and Contractor shall forward such notice to the State in accordance with **§16** (Notices and Representatives) within seven (7) days of Contractor's receipt of such notice.

x. Subrogation Waiver

All insurance policies in any way related to this Contract and secured and maintained by Contractor or its Subcontractors as required herein shall include clauses stating that each carrier shall waive all rights of recovery, under subrogation or otherwise, against Contractor or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.

C. Certificates

Contractor and all Subcontractors shall provide certificates showing insurance coverage required hereunder to the State within seven (7) business days of the Effective Date of this Contract. No later than fifteen (15) days prior to the expiration date of any such coverage, Contractor and each Subcontractor shall deliver to the State or Contractor certificates of insurance evidencing renewals thereof. In addition, upon request by the State at any other time during the term of this Contract or any subcontract, Contractor and each Subcontractor shall, within ten (10) days of such request, supply to the State evidence satisfactory to the State of compliance with the provisions of this **§13**.

14. BREACH

A. Defined

In addition to any breaches specified in other sections of this Contract, the failure of the Contractor to perform any of its material obligations hereunder in whole or in part or in a timely or satisfactory manner, constitutes a breach. The institution of proceedings under any bankruptcy, insolvency, reorganization or similar law, by or against Contractor, or the appointment of a receiver or similar officer for Contractor or any of its property, which is not vacated or fully stayed within twenty (20) days after the institution or occurrence thereof, shall also constitute a breach.

B. Notice and Cure Period

In the event of a breach, the State shall notify the Contractor of such in writing in the manner provided in **§16**. If such breach is not cured within ten (10) days of receipt of written notice, the State may exercise any of the remedies set forth in **§15**. Notwithstanding anything to the contrary herein, the State, in its sole discretion, need not provide advance notice or a cure period and may immediately terminate this Contract in whole or in part if reasonably necessary to preserve public safety or to prevent immediate public crisis.

15. REMEDIES

A. Termination for Cause and/or Breach

If Contractor is in breach under any provision of this Contract, the State shall have all of the remedies listed in this **§15** in addition to all other remedies set forth in other sections of this Contract, and without limiting its remedies otherwise available at law or equity, following the notice and cure period set forth in **§14.B**. The State may exercise any or all of the remedies available to it, in its sole discretion, concurrently or consecutively. The State may terminate this entire Contract or any part of this Contract. Exercise by the State of this right shall not be a breach of its obligations hereunder.

i. Obligations and Rights

To the extent specified in any termination notice, Contractor shall not incur further obligations or render further performance hereunder past the effective date of such notice, and shall terminate outstanding orders and subcontracts with third parties. However, Contractor shall complete and deliver to the State all Work, Services and Goods not cancelled by the termination notice and may incur obligations as are necessary to do so within this Contract's terms. Contractor shall continue performance of this Contract up to the effective date of the termination notice. To the extent the Contract is not terminated, if any, Contractor shall continue performance until the expiration of this Contract. At the sole discretion of the State, Contractor shall assign to the State all of Contractor's right, title, and interest under such terminated orders or subcontracts. Upon termination, Contractor shall take timely, reasonable and necessary action to protect and preserve property in the possession of Contractor in which the State has an interest. All materials owned by the State in the possession of Contractor shall be immediately returned to the State. All Work Product, at the option of the State, shall be delivered by Contractor to the State and shall become the State's property. The Contractor shall be obligated to return any payment advanced under the provisions of this Contract.

ii. Payments

The State shall reimburse Contractor only for accepted performance up to the effective date of the termination. If, after termination by the State, it is determined that Contractor was not in breach or that Contractor's action or inaction was excusable, such termination shall be treated as a termination in the public interest and the rights and obligations of the Parties shall be the same as if this Contract had been terminated in the public interest, as described herein.

iii. Damages and Withholding

Notwithstanding any other remedial action by the State, Contractor shall remain liable to the State for any damages sustained by the State by virtue of any breach under this Contract by Contractor and the State may

withhold any payment to Contractor for the purpose of mitigating the State's damages, until such time as the exact amount of damages due to the State from Contractor is determined. The State may withhold any amount that may be due Contractor as the State deems necessary to protect the State against loss, including loss as a result of outstanding liens, claims of former lien holders, or for the excess costs incurred in procuring similar goods or services. Contractor shall be liable for excess costs incurred by the State in procuring from third parties replacement Work, Services or substitute Goods as cover.

B. Early Termination in the Public Interest

The State is entering into this Contract for the purpose of carrying out the public policy of the State of Colorado, as determined by its Governor, General Assembly, and/or courts. If this Contract ceases to further the public policy of the State, the State, in its sole discretion, may terminate this Contract, in whole or in part. Exercise by the State of this right shall not constitute a breach of the State's obligations hereunder. This subsection shall not apply to a termination of this Contract by the State for cause or breach by Contractor, which shall be governed by **§15.A** or as otherwise specifically provided for herein.

i. Method and Content

The State shall notify Contractor of such termination in accordance with **§16.** The notice shall specify the effective date of the termination, which shall be at least twenty (20) days from the date of the notice, and whether it affects all or a portion of this Contract.

ii. Obligations and Rights

Upon receipt of a termination notice, Contractor shall be subject to and comply with the same obligations and rights set forth in **§15.A.i**.

iii. Payments

If this Contract is terminated by the State pursuant to this **§15.B**, Contractor shall be paid an amount which bears the same ratio to the total reimbursement under this Contract as Contractor's obligations that were satisfactorily performed bear to the total obligations set forth in this Contract, less payments previously made. Additionally, if this Contract is less than 60% completed upon the effective date of such termination, the State may reimburse Contractor for a portion of actual out-of-pocket expenses (not otherwise reimbursed under this Contract) incurred by Contractor prior to the effective date of the termination in the public interest which are directly attributable to the uncompleted portion of Contractor's obligations hereunder; provided that the sum of any and all reimbursement shall not exceed the maximum amount payable to Contractor hereunder.

C. Additional Remedies

The State, in its sole discretion, may exercise one or more of the following remedies in addition to other remedies available to it:

i. Suspend Performance

Suspend Contractor's performance with respect to all or any portion of this Contract, pending necessary corrective action as specified by the State without entitling Contractor to an adjustment in price/cost or performance schedule, based on the Contractor's failure to perform the suspended portions of the Contract in accordance with the Contract's requirements. Contractor shall promptly cease performance and shall promptly cease incurring costs in accordance with the State's directive and the State shall not be liable for costs incurred by Contractor after the suspension of performance under this provision.

ii. Withhold Payment

Withhold payment to Contractor until Contractor's performance or corrections in Contractor's performance are satisfactorily made and completed.

iii. Deny Payment

Deny payment for those obligations not performed, that due to Contractor's actions or inactions, cannot be performed or, if performed, would be of no value to the State; provided, that any denial of payment shall be reasonably related to the value to the State of the obligations not performed.

iv. Removal

The State may request removal from work on the Contract of any of Contractor's employees, agents, or Subcontractors whom the State justifies incompetent, careless, insubordinate, unsuitable, or otherwise unacceptable, or whose continued relation to this Contract is deemed to be contrary to the public interest or the State's best interest. For any requested removal of Contractor's employees, agents or Subcontractors, in a non-emergency situation, the State may provide written notice to Contractor identifying each element of dissatisfaction and Contractor may have ten (10) business days from receipt of such written notice to provide the State with a written action plan to remedy each stated point of dissatisfaction. In the event that completion of the action plan fails to remedy all stated points of dissatisfaction, the Contractor shall remove the employees as requested by the State.

v. Intellectual Property

If Contractor infringes on a patent, copyright, trademark, trade secret or other intellectual property right while performing its obligations under this Contract, Contractor shall, at the State's option:

a. Obtain for the State or Contractor the right to use such products and services;

b. Replace any Goods, Services, or other product involved with non-infringing products or modify them so that they become non-infringing; or,

c. If neither of the foregoing alternatives are reasonably available, remove any infringing Goods, Services, or products and refund the price paid therefore to the State.

D. Liquidated damages

i. Liquidated damages may be deducted by the Department from any money payable to the Contractor pursuant to this Contract related to the Contractor's failure to meet Quarterly Milestones. Under these circumstances, the Department will notify the Contractor in writing of any claim for remedies at least thirty (30) calendar days prior to the date when sums will be deducted and over what period.

a. If the Contractor's failure to meet a Quarterly Milestone is considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System the Department may assess damages in the amount of $4,000 per business day that the event occurs.

b. If the Contractor's failure to meet a Quarterly Milestone is not considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System the Department may assess damages in the amount of $1,000 per business day that the event occurs.

c. Liquidated damages may process through the Dispute Process (described in **§20(E)**) if the Contractor believes it are not at fault or if the liquidated damages are not assessed correctly (e.g., per business day amount, the number of business days assessed under the liquidated damages).

ii. Following July 1, 2017, liquidated damages shall be imposed if claims processing is not fully operational and the Core MMIS and Supporting Services are not Operational as described in **Exhibit A**, and the Contractor is determined to be at fault for the delay based on the outcome resulting from the Dispute Process (as described in **§20(E)**). Liquidated damages will be assessed on a monthly basis the incremental difference between the amount that must be paid to the current MMIS contractor and the contractual amount to be paid to the Core MMIS and Supporting Services Contractor. The Core MMIS and Supporting Services Contractor will not be paid any amount during the specified delay.

iii. If CMS Certification is not granted within eighteen (18) months of the start of claims processing by the Core MMIS and Supporting Services, and the Contractor is determined to be at fault for the delay based on the outcome resulting from the Dispute Process (as described in Section **§20(E)**) the Contractor will reimburse the Department an amount equal to

the difference between the 75% Federal Financial Participation Rate for a CMS Certified System and the 50% Federal Financial Participation Rate the Department incurred for operating an non-CMS Certified System during the period the System is not certified by CMS.

iv. Liquidated damages will be assessed via the remedies Dispute Process (as described in **§20(E)**) for any BIDM or PBMS implementation delays or unmet Contractual obligations that impact the Core MMIS and Supporting Services implementation.

E. The first year of the Ongoing MMIS Operations and Fiscal Agent Operations State shall be considered the Warranty Period. The year shall begin on the day on which the System becomes Operational and terminate 365 days later. The Warranty Period covers the agreed upon functionality and the Contractor shall be responsible to correct all Defects in order to allow the System to operate according to Department specifications. The Contractor does not necessarily need to correct all Defects during the Warranty Period, but all Defects identified by the Department or Contractor during the Warranty Period shall be corrected by the Contractor at its expense and at no additional cost to the Department, as agreed upon through the Change Management Process. The Contractor will maintain routine System performance and Fiscal Agent Operations while correcting the Defects.

16. NOTICES AND REPRESENTATIVES

Each individual identified below is the principal representative of the designating Party. All notices required to be given hereunder shall be hand delivered with receipt required or sent by certified or registered mail to such Party's principal representative at the address set forth below. In addition to, but not in lieu of, a hard-copy notice, notice also may be sent by e-mail to the e-mail addresses, if any, set forth below. Either Party may from time to time designate by written notice substitute addresses or persons to whom such notices shall be sent. Unless otherwise provided herein, all notices shall be effective upon receipt.

For the State:
Name and Title
Department of Health Care Policy and Financing
1570 Grant Street
Denver, Colorado 80203
e-mail

For the Contractor:
Name and Title
Company Name
Address 1
Address 2
City, State, Zip
e-mail

17. RIGHTS IN DATA, DOCUMENTS, AND COMPUTER SOFTWARE

Any software, excluding commercial off-the shelf (COTS) software research, reports, studies, data, photographs, negatives or other documents, drawing, models, materials or work product of any type that was developed or modified with federal matching funds, including drafts prepared by the contractor in the performance of its obligations under this contract shall be the exclusive property of the state, and all such work product shall b e delivered to the state by contractor upon completion or termination thereof. The state's exclusive right in such work product shall include, but not be limited to, the right to copy, publish, display, transfer and prepare derivative works. Contractor shall not use, willingly allow, cause or permit such work product to be used for any purpose other than the performance of contractor's obligations hereunder without the prior written consent of the state.

Any software developed by the Contractor prior to this Contract, including all intellectual property rights, shall be the exclusive property of the Contractor. In the event such software, excluding commercial off-the-shelf (COTS) software is used in the performance of this contract, the Contractor shall provide the State with a non-exclusive, royalty-free, worldwide, irrevocable license, with the right to grant sub-licenses, to such software for the term of the Contract and continuing for an additional ten (10) years thereafter. The Contractor shall cooperate with the State during the term of the contract and for the additional ten (10) year period after termination to ensure continued access to this software upon the transition to a new contractor.

For any software developed by the Contractor prior to this Contract and is used in the performance of this contract, Contractor shall release, indemnify, hold harmless and defend the State from and against any claim, action, liability, loss, damage, cost, or expense (including, but not limited to, attorneys' fees, experts' fees, court costs, and damages), arising out of any claim alleging that the intellectual property or the State's use of the intellectual property constitutes infringement of any intellectual property, proprietary, publicity or privacy rights. The State shall: (i) give Contractor written notice within thirty (30) days of receipt by the State of notice of such claim or action; and (ii) allow the Contractor to control, and provide reasonable assistance and cooperation to the Contractor in connection with such claim or action and all related negotiations. The Contractor shall keep the State advised of any defense or settlement. The Contractor shall not enter into any stipulated judgment or settlement that purports to bind the State without the State's express written authorization, which shall not be unreasonably withheld or delayed. The State may, at its discretion, participate in any defense. In the event Contractor fails to vigorously pursue the defense and/or settlement of such claim, the State may assume the defense and settlement thereof and the Contractor shall be liable to the State for all costs and expenses incurred by the State in the pursuit thereof.

The obligations described in this section **§17** shall survive the termination, expiration, cancellation or non-renewal of this Contract. Contractor shall be liable for all costs and expenses incurred by the State under **§17**. Further, Contractor shall reimburse and indemnify the State or its insurers for any claim(s) not covered by Contractor's insurance including deductibles, retentions, self-insurance, co-insurance, uninsured or excess amounts.

18. GOVERNMENTAL IMMUNITY

Liability for claims for injuries to persons or property arising from the negligence of the State of Colorado, its departments, institutions, agencies, boards, officials, and employees is controlled and limited by the provisions of the Colorado Governmental Immunity Act, CRS §24-10-101, *et seq.*, and the risk management statutes, CRS §24-30-1501, *et seq.*, as now or hereafter amended.

19. GENERAL PROVISIONS

A. Assignment and Subcontracts

Contractor's rights and obligations hereunder are personal and may not be transferred, assigned or subcontracted without the prior, written consent of the State. Any attempt at assignment, transfer or subcontracting without such consent shall be void. All assignments, subcontracts, or Subcontractors approved by the Contractor or the State are subject to all of the provisions hereof. Contractor shall be solely responsible for all of the Work performed under this Contract, regardless of whether Subcontractors are used and for all aspects of subcontracting arrangements and performance. Copies of any and all subcontracts entered into by Contractor to perform its obligations hereunder shall be in writing and submitted to the State upon request. Any and all subcontracts entered into by Contractor related to its performance hereunder shall require the Subcontractor to perform in accordance with the terms and conditions of this Contract and to comply with all applicable federal and state laws. Any and all subcontracts shall include a provision that such subcontracts are governed by the laws of the State of Colorado.

B. Binding Effect

Except as otherwise provided in **§19.A**, all provisions herein contained, including the benefits and burdens, shall extend to and be binding upon the Parties' respective heirs, legal representatives, successors, and assigns.

C. Captions

The captions and headings in this Contract are for convenience of reference only, and shall not be used to interpret, define, or limit its provisions.

D. Counterparts

This Contract may be executed in multiple identical original counterparts, all of which shall constitute one agreement.

E. Entire Understanding

This Contract represents the complete integration of all understandings between the Parties regarding the Work and all prior representations and understandings, oral or written, related to the Work are merged herein. Prior or contemporaneous additions, deletions, or other changes hereto shall not have any force or effect whatsoever, unless embodied herein.

F. Indemnification

Contractor shall indemnify, save, and hold harmless the State, its employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by Contractor, or its employees, agents, Subcontractors, or assignees pursuant to the terms of this Contract; however, the provisions hereof shall not be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions, of the Colorado Governmental Immunity Act, CRS §24-10-101 *et seq.*, or the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq*., as applicable, as now or hereafter amended.

G. Jurisdiction and Venue

All suits or actions related to this Contract shall be filed and proceedings held in the State of Colorado and exclusive venue shall be in the City and County of Denver.

H. Modification

i. By the Parties

Except as specifically provided in this Contract, modifications of this Contract shall not be effective unless agreed to in writing by the Parties in an amendment to this Contract, properly executed and approved in accordance with applicable Colorado State law and State Fiscal Rules. Modifications permitted under this Contract, other than contract amendments, shall conform to the policies of the Office of the State Controller, including, but not limited to, the policy entitled MODIFICATIONS OF CONTRACTS - TOOLS AND FORMS.

ii. By Operation of Law

This Contract is subject to such modifications as may be required by changes in Federal or Colorado State law, or their implementing regulations. Any such required modification automatically shall be incorporated into and be part of this Contract on the effective date of such change, as if fully set forth herein.

I. Order of Precedence

The provisions of this Contract shall govern the relationship of the State and Contractor. In the event of conflicts or inconsistencies between this Contract and its exhibits and attachments, including, but not limited to, those provided by Contractor, such conflicts or inconsistencies shall be resolved by reference to the documents in the following order of priority:

i. Colorado Special Provisions
ii. HIPAA Business Associate Addendum and Attachment A
iii. The provisions of the main body of this Contract
iv. Exhibit A, Statement of Work
v. Exhibit B, Rates
vi. Exhibit C, Sample Option Letter

J. Severability

Provided this Contract can be executed and performance of the obligations of the Parties accomplished within its intent, the provisions hereof are severable and any provision that is declared invalid or becomes inoperable for any reason shall not affect the validity of any other provision hereof, provided the Parties can continue to perform their obligations under this Contract in accordance with its intent.

K. Survival of Certain Contract Terms

Notwithstanding anything herein to the contrary, provisions of this Contract requiring continued performance, compliance, or effect after termination hereof, shall survive such termination and shall be enforceable by the State if Contractor fails to perform or comply as required.

L. Taxes

The State is exempt from all federal excise taxes under IRC Chapter 32 (No. 84-730123K) and from all State and local government sales and use taxes under CRS §§39-26-101 and 201, *et seq*. Such exemptions apply when materials are purchased or services are rendered to benefit the State; provided, however, that certain political subdivisions (e.g., City of Denver) may require payment of sales or use taxes even though the product or service is provided to the State. Contractor shall be solely liable for paying such taxes as the State is prohibited from paying or reimbursing Contractor for such taxes.

M. Third Party Beneficiaries

Enforcement of this Contract and all rights and obligations hereunder are reserved solely to the Parties. Any services or benefits which third parties receive as a result of this Contract are incidental to the Contract, and do not create any rights for such third parties.

N. Waiver

Waiver of any breach under a term, provision, or requirement of this Contract, or any right or remedy hereunder, whether explicitly or by lack of enforcement, shall not be construed or deemed as a waiver of any subsequent breach of such term, provision or requirement, or of any other term, provision, or requirement.

O. CORA Disclosure

To the extent not prohibited by federal law, this Contract and the performance measures and standards under CRS §24-103.5-101, if any, are subject to public release through the Colorado Open Records Act, CRS §24-72-101, *et seq*.

P. Limitation of Liability for MMIS Contract

The aggregate liability of the Contractor, for this Contract only, under the agreement for claims other than bodily injury (including death) and damage to tangible personal property (including software and data) shall be limited to the following:

i. During the Implementation Contract Stages, twice the value of the original Contract for the Implementation Contract Stages, excluding any amounts added by amendment. In no event, shall the Contractor be responsible for any indirect, punitive or consequential damages.

ii. During the Ongoing MMIS Operations and Fiscal Agent Operations Stage, one times the value of the original Contract, for Ongoing MMIS Operations and Fiscal Agent Operations Stage, excluding any amounts added by amendment. In no event shall the Contractor be responsible for any indirect, punitive or consequential damages.

20. ADDITIONAL GENERAL PROVISIONS

A. Compliance with Applicable Law

The Contractor shall at all times during the execution of this Contract strictly adhere to, and comply with, all applicable federal and state laws, and their implementing regulations, as they currently exist and may hereafter be amended, which are incorporated herein by this reference as terms and conditions of this Contract. The Contractor shall also require compliance with these statutes and regulations in subcontracts and subgrants permitted under this Contract. The federal laws and regulations include:

Age Discrimination Act of 1975, as amended	42 U.S.C. 6101, *et seq*.
Age Discrimination in Employment Act of 1967	29 U.S.C. 621-634
Americans with Disabilities Act of 1990 (ADA)	42 U.S.C. 12101, *et seq*.
Clean Air Act	42 U.S.C. 7401, *et seq*.
Equal Employment Opportunity	E.O. 11246, as amended by E.O. 11375, amending E.O. 11246 and as supplemented by 41 C.F.R. Part 60
Equal Pay Act of 1963	29 U.S.C. 206(d)
Federal Water Pollution Control Act, as amended	33 U.S.C. 1251, *et seq*.
Immigration Reform and Control Act of 1986	8 U.S.C. 1324b
Section 504 of the Rehabilitation Act of 1973, as amended	29 U.S.C. 794
Title VI of the Civil Rights Act of 1964, as amended	42 U.S.C. 2000d, *et seq*.
Title VII of the Civil Rights Act of 1964	42 U.S.C. 2000e

Title IX of the Education Amendments of 1972, as amended	20 U.S.C. 1681

State laws include:

Civil Rights Division	Section 24-34-301, CRS, *et seq*.

The Contractor also shall comply with any and all laws and regulations prohibiting discrimination in the specific program(s) which is/are the subject of this Contract. In consideration of and for the purpose of obtaining any and all federal and/or state financial assistance, the Contractor makes the following assurances, upon which the State relies.

i. The Contractor will not discriminate against any person on the basis of race, color, national origin, age, sex, religion or handicap, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions, in performance of Work under this Contract.

ii. At all times during the performance of this Contract, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or denied benefits of the service, programs, or activities performed by the Contractor, or be subjected to any discrimination by the Contractor.

The Contractor shall take all necessary affirmative steps, as required by 45 C.F.R. 92.36(e), Colorado Executive Order and Procurement Rules, to assure that small and minority businesses and women's business enterprises are used, when possible, as sources of supplies, equipment, construction, and services purchased under this Contract.

B. Federal Audit Provisions

Office of Management and Budget (OMB) Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations, defines audit requirements under the Single Audit Act of 1996 (Public Law 104-156). All state and local governments and non-profit organizations expending $500,000.00 or more from all sources (direct or from pass-through entities) are required to comply with the provisions of Circular No. A-133. The Circular also requires pass-through entities to monitor the activities of subrecipients and ensure that subrecipients meet the audit requirements. To identify its pass-through responsibilities, the State of Colorado requires all subrecipients to notify the State when expected or actual expenditures of federal assistance from all sources equal or exceed $500,000.00.

C. Debarment and Suspension

i. If this is a covered transaction or the Contract amount exceeds $100,000.00, the Contractor certifies to the best of its knowledge and belief that it and its principals and Subcontractors are not presently

debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency.

ii. This certification is a material representation of fact upon which reliance was placed when the State determined to enter into this transaction. If it is later determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available at law or by contract, the State may terminate this Contract for default.

iii. The Contractor shall provide immediate written notice to the State if it has been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency.

iv. The terms "covered transaction," "debarment," "suspension," "ineligible," "lower tier covered transaction," "principal," and "voluntarily excluded," as used in this paragraph, have the meanings set out in 2 C.F.R. Parts 180 and 376.

v. The Contractor agrees that it will include this certification in all lower tier covered transactions and subcontracts that exceed $100,000.00.

D. Force Majeure

Neither the Contractor nor the State shall be liable to the other for any delay in, or failure of performance of, any covenant or promise contained in this Contract, nor shall any delay or failure constitute default or give rise to any liability for damages if, and only to the extent that, such delay or failure is caused by "force majeure." As used in this Contract, "force majeure" means acts of God; acts of the public enemy; acts of the state and any governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather.

E. Disputes

i. The Contractor and the Department will follow the Dispute Process as outlined in this **§20(E)**. The Dispute Process will be used for all disputes or disagreements between the Department and Contractor.

a. A Type 1 Dispute is considered severe enough to negatively impact the timeline for development or implementation of the System or the continued Operation of the System. The Contractor's failure to meet a Quarterly Milestones is considered a Type 1 Dispute. In addition, any dispute that impacts the Contractor's timing or amount of a Quality Maintenance Payment is considered a Type 1 Dispute.

b. Type 2 Disputes are considered less severe than a Type 1 Dispute or do not have a direct financial impact on either party. Any dispute not considered a Type 1 Dispute is a Type 2 Dispute.

ii. The Department and Contractor are expected to resolve disputes at the lowest level possible and as quickly as possible to maintain a positive working relationship and maintain the timeline for implementation of the

System. If the dispute cannot be resolved, the parties shall escalate the dispute in the following manner:

a. Level 1: The dispute will be discussed and resolved by the Department's Division Director of the Claims Systems and Operations Division and the Contractor's Account Manager. If the dispute is not resolved at this level, the parties shall escalate it to Level 2. During the Implementation Contract Stages this process will take no longer than ten (10) business days for Type 2 disputes and five (5) business days for Type 1 disputes.

b. Level 2: The dispute will be discussed and resolved by the Executive Director of the Department or his or her written Designee and the Chief Executive Officer of the Contractor or his or her written Designee. Should the dispute not be resolved at this level, the parties will escalate it to Level 3. During the Implementation Contract Stages this process will take no longer than twenty (20) additional business days for Type 2 disputes and ten (10) business days for Type 1 disputes.

c. Level 3: Any dispute unresolved in Level 1 and 2 will be escalated to the Colorado State Purchasing Director. He or she will engage both parties in binding arbitration. The written decision of the State Purchasing Director will be final. During the Implementation Contract Stages this process will take no longer than twenty (20) additional business days for Type 2 disputes and ten (10) business days for Type 1 disputes.

d. During the Ongoing MMIS Operations and Fiscal Agent Operations Stage, the time to escalate a dispute from Level 1 to Level 2 to Level 3 may be modified by through a Contract Amendment, if a longer period to resolve disputes prior to entering binding arbitration is desired by both parties.

e. To initiate the Dispute Process, the Division Director of the Claims Systems and Operations Division or the Contractor's Account Manager must issue a notice to the other in writing, as defined in the Communication Management Plan.

iii. The Dispute Process is available to both parties and it shall be used to resolve any issues under this Contract including, but not limited to:

a. All contract requirements covered the Scope of Work of the Contract.

b. The payment of Quality Maintenance Payments.

c. Assessment and calculation of liquidated damages.

d. Withholding or denial of payment.

e. Removal of a Key Personnel or Subcontractors under the Contract.

f. Termination for Cause and/or Breach or Early Termination in the Public Interest.

F. Lobbying

Contractor certifies, to the best of his or her knowledge and belief, that:

i. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative Contract, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative Contract.

ii. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an office or employee of any agency, a Member of Congress, an office or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative Contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

iii. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative Contracts) and that all subrecipients shall certify and disclose accordingly.

iv. This certification is a material representation of fact upon which reliance was placed when the transaction was made or entered into. Submission of the certification is a requisite for making or entering into transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

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21. COLORADO SPECIAL PROVISIONS

The Special Provisions apply to all contracts except where noted in *italics*.

A. **CONTROLLER'S APPROVAL**. **CRS §24-30-202(1)**. This Contract shall not be valid until it has been approved by the Colorado State Controller or designee.

B. **FUND AVAILABILITY**. **CRS §24-30-202(5.5)**. Financial obligations of the State payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available.

C. **GOVERNMENTAL IMMUNITY**. No term or condition of this Contract shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protections, or other provisions, of the Colorado Governmental Immunity Act, CRS §24-10-101 *et seq*., or the Federal Tort Claims Act, 28 U.S.C. §§1346(b) and 2671 *et seq*., as applicable now or hereafter amended.

D. **INDEPENDENT CONTRACTOR**. Contractor shall perform its duties hereunder as an independent contractor and not as an employee. Neither Contractor nor any agent or employee of Contractor shall be deemed to be an agent or employee of the State. Contractor and its employees and agents are not entitled to unemployment insurance or workers compensation benefits through the State and the State shall not pay for or otherwise provide such coverage for Contractor or any of its agents or employees. Unemployment insurance benefits will be available to Contractor and its employees and agents only if such coverage is made available by Contractor or a third party. Contractor shall pay when due all applicable employment taxes and income taxes and local head taxes incurred pursuant to this Contract. Contractor shall not have authorization, express or implied, to bind the State to any agreement, liability or understanding, except as expressly set forth herein. Contractor shall **(a)** provide and keep in force workers' compensation and unemployment compensation insurance in the amounts required by law, **(b)** provide proof thereof when requested by the State, and **(c)** be solely responsible for its acts and those of its employees and agents.

E. **COMPLIANCE WITH LAW**. Contractor shall strictly comply with all applicable federal and State laws, rules, and regulations in effect or hereafter established, including, without limitation, laws applicable to discrimination and unfair employment practices.

F. **CHOICE OF LAW**. Colorado law, and rules and regulations issued pursuant thereto, shall be applied in the interpretation, execution, and enforcement of this Contract. Any provision included or incorporated herein by reference which conflicts with said laws, rules, and regulations shall be null and void. Any provision incorporated herein by reference which purports to negate this or any other Special Provision in whole or in part shall not be valid or enforceable or available in any action at law, whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision shall not invalidate the remainder of this Contract, to the extent capable of execution.

G. **BINDING ARBITRATION PROHIBITED.** The State of Colorado does not agree to binding arbitration by any extra-judicial body or person. Any provision to the contrary in this Contract or incorporated herein by reference shall be null and void.

H. **SOFTWARE PIRACY PROHIBITION. Governor's Executive Order D 002 00**. State or other public funds payable under this Contract shall not be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws or applicable licensing restrictions. Contractor hereby certifies and warrants that, during the term of this Contract and any extensions, Contractor has and shall maintain in place appropriate systems and controls to prevent such improper use of public funds. If the State determines that Contractor is in violation of this provision, the State may exercise any remedy available at law or in equity or under this Contract, including, without limitation, immediate termination of this Contract and any remedy consistent with federal copyright laws or applicable licensing restrictions.

I. **EMPLOYEE FINANCIAL INTEREST/CONFLICT OF INTEREST**. **CRS §§24-18-201 and 24-50-507**. The signatories aver that to their knowledge, no employee of the State has any personal or beneficial interest whatsoever in the service or property described in this Contract. Contractor has no interest and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of Contractor's services and Contractor shall not employ any person having such known interests.

J. **VENDOR OFFSET**. **CRS §§24-30-202 (1) and 24-30-202.4**. [***Not Applicable to intergovernmental agreements***] Subject to CRS §24-30-202.4 (3.5), the State Controller may withhold payment under the State's vendor offset intercept system for debts owed to State agencies for: **(a)** unpaid child support debts or child support arrearages; **(b)** unpaid balances of tax, accrued interest, or other charges specified in CRS §39-21-101, *et seq.*; **(c)** unpaid loans due to the Student Loan Division of the Department of Higher Education; **(d)** amounts required to be paid to the Unemployment Compensation Fund; and **(e)** other unpaid debts owing to the State as a result of final agency determination or judicial action.

K. **PUBLIC CONTRACTS FOR SERVICES. CRS §8-17.5-101.** ***[Not Applicable to agreements relating to the offer, issuance, or sale of securities, investment advisory services or fund management services, sponsored projects, intergovernmental agreements, or information technology services or products and services]*** Contractor certifies, warrants, and agrees that it does not knowingly employ or contract with an illegal alien who will perform work under this Contract and will confirm the employment eligibility of all employees who are newly hired for employment in the United States to perform work under this Contract, through participation in the E-Verify Program or the Department program established pursuant to CRS §8-17.5-102(5)(c), Contractor shall not knowingly employ or contract with an illegal alien to perform work under this contract or enter into a contract with a subcontractor that fails to certify to Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this contract. Contractor (a) shall not use E-

Verify Program or Department program procedures to undertake pre-employment screening of job applicants while this contract is being performed, (b) shall notify the subcontractor and the contracting State agency within three days if Contractor has actual knowledge that a subcontractor is employing or contracting with an illegal alien for work under this contract, (c) shall terminate the subcontract if a subcontractor does not stop employing or contracting with the illegal alien within three days of receiving the notice, and (d) shall comply with reasonable requests made in the course of an investigation, undertaken pursuant to CRS §8-17.5-102(5), by the Colorado Department of Labor and Employment. If Contractor participates in the Department program, Contractor shall deliver to the contracting State agency, Institution of Higher Education or political subdivision a written, notarized affirmation, affirming that Contractor has examined the legal work status of such employee, and shall comply with all of the other requirements of the Department program. If Contractor fails to comply with any requirement of this provision or CRS §8-17.5-101 *et seq*., the contracting State agency, institution of higher education or political subdivision may terminate this contract for breach and, if so terminated, Contractor shall be liable for damages.

L. **PUBLIC CONTRACTS WITH NATURAL PERSONS. CRS §24-76.5-101.** Contractor, if a natural person eighteen (18) years of age or older, hereby swears and affirms under penalty of perjury that he or she **(a)** is a citizen or otherwise lawfully present in the United States pursuant to federal law, **(b)** shall comply with the provisions of CRS §24-76.5-101 *et seq*., and **(c)** has produced one form of identification required by CRS §24-76.5-103 prior to the effective date of this contract.

Contract Routing Number YY-XXXXX

SIGNATURE PAGE

THE PARTIES HERETO HAVE EXECUTED THIS CONTRACT

*** Persons signing for Contractor hereby swear and affirm that they are authorized to act on Contractor's behalf and acknowledge that the State is relying on their representations to that effect.**

CONTRACTOR
Legal Name

_____
***Signature**

Date:_____

By:_____
Name of Authorized Individual

Title:_____
Official Title of Authorized Individual

STATE OF COLORADO
John W. Hickenlooper, Governor
Department of Health Care Policy and Financing

_____
Susan E. Birch, MBA, BSN, RN
Executive Director

Signatory avers to the State Controller or delegate that Contractor has not begun performance or that a Statutory Violation waiver has been requested under Fiscal Rules

Date:_____

LEGAL REVIEW
John W. Suthers, Attorney General

By:_____
Signature - Assistant Attorney General

Date:_____

ALL CONTRACTS REQUIRE APPROVAL BY THE STATE CONTROLLER

CRS §24-30-202 requires the State Controller to approve all State Contracts. This Contract is not valid until signed and dated below by the State Controller or delegate. Contractor is not authorized to begin performance until such time. If Contractor begins performing prior thereto, the State of Colorado is not obligated to pay Contractor for such performance or for any goods and/or services provided hereunder.

STATE CONTROLLER
David J. McDermott, CPA

By:_____
Department of Health Care Policy and Financing

Date:_____

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") is part of the Contract between the State of Colorado, Department of Health Care Policy and Financing and the Contractor. For purposes of this Addendum, the State is referred to as "Department", "Covered Entity" or "CE" and the Contractor is referred to as "Associate". Unless the context clearly requires a distinction between the Contract document and this Addendum, all references herein to "the Contract" or "this Contract" include this Addendum.

RECITALS

A. CE wishes to disclose certain information to Associate pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).

B. CE and Associate intend to protect the privacy and provide for the security of PHI disclosed to Associate pursuant to this Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d – 1320d-8 ("HIPAA") as amended by the American Recovery and Reinvestment Act of 2009 ("ARRA")/HITECH Act (P.L. 111-005), and its implementing regulations promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Parts 160, 162 and 164 (the "Privacy Rule") and other applicable laws, as amended.

C. As part of the HIPAA regulations, the Privacy Rule requires CE to enter into a contract containing specific requirements with Associate prior to disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 160.103, 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

The parties agree as follows:

1. Definitions.

a. Except as otherwise defined herein, capitalized terms in this Addendum shall have the definitions set forth in the HIPAA Privacy Rule at 45 C.F.R. Parts 160, 162 and 164, as amended. In the event of any conflict between the mandatory provisions of the Privacy Rule and the provisions of this Contract, the Privacy Rule shall control. Where the provisions of this Contract differ from those mandated by the Privacy Rule, but are nonetheless permitted by the Privacy Rule, the provisions of this Contract shall control.

b. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

c. "Protected Information" shall mean PHI provided by CE to Associate or created or received by Associate on CE's behalf. To the extent Associate is a covered entity under HIPAA and creates or obtains its own PHI for treatment, payment and health care operations, Protected Information under this Contract does not include any PHI created or obtained by Associate as a covered entity and Associate shall follow its own policies and procedures for accounting, access and amendment of Associate's PHI.

2. Obligations of Associate.

a. Permitted Uses. Associate shall not use Protected Information except for the purpose of performing Associate's obligations under this Contract and as permitted under this Addendum. Further, Associate shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule if so used by CE, except that Associate may use Protected Information: (i) for the proper management and administration of Associate; (ii) to carry out the legal responsibilities of Associate; or (iii) for Data Aggregation purposes for the Health Care Operations of CE. Additional provisions, if any, governing permitted uses of Protected Information are set forth in Attachment A to this Addendum. Associate accepts full responsibility for any penalties incurred as a result of Associate's breach of the Privacy Rule.

b. Permitted Disclosures. Associate shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule if disclosed by CE, except that Associate may disclose Protected Information: (i) in a manner permitted pursuant to this Contract; (ii) for the proper management and administration of Associate; (iii) as required by law; (iv) for Data Aggregation purposes for the Health Care Operations of CE; or (v) to report violations of law to appropriate federal or state authorities, consistent with 45 C.F.R. Section 164.502(j)(1). To the extent that Associate discloses Protected Information to a third party, Associate must obtain, prior to making any such disclosure: (i) reasonable assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party; and (ii) an agreement from such third party to notify Associate within two business days of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach. Additional provisions, if any, governing permitted disclosures of Protected Information are set forth in Attachment A.

c. Appropriate Safeguards. Associate shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information other than as permitted by this Contract. Associate shall comply with the requirements of the Security Rules, 164.308, 164.310, 164.312, and 164.316. Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Associate's operations and the nature and scope of its activities.

d. Reporting of Improper Use or Disclosure. Associate shall report to CE in writing any use or disclosure of Protected Information other than as provided for by this Contract within five (5) business days of becoming aware of such use or disclosure.

e. Associate's Agents. If Associate uses one or more subcontractors or agents to provide services under the Contract, and such subcontractors or agents receive or have access to Protected Information, each subcontractor or agent shall sign an agreement with Associate containing substantially the same provisions as this Addendum and further identifying CE as a third party beneficiary with rights of enforcement and indemnification from such subcontractors or agents in the event of any violation of such subcontractor or agent agreement. Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions shall mitigate the effects of any such violation.

f. Access to Protected Information. Associate shall make Protected Information maintained by Associate or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) business days of a request by CE to enable CE to fulfill its obligations to permit individual access to PHI under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524.

g. Amendment of PHI. Within ten (10) business days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations with respect to requests by individuals to amend their PHI under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from Associate or its agents or subcontractors, Associate must notify CE in writing within five (5) business days of receipt of the request. Any denial of amendment of Protected Information maintained by Associate or its agents or subcontractors shall be the responsibility of CE.

h. Accounting Rights. Within ten (10) business days of notice by CE of a request for an accounting of disclosures of Protected Information, Associate and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528. As set forth in, and as limited by, 45 C.F.R. Section 164.528, Associate shall not provide an accounting to CE of disclosures: (i) to carry out treatment, payment or health care operations, as set forth in 45 C.F.R. Section 164.506; (ii) to individuals of Protected Information about them as set forth in 45 C.F.R. Section 164.502; (iii) pursuant to an authorization as provided in 45 C.F.R. Section 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 C.F.R. Section 164.510; (v) for national security or intelligence purposes as set forth in 45 C.F.R. Section 164.512(k)(2); (vi) to correctional institutions or law enforcement officials as set forth in 45 C.F.R. Section 164.512(k)(5); (vii) incident to a use or disclosure otherwise permitted by the Privacy Rule; (viii) as part of a limited data set under 45 C.F.R. Section 164.514(e); or (ix) disclosures prior to April 14, 2003. Associate agrees to implement a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years prior to the request, but not before the compliance date of the Privacy Rule. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that

reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to Associate or its agents or subcontractors, Associate shall within five (5) business days of the receipt of the request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. Associate shall not disclose any Protected Information except as set forth in Section 2(b) of this Addendum.

i. Governmental Access to Records. Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary"), in a time and manner designated by the Secretary, for purposes of determining CE's compliance with the Privacy Rule. Associate shall provide to CE a copy of any Protected Information that Associate provides to the Secretary concurrently with providing such Protected Information to the Secretary.

j. Minimum Necessary. Associate (and its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure, in accordance with the Minimum Necessary requirements of the Privacy Rule including, but not limited to, 45 C.F.R. Sections 164.502(b) and 164.514(d).

k. Data Ownership. Associate acknowledges that Associate has no ownership rights with respect to the Protected Information.

l. Retention of Protected Information. Except upon termination of the Contract as provided in Section 4(d) of this Addendum, Associate and its agents or subcontractors shall retain all Protected Information throughout the term of this Contract and shall continue to maintain the information required under Section 2(h) of this Addendum for a period of six (6) years.

m. Associate's Insurance. Associate shall maintain casualty and liability insurance to cover loss of PHI data and claims based upon alleged violations of privacy rights through improper use or disclosure of PHI. All such policies shall meet or exceed the minimum insurance requirements of the Contract (e.g., occurrence basis, combined single dollar limits, annual aggregate dollar limits, additional insured status and notice of cancellation).

n. Notification of Breach. During the term of this Contract, Associate shall notify CE within two (2) business days of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been accessed, acquired or disclosed during the breach. Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.

o. Audits, Inspections and Enforcement. Within ten (10) business days of a written request by CE, Associate and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether Associate has complied with this Addendum; provided, however, that: (i) Associate and CE shall mutually agree in advance upon the scope, timing and location of such an inspection; (ii) CE shall protect the confidentiality of all confidential and proprietary information of Associate to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by Associate. The fact that CE inspects, or fails to inspect, or has the right to inspect, Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Associate of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract.

p. Safeguards During Transmission. Associate shall be responsible for using appropriate safeguards to maintain and ensure the confidentiality, privacy and security of Protected Information transmitted to CE pursuant to the Contract, in accordance with the standards and requirements of the Privacy Rule, until such Protected Information is received by CE, and in accordance with any specifications set forth in Attachment A.

q. Restrictions and Confidential Communications. Within ten (10) business days of notice by CE of a restriction upon uses or disclosures or request for confidential communications pursuant to 45 C.F.R. Section 164.522, Associate will restrict the use or disclosure of an individual's Protected Information, provided Associate has agreed to such a restriction. Associate will not respond directly to an individual's requests to restrict the use or disclosure of Protected Information or to send all communication of Protected Information to an alternate address. Associate will refer such requests to the CE so that the CE can coordinate and prepare a timely response to the requesting individual and provide direction to Associate.

3. Obligations of CE.

a. Safeguards During Transmission. CE shall be responsible for using appropriate safeguards to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Associate pursuant to this Contract, in accordance with the standards and requirements of the Privacy Rule, until such PHI is received by Associate, and in accordance with any specifications set forth in Attachment A.

b. Notice of Changes. CE shall provide Associate with a copy of its notice of privacy practices produced in accordance with 45 C.F.R. Section 164.520, as well as any subsequent changes or limitation(s) to such notice, to the extent such changes or limitation(s) may affect Associate's use or disclosure of Protected Information. CE shall provide Associate with any changes in, or revocation of, permission to use or disclose Protected Information, to the extent it may affect Associate's permitted use or disclosure of PHI, CE shall notify Associate of any restriction on the use or disclosure of Protected Information that CE has agreed to in

accordance with 45 C.F.R. Section 164.522. CE may effectuate any and all such notices of non-private information via posting on CE's web site. Associate shall review CE's designated web site for notice of changes to CE's HIPAA privacy policies and practices on the last day of each calendar quarter.

4. Termination.

a. Material Breach. In addition to any other provisions in the Contract regarding breach, a breach by Associate of any provision of this Addendum, as determined by CE, shall constitute a material breach of this Contract and shall provide grounds for immediate termination of this Contract by CE pursuant to the provisions of the Contract covering termination for cause, if any. If the Contract contains no express provisions regarding termination for cause, the following terms and conditions shall apply:

(1) Default. If Associate refuses or fails to timely perform any of the provisions of this Contract, CE may notify Associate in writing of the non-performance, and if not promptly corrected within the time specified, CE may terminate this Contract. Associate shall continue performance of this Contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services elsewhere.

(2) Associate's Duties. Notwithstanding termination of this Contract, and subject to any directions from CE, Associate shall take timely, reasonable and necessary action to protect and preserve property in the possession of Associate in which CE has an interest.

(3) Compensation. Payment for completed supplies delivered and accepted by CE shall be at the Contract price. In the event of a material breach under paragraph 4(a), CE may withhold amounts due Associate as CE deems necessary to protect CE against loss from third party claims of improper use or disclosure and to reimburse CE for the excess costs incurred in procuring similar goods and services elsewhere.

(4) Erroneous Termination for Default. If after such termination it is determined, for any reason, that Associate was not in default, or that Associate's action/inaction was excusable, such termination shall be treated as a termination for the public interest, and the rights and obligations of the parties shall be the same as if this Contract had been terminated for the public interest, as described in this Contract.

b. Reasonable Steps to Cure Breach. If CE knows of a pattern of activity or practice of Associate that constitutes a material breach or violation of the Associate's obligations under the provisions of this Addendum or another arrangement and does not terminate this Contract pursuant to Section 4(a), then CE shall take reasonable steps to cure such breach or end such violation, as applicable. If CE's efforts to cure such breach or end such violation are unsuccessful, CE shall either (i) terminate the Contract, if feasible or (ii) if termination of this Contract is not feasible, CE shall report Associate's breach or violation to the Secretary of the Department of Health and Human Services.

c. Judicial or Administrative Proceedings. Either party may terminate the Contract, effective immediately, if (i) the other party is named as a defendant in a criminal proceeding for a violation of HIPAA, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the other party has violated any standard or requirement of HIPAA, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

d. Effect of Termination.

(1) Except as provided in paragraph (2) of this subsection, upon termination of this Contract, for any reason, Associate shall return or destroy all Protected Information that Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information that Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected information. If Associate elects to destroy the PHI, Associate shall certify in writing to CE that such PHI has been destroyed.

(2) If Associate believes that returning or destroying the Protected Information is not feasible, Associate shall promptly provide CE notice of the conditions making return or destruction infeasible. Upon mutual agreement of CE and Associate that return or destruction of Protected Information is infeasible, Associate shall continue to extend the protections of Sections 2(a), 2(b), 2(c), 2(d) and 2(e) of this Addendum to such information, and shall limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible.

5. Injunctive Relief. CE shall have the right to injunctive and other equitable and legal relief against Associate or any of its agents or subcontractors in the event of any use or disclosure of Protected Information in violation of this Contract or applicable law.

6. No Waiver of Immunity. No term or condition of this Contract shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the Colorado Governmental Immunity Act, CRS 24-10-100 *et seq*. or the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq*. as applicable, as now in effect or hereafter amended.

7. Limitation of Liability. Any limitation of Associate's liability in the Contract shall be inapplicable to the terms and conditions of this Addendum.

8. Disclaimer. CE makes no warranty or representation that compliance by Associate with this Contract, HIPAA or HIPAA Regulations will be adequate or satisfactory for Associate's own purposes. Associate is solely responsible for all decisions made by Associate regarding the safeguarding of PHI.

9. Certification. To the extent that CE determines an examination is necessary in order to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors may, at CE's expense, examine Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to

certify to CE the extent to which Associate's security safeguards comply with HIPAA, the HIPAA Regulations or this Addendum.

10. Amendment.

a. Amendment to Comply with Law. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Addendum may be required to provide for procedures to ensure compliance with such developments. The Parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the Privacy Rule, the Final HIPAA Security Regulations at 68 Fed. Reg. 8334 (Feb 20, 2003), 45 C.F.R. §164.314 and other applicable laws relating to the security or privacy of PHI. The parties understand and agree that CE must receive satisfactory written assurance from Associate that Associate will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule or other applicable laws. CE may terminate this Contract upon thirty (30) days written notice in the event (i) Associate does not promptly enter into negotiations to amend this Contract when requested by CE pursuant to this Section or (ii) Associate does not enter into an amendment to this Contract providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the Privacy Rule.

b. Amendment of Attachment A. Attachment A may be modified or amended by mutual agreement of the parties in writing from time to time without formal amendment of this Addendum.

11. Assistance in Litigation or Administrative Proceedings. Associate shall make itself, and any subcontractors, employees or agents assisting Associate in the performance of its obligations under the Contract, available to CE, at no cost to CE, up to a maximum of thirty (30) hours, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the Privacy Rule or other laws relating to security and privacy or PHI, except where Associate or its subcontractor, employee or agent is a named adverse party.

12. No Third Party Beneficiaries. Nothing express or implied in this Contract is intended to confer, nor shall anything herein confer, upon any person other than CE, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

13. Interpretation and Order of Precedence. The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. Together, the Contract and This Addendum shall be interpreted as broadly as necessary to implement and comply with HIPAA and the Privacy Rule. The parties agree that any ambiguity in this Contract shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the Privacy Rule. This Contract supersedes and replaces any previous separately executed HIPAA addendum between the parties.

14. Survival of Certain Contract Terms. Notwithstanding anything herein to the contrary, Associate's obligations under Section 4(d) ("Effect of Termination") and Section 12 ("No Third Party Beneficiaries") shall survive termination of this Contract and shall be enforceable by CE as provided herein in the event of such failure to perform or comply by the Associate. This Addendum shall remain in effect during the term of the Contract including any extensions.

ATTACHMENT A

This Attachment sets forth additional terms to the HIPAA Business Associate Addendum, which is part of the Contract between the State of Colorado, Department of Health Care Policy and Financing and the Contractor and is effective as of the date of the Contract (the "Attachment Effective Date"). This Attachment may be amended from time to time as provided in Section 10(b) of the Addendum.

1. Additional Permitted Uses. In addition to those purposes set forth in Section 2(a) of the Addendum, Associate may use Protected Information as follows:

[Items 1-6 must be completed, even if it only says, "No additional permitted uses.", "No additional permitted disclosures.", etc.]

2. Additional Permitted Disclosures. In addition to those purposes set forth in Section 2(b) of the Addendum, Associate may disclose Protected Information as follows:

[Items 1-6 must be completed, even if it only says, "No additional permitted uses.", "No additional permitted disclosures.", etc.]

3. Subcontractor(s). The parties acknowledge that the following subcontractors or agents of Associate shall receive Protected Information in the course of assisting Associate in the performance of its obligations under this Contract:

[Items 1-6 must be completed, even if it only says, "No additional permitted uses.", "No additional permitted disclosures.", etc.]

4. Receipt. Associate's receipt of Protected Information pursuant to this Contract shall be deemed to occur as follows and Associate's obligations under the Addendum shall commence with respect to such PHI upon such receipt:

Upon receipt of PHI from the Department.

5. Additional Restrictions on Use of Data. CE is a Business Associate of certain other Covered Entities and, pursuant to such obligations of CE, Associate shall comply with the following restrictions on the use and disclosure of Protected Information:

[Items 1-6 must be completed, even if it only says, "No additional permitted uses.", "No additional permitted disclosures.", etc.]

6. Additional Terms. [Section may include specifications for disclosure format, method of transmission, use of an intermediary, use of digital signatures or PKI, authentication, additional security or privacy specifications, de-identification/re-identification of data, etc.]:

[Items 1-6 must be completed, even if it only says, "No additional permitted uses.", "No additional permitted disclosures.", etc.]

EXHIBIT A, STATEMENT OF WORK

EXHIBIT B, RATES

EXHIBIT C, SAMPLE OPTION LETTER

Date:	Original Contract Routing # CMS #	Option Letter #	Contract Routing #

1) **OPTIONS:** Choose all applicable options listed in §1 and in §2 and delete the rest.
   - **a.** Option to renew only *(for an additional term)*
   - **b.** Change in the amount of goods within current term
   - **c.** Change in amount of goods in conjunction with renewal for additional term
   - **d.** Level of service change within current term
   - **e.** Level of service change in conjunction with renewal for additional term
   - **f.** Option to initiate next phase of a contract

2) **REQUIRED PROVISIONS**. All Option Letters shall contain the appropriate provisions set forth below:
   - **a. <u>For use with Options 1(a-e):</u>** In accordance with Section(s) of the Original Contract between the State of Colorado, Department of Health Care Policy and Financing **,** and Contractor's Name, the State hereby exercises its option for an additional term beginning Insert start date and ending on Insert ending date at a cost/price specified in Section , AND/OR an increase/decrease in the amount of goods/services at the same rate(s) as specified in Identify the Section, Schedule, Attachment, Exhibit etc.
   - **b. <u>For use with Option 1(f), please use the following:</u>** In accordance with Section(s) of the Original Contract between the State of Colorado, Department of Health Care Policy and Financing **,** and Contractor's Name, the State hereby exercises its option to initiate Phase indicate which Phase: 2, 3, 4, etc for the term beginning Insert start date and ending on Insert ending date at the cost/price specified in Section .
   - **c. <u>For use with all Options 1(a-f):</u>** The amount of the current Fiscal Year contract value is increased/decreased by $ amount of change to a new contract value of tt to as consideration for services/goods ordered under the contract for the current fiscal year t. The first sentence in Section is hereby modified accordingly. The total contract value including all previous amendments, option letters, etc. is tt.

3) **Effective Date**. The effective date of this Option Letter is upon approval of the State Controller or , whichever is later.

STATE OF COLORADO
John W. Hickenlooper, GOVERNOR
Department of Health Care Policy and Financing

_____
By: Insert Name & Title of Person Signing for Agency or IHE

Date: _____

<u>ALL CONTRACTS REQUIRE APPROVAL BY THE STATE CONTROLLER</u>
CRS §24-30-202 requires the State Controller to approve all State Contracts. This Contract is not valid until signed and dated below by the State Controller or delegate. Contractor is not authorized to begin performance until such time. If Contractor begins performing prior thereto, the State of Colorado is not obligated to pay Contractor for such performance or for any goods and/or services provided hereunder.

STATE CONTROLLER
David J. McDermott, CPA

By: _____
Insert Name of Agency or IHE Delegate-Please delete if contract will be routed to OSC for approval
Date: _____