REQUEST FOR INFORMATION
RFI UHAA 2018000024

EXHIBITS A, E, F & I
REQUEST FOR INFORMATION
RFI UHAA 2018000024
Exhibit A
DRAFT RFP BODY

Modification 2—Changes are in red
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SECTION 1.0 INTRODUCTION

1.1. GENERAL INFORMATION

1.1.1. The Colorado Department of Health Care Policy and Financing (Department) is soliciting competitive, responsive proposals from experienced and financially sound organizations to implement a Master Patient Index (MPI) solution. This identity management solution is anticipated to improve processes and approach to linking and synchronizing Medicaid member and patient data across Medicaid systems and partnering agencies.

1.1.2. By implementing the MPI, the Department will achieve a unified view of member data to improve the precision and quality of data necessary to enhance care coordination and data quality for electronic clinical quality management reporting for Medicaid members. It will also create integrated data records that will allow the Department to link and synchronize Medicaid member data to systems within the Medicaid enterprise and with partnering agencies and business associates, such as the Colorado Department of Human Services (CDHS) and the Colorado Regional Health Information Organization (CORHIO).

1.1.3. The Office of eHealth Innovation (OeHI) and the associated eHealth Commission were created in October 2015 through Colorado’s Office of the Governor. OeHI was created to provide an open and transparent statewide collaborative effort to develop the common policies, procedures, and technical approaches needed to advance Colorado’s Health IT network and transform health programs. OeHI is Colorado’s state designated entity responsible for coordinating strategic health IT initiatives and establishing data sharing and health IT governance through their eHealth Commission. OeHI is collaborating with the Department for the initial implementation of the MPI and will also play an active role in the expansion of the MPI beyond Medicaid.

1.1.4. As of the date of issuance of this Request for Proposals (RFP), there are 1.3 million covered lives in the Medicaid program in the State of Colorado.

1.2. ANTICIPATED CONTRACT TERM

1.2.1. The Contract is anticipated to begin on July 1, 2018, and end on June 30, 2019.

1.2.2. The Startup Period shall begin on the Effective Date and shall last approximately thirty (30) to sixty (60) days. The Startup Period shall end when the Contractor is prepared to begin the work outlined in Exhibit A, Statement of Work.

1.2.3. The contractual Implementation Period is anticipated to begin after the Startup Period and shall end approximately one (1) year after the Effective Date, once the solution is implemented. The exact timeframe of the Implementation Period shall depend upon the Department approved Master Project Plan required by the Contractor.

1.2.4. The contractual Maintenance and Operational Period of the Contract is anticipated to begin after the contractual Implementation Period and shall last for thirty-six (36) months, with an option to renew annually for up to seven (7) years, pending approval from the State of Colorado's Procurement Director. From a Centers for Medicare and Medicaid Services (CMS) perspective, design and configuration shall occur beyond the contractual Implementation Period.
1.2.5. The total duration of the Contract, from contract execution until termination, and including the Department’s exercise of any options, is not anticipated to exceed seven (7) years. The Department may extend the Contract beyond the anticipated term in this subsection to support integration of other data sources, in accordance with the Colorado Procurement Code and its implementing rules, in the event that the Department determines the extension is necessary to align the Contract with other Department contracts, to address State or Federal programmatic or policy changes related to the Contract or to provide sufficient time to transition the Work.

SECTION 2.0 TERMINOLOGY

2.1. ACRONYMS, ABBREVIATIONS AND OTHER TERMINOLOGY

2.1.1. Acronyms and abbreviations are defined at their first occurrence in this RFP. The following list is provided to assist the reader in understanding acronyms, abbreviations and terminology used throughout this document.

2.1.1.1. Business Day - Any day in which the State is open and conducting business, but shall not include Saturday, Sunday or any day on which the State observes one of the holidays listed in §24-11-101(1) C.R.S.

2.1.1.2. Business Interruption - Any event that disrupts the Contractor’s ability to complete the Work for a period of time, and may include, but is not limited to a Disaster, power outage, strike, loss of necessary personnel or computer virus.

2.1.1.3. CHP+ - The Colorado Child Health Plan Plus.

2.1.1.4. Closeout Period - The period beginning on the earlier of 90 days prior to the end of the last Extension Term or notice by the Department of its decision to not exercise its option for an Extension Term, and ending on the day that the Department has accepted the final deliverable for the Closeout Period, as determined in the Department-approved and updated Closeout Plan, and has determined that the closeout is complete.

2.1.1.5. Commercial Off the Shelf – software and services purchased as-is from a third party.

2.1.1.6. Contract - The agreement, including all attached Exhibits, all documents incorporated by reference, all referenced statutes, rules and cited authorities, and any future modifications thereto, that is entered into as a result of this solicitation.

2.1.1.7. Contractor - The individual or entity selected as a result of this solicitation to complete the Work contained in the Contract.


2.1.1.9. Deliverable - Any tangible or intangible object produced by Contractor as a result of the work that is intended to be delivered to the Department, regardless of whether the object is specifically described or called out as a “Deliverable” or not.

2.1.1.11. Disaster - An event that makes it impossible for Contractor to perform the Work out of its regular facility or facilities, and may include, but is not limited to, natural disasters, fire or terrorist attacks.

2.1.1.12. Effective Date - The date on which the Contract resulting from this solicitation is approved and signed by the Colorado State Controller or designee, as shown on the Signature and Cover Page for the Contract.

2.1.1.13. Goods - Any movable material to be acquired, produced, or delivered by Contractor which shall include any movable material acquired, produced, or delivered by Contractor in connection with the Services.


2.1.1.15. Incident - Any accidental or deliberate event that results in or constitutes an imminent threat of the unauthorized access or disclosure of State Confidential Information or of the unauthorized modification, disruption, or destruction of any State Records.

2.1.1.16. Key Personnel - The position or positions that are specifically designated as such in the Contract.

2.1.1.17. Member - Any individual enrolled in the Colorado Medicaid program, Colorado’s CHP+ program or the Colorado Indigent Care Program, as determined by the Department.

2.1.1.18. Offeror - Any individual or entity that submits a proposal, or intends to submit a proposal, in response to this solicitation.

2.1.1.19. Operational Start Date - When the Department authorizes the Contractor to begin meeting implementation requirements, after the Startup Period, as outlined in the RFP.

2.1.1.20. Other Personnel - Individuals and Subcontractors, in addition to Key Personnel, assigned to positions to complete tasks associated with the Work.

2.1.1.21. PII - Personally identifiable information including, without limitation, any information maintained by the State about an individual that can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; and any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information. PII includes, but is not limited to, all information defined as personally identifiable information in §24-72-501 C.R.S.

2.1.1.22. PHI - Any protected health information, including, without limitation 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. PHI includes, but is not limited to, any information defined as Individually Identifiable Health Information by the federal Health Insurance Portability and Accountability Act.
2.1.1.23. **Provider** - Any health care professional or entity that has been accepted as a provider in the Colorado Medicaid program, Colorado’s CHP+ program or the Colorado Indigent Care Program, as determined by the Department.

2.1.1.24. **SFY** - State Fiscal Year. The 12-month period beginning on July 1 of each calendar year and ending on June 30 of the following calendar year. If a single calendar year follows the term, then it means the State Fiscal Year ending in that calendar year.

2.1.1.25. **State Records** - Any and all State data, information, and records, regardless of physical form, including, but not limited to, information subject to disclosure under CORA.

2.1.1.26. **Start-Up Period** - The period starting on the Effective Date and ending on the Operational Start Date.

2.1.1.27. **Software as a Service (SaaS)** - SaaS is a system delivery model purchased as a service and centrally hosted by a third party.

2.1.1.28. **Subcontractor** - Third-parties, if any, engaged by Contractor to aid in performance of the Work.

2.1.1.29. **Work** - The delivery of the Goods and performance of the Services described in the Contract.

2.1.1.30. **Work Product** - The tangible and intangible results of the Work, whether finished or unfinished, including drafts. Work Product includes, but is not limited to, documents, text, software (including source code), research, reports, proposals, specifications, plans, notes, studies, data, images, photographs, negatives, pictures, drawings, designs, models, surveys, maps, materials, ideas, concepts, know-how, and any other results of the Work. “Work Product” does not include any material that was developed prior to the Effective Date that is used, without modification, in the performance of the Work.

**SECTION 3.0 BACKGROUND INFORMATION**

**3.1. THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

3.1.1. The Department serves as the Medicaid Single State Agency. The Department develops and implements policy and financing for Medicaid and the Children’s Health Insurance Program, called Child Health Plan Plus (CHP+) in Colorado, as well as a variety of other publicly funded health care programs for Colorado’s low-income individuals, families, children, pregnant women, the elderly and people with disabilities. For more information about the Department, visit [www.Colorado.gov/HCPF](http://www.Colorado.gov/HCPF).

3.1.2. The Department is a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

3.1.3. The State of Colorado created a Health Information Office (HIO) to oversee Health IT efforts in collaboration with the Office of eHealth Innovation, as described in Section 3.2 below.

**3.2. OFFICE OF EHEALTH INNOVATION**
3.2.1. As part of OeHI’s goals and objectives, it plans to promote and advance the secure, efficient, and effective use of health information and helps to inform future Health IT initiatives. OeHI is developing Colorado’s Health IT Roadmap through broad stakeholder engagement on specific Health IT initiatives, which includes, but is not limited to, identity management solutions defined in this proposal. [https://www.colorado.gov/pacific/oehi/health-it-roadmap](https://www.colorado.gov/pacific/oehi/health-it-roadmap)

3.2.2. OeHI’s organizational charter can be found online through [https://www.colorado.gov/pacific/oehi](https://www.colorado.gov/pacific/oehi)

3.2.3. The Department serves as the Fiscal Agent for OeHI.

3.3. PROJECT BACKGROUND

3.3.1. On April 1, 2016, the Department submitted an Implementation Advanced Planning Document (IAPD) update to request Federal Financial Participation (FFP) Health Information Technology for Economic and Clinical Health (HITECH) Health Information Exchange (HIE) administrative funding from the Centers for Medicare & Medicaid Services (CMS). This funding covers provider onboarding, as well as the strategic development and implementation of core infrastructure and technical solutions to create and enhance sustainable solutions for Medicaid providers serving Medicaid clients and supporting Medicaid eligible professionals’ (EPs’) and eligible hospitals’ (EHs’) achievement of Meaningful Use (MU). The IAPD-Update (IAPD-U) aligns to HCPF’s strategy for advancing Health Information Technology (HIT) and HIE in Colorado by supporting the design, development, testing, and implementation of core infrastructure and technical solutions promoting HIE for EPs and EHs aligned with Colorado’s Medicaid Electronic Health Record (EHR) Incentive Program authorized by the American Recovery and Reinvestment Act of 2009 (ARRA).

3.3.2. By implementing a Master Patient Index (MPI), the Department plans to achieve a more unified view of Medicaid member data, improving the quality of healthcare data and service delivery. The solutions shall also create integrated data records that shall allow the Department to link and synchronize Medicaid member data to systems within the Medicaid enterprise and with partnering agencies and business associates. Additional data sources may be incorporated into the solution as subsequent phases.

3.3.3. The Department plans to consider expanding the solution to supporting other use cases beyond Medicaid and partnering agency data sources. The solution could be used as a service for other agencies and stakeholders.

3.3.4. The Department prefers a Commercial Off the Shelf (COTS) solution that is configurable and be provided as a SaaS solution.
3.3.5. To ensure effective coordination and alignment of strategic efforts, the Department worked with the Office of eHealth Innovation (OeHI) to research and define the MPI strategy. OeHI is Colorado’s state designated entity responsible for coordinating strategic health IT initiatives and establishing data sharing and health IT governance through their eHealth Commission. To date, Colorado is working on a framework for a strategic plan for sharing and exchanging health information, which will address identity management solution that internal stakeholders and business associates can access to support treatment, payment, and operations of Medicaid members.

3.3.6. The State was awarded a State Innovation Model (SIM) Grant. Additional information on this grant can be found through the following link: https://www.colorado.gov/healthinnovation. SIM stakeholders articulated the need for Master Provider Index (MPI) and a Master Provider Directory (MPD) during interviews conducted in June 2016. The SIM stakeholders stressed the importance of this type of infrastructure to integrate behavioral and physical health while advancing toward value-based payment.

3.4. PROJECT TIMELINE AND PHASES

3.4.1. The Contractor shall structure the project into phases as listed below.

3.4.1.1. Implementation Phase 1

3.4.1.1.1. The Contractor shall design the first phase of the development of the MPI to allow the Department to correlate and synchronize patient data. The focus is on Medicaid business needs and use cases by aligning Medicaid and other state agency data sources, such as the Colorado Department of Human Services and Department of Public Health and Environment, for personal identification. The three (3) primary use cases for Phase 1 are described in Section 5.5.

3.4.1.1.2. As this solution becomes available, the Department plans to request federal and state funding necessary to enable the Medicaid Management Information System (MMIS) to effectively utilize this service.

3.4.1.2. Implementation Phase 2

3.4.1.2.1. The Contractor shall create a solution to provide the ability to integrate patient identity data with additional agencies, commercial entities, non-profit organizations, and other sources. The Contractor shall utilize the table of data sources in Section 8.0 as a sample of these sources.

3.4.1.3. Maintenance and Operations Phase

3.4.1.3.1. The Contractor(s) shall provide maintenance and operations support for the duration of the operations phase.

3.5. PROJECT GUIDING PRINCIPLES

3.5.1. The Contractor shall take into consideration the foundation and principles for which the business and functional requirements shall be developed, including assumptions including, but not limited to, the following:
3.5.1.1. The State shall not build its own MPI infrastructure but shall support the procurement and implementation of these tools through contract(s) and integration with other entities.

3.5.1.2. The State intends to leverage existing data sources and infrastructure where it already exists.

3.5.1.3. Start with small, but important initiatives for the solution, then expand to larger-scale use cases. Data management shall be initially implemented for Medicaid population, then expanded to improve the health of all citizens of Colorado.

3.5.1.4. Current HIE initiatives and private sector technology initiatives shall continue to maintain their own local MPIs where applicable.

3.5.1.5. All systems shall use national standards where available.

3.5.1.6. All systems shall support State and Federal requirements for the protection of personally identifiable information (PII), protected health information (PHI), and specially protected information, including, but not limited to, data covered by 42 CFR Part 2.

3.5.1.7. The use of structured data is encouraged where feasible, but unstructured data is supported as needed.

3.5.1.8. The Contractor shall create the MPI solution to store master-level information and shall not generally be used to store detailed transactions, claims, or clinical messages.

3.5.1.9. The Contractor shall create the MPI solution to be configurable, and allow for configuration for multiple use cases concurrently.

SECTION 4.0 OFFEROR’S EXPERIENCE

4.1. GENERAL ORGANIZATIONAL QUALIFICATIONS

4.1.1. The Department desires specific qualifications experience and for Offerors to complete the Work efficiently while meeting the demands and deadlines of the Department.

4.1.1.1. The Contractor shall have the skills and expertise to support solution sustainability and assist with establishing governance structure for the solution as new data sources are integrated into the solution.

4.1.1.2. The MPI RFP shall be open to any type of state or federally recognized organization to bid on (e.g., for profit, non-profit, or benefit corporation) and shall not limit, by current personnel size, the amount of their current revenue, or other factors used to define the scale of the organization. Offers must demonstrate that they are financially and legal business entities in good standing in Colorado.

4.1.1.3. The organization shall be expected to implement and scale services for identified prioritized Medicaid use cases.

4.1.1.4. The organization must be able to integrate with existing Health IT infrastructure in Colorado, such as All Payers Claims Database (APCD), HIEs, and State infrastructure.

4.1.1.5. Offerors may legally contract with partnering organizations to meet RFP requirements and provide MPI services.
4.2. ORGANIZATIONAL EXPERIENCE

4.2.1. A qualified Offeror shall demonstrate the following experience:

4.2.1.1. Experience within the past five (5) years with the successful implementation of MPI services with comparable population volumes to that of Colorado Medicaid.

4.2.1.2. Experience integrating data from multiple systems, stored on disparate platforms in diverse formats.

4.2.1.3. Experience with the successful planning and implementation of performance business requirements for initial use cases as described in Section 5.4.1.1.

4.2.1.4. Experience in developing data governance structures and policies, establishing data governance committees, and training data stewards.

4.2.1.5. Experience managing data provenance, retention, continuity, and security.

4.2.1.6. Expertise and the capability to allocate the resources that shall be necessary to meet RFP requirements.

4.2.1.7. Experience with training technical and non-technical stakeholders with identity management or similar solutions.

SECTION 5.0 STATEMENT OF WORK

5.1. CONTRACTOR’S GENERAL REQUIREMENTS

5.1.1. The Department will contract with only one (1) organization, the Contractor, and will work solely with that organization with respect to all tasks and deliverables to be completed, services to be rendered and performance standards to be met under the Contract.

5.1.2. The Contractor may be privy to internal policy discussions, contractual issues, price negotiations, confidential medical information, Department financial information, and advance knowledge of legislation. In addition to all other confidentiality requirements of the Contract, the Contractor shall also consider and treat any such information as confidential and shall only disclose it in accordance with the terms of the Contract.

5.1.3. Contractor shall work cooperatively with Department staff and, if applicable, the staff of other State contractors to ensure the completion of the Work. The Department may, in its sole discretion, use other contractors to perform activities related to the Work that are not contained in the Contract or to perform any of the Department’s responsibilities. In the event of a conflict between Contractor and any other State contractor, the Department will resolve the conflict and Contractor shall abide by the resolution provided by the Department.

5.1.4. The Contractor shall inform the Department on current trends and issues in the healthcare marketplace and provide information on new technologies in use that may impact the Contractor’s responsibilities under this Contract.
5.1.5. The Contractor shall 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. The Contractor shall make such records available to the Department upon request, throughout the term of the Contract.

5.1.6. Deliverables

5.1.6.1. All Deliverables shall meet Department-approved format and content requirements. The Department will specify the number of copies and media for each Deliverable.

5.1.6.2. Each Deliverable will follow the deliverable submission process as follows:

5.1.6.2.1. The Contractor shall submit each Deliverable to the Department for review and approval.

5.1.6.2.2. The Department shall review the Deliverable and may direct the Contractor to make changes to the deliverable. The Contractor shall make all changes within five (5) Business Days following the Department’s direction to make the change unless the Department provides a longer period in writing.

5.1.6.2.2.1. Changes the Department may direct include, but are not limited to, modifying portions of the Deliverable, requiring new pages or portions of the Deliverable, requiring resubmission of the Deliverable or requiring inclusion of information that was left out of the Deliverable.

5.1.6.2.2.2. The Department may also direct the Contractor to provide clarification or provide a walkthrough of each Deliverable to assist the Department in its review. The Contractor shall provide the clarification or walkthrough as directed by the Department.

5.1.6.2.3. Once the Department has received an acceptable version of the Deliverable, including all changes directed by the Department, the Department will notify the Contractor of its acceptance of the Deliverable in writing. A Deliverable shall not be deemed accepted prior to the Department’s notice to the Contractor of its acceptance of that deliverable.

5.1.6.3. The Contractor shall employ an internal quality control process to ensure that all Deliverables are complete, accurate, easy to understand and of high quality. The Contractor shall provide Deliverables that, at a minimum, are responsive to the specific requirements for that Deliverable, organized into a logical order, contain no spelling or grammatical errors, are formatted uniformly and contain accurate information and correct calculations. The Contractor shall retain all draft and marked-up documents and checklists utilized in reviewing Deliverables for reference as directed by the Department.

5.1.6.4. In the event that any due date for a Deliverable falls on a day that is not a Business Day, then the due date shall be automatically extended to the next Business Day, unless otherwise directed by the Department.
5.1.6.5. All due dates or timelines that reference a period of days, months or quarters shall be measured in calendar days, months and quarters unless specifically stated as being measured in Business Days or otherwise. All times stated in the Contract shall be considered to be in Mountain Time, adjusted for Daylight Saving Time as appropriate, unless specifically stated otherwise.

5.1.6.6. No Deliverable, report, data, procedure or system created by the Contractor for the Department that is necessary to fulfilling the Contractor's responsibilities under the Contract, as determined by the Department, shall be considered proprietary.

5.1.6.7. If any Deliverable contains ongoing responsibilities or requirements for the Contractor, such as deliverables that are plans, policies or procedures, then the Contractor shall comply with all requirements of the most recently approved version of that Deliverable. The Contractor shall not implement any version of any such Deliverable prior to receipt of the Department’s written approval of that version of that Deliverable. Once a version of any Deliverable described in this subsection is approved by the Department, all requirements, milestones and other Deliverables contained within that Deliverable shall be considered to be requirements, milestones and deliverables of this Contract.

5.1.6.7.1. Any Deliverable described as an update of another Deliverable shall be considered a version of the original Deliverable for the purposes of this subsection.

5.1.7. Stated Deliverables and Performance Standards

5.1.7.1. Any section within this Statement of Work headed with or including the term "DELIVERABLE" or "PERFORMANCE STANDARD" is intended to highlight a deliverable or performance standard contained in this Statement of Work and provide a clear due date for deliverables. The sections with these headings are not intended to expand or limit the requirements or responsibilities related to any deliverable or performance standard.

5.1.8. Sustainability Plan

5.1.8.1. The Contractor shall provide a Sustainability Plan for the approach to increasing adoption and financial sustainability for the solution beyond Medicaid.

5.1.8.1.1. The Contractor shall address how to increase user adoption beyond the Medicaid enterprise.

5.1.8.2. The Contractor shall deliver the Sustainability Plan to the Department for review and approval.

5.1.8.2.1. DELIVERABLE: Sustainability Plan

5.1.8.2.2. DUE: Annually, by June 30th of each year

5.1.9. Communication Requirements

5.1.9.1. Communication with the Department
5.1.9.1.1. The Contractor shall enable all Contractor staff to exchange documents and electronic files with the Department staff in formats compatible with the Department’s systems. The Department currently uses Microsoft Office 2016 and/or Microsoft Office 365 for PC. If the Contractor uses a compatible program that is not the system used by the Department, then the Contractor shall ensure that all documents or files delivered to the Department are completely transferrable and reviewable, without error, on the Department’s systems.

5.1.9.1.2. The Department will use a transmittal process to provide the Contractor with official direction within the scope of the Contract. The Contractor shall comply with all direction contained within a completed transmittal. For a transmittal to be considered complete, it must include, at a minimum, all of the following:

5.1.9.1.2.1. The date the transmittal will be effective.
5.1.9.1.2.2. Direction to the Contractor regarding performance under the Contract.
5.1.9.1.2.3. A due date or timeline by which the Contractor shall comply with the direction contained in the transmittal.
5.1.9.1.2.4. The signature of the Department employee who has been designated to sign transmittals.

5.1.9.1.2.4.1. The Department will provide the Contractor with the name of the person it has designated to sign transmittals on behalf of the Department, who will be the Department’s primary designee. The Department will also provide the Contractor with a list of backups who may sign a transmittal on behalf of the Department if the primary designee is unavailable. The Department may change any of its designees from time to time by providing notice to the Contractor through a transmittal.

5.1.9.1.3. The Department may deliver a completed transmittal to the Contractor in hard copy, as a scanned attachment to an email or through a dedicated communication system, if such a system is available.

5.1.9.1.3.1. If a transmittal is delivered through a dedicated communication system or other electronic system, then the Department may use an electronic signature to sign that transmittal.

5.1.9.1.4. If the Contractor receives conflicting transmittals, the Contractor shall contact the Department’s primary designee, or backup designees if the primary designee is unavailable, to obtain direction. If the Department does not provide direction otherwise, then the transmittal with the latest effective date shall control.

5.1.9.1.5. In the event that the Contractor receives direction from the Department outside of the transmittal process, it shall contact the Department’s primary designee, or backup designees if the primary designee is unavailable, and have the Department confirm that direction through a transmittal prior to complying with that direction.
5.1.9.1.6. Transmittals may not be used in place of an amendment, and may not, under any circumstances be used to modify the term of the Contract or any compensation under the Contract. Transmittals are not intended to be the sole means of communication between the Department and the Contractor, and the Department may provide day-to-day communication to the Contractor without using a transmittal.

5.1.9.1.7. The Contractor shall retain all transmittals for reference and shall provide copies of any received transmittals upon request by the Department.

5.1.9.2. Communication with Stakeholders

5.1.9.2.1. The Contractor shall create a Communication Plan that includes, but is not limited to, all of the following:

5.1.9.2.1.1. The specific means of communicating with stakeholders for integrating data and conducting data matching.

5.1.9.2.1.2. The specific approach to increasing adoption of the MPI across partnering agencies and other entities.

5.1.9.2.1.3. A general plan for how the Contractor plans to address the project schedule, data gathering requirements, and development and implementation approach.

5.1.9.2.1.4. A listing of the following individuals within the Contractor’s organization, that includes cell phone numbers and email addresses:

5.1.9.2.1.4.1. An individual who is authorized to speak on the record regarding the Work, the Contract or any issues that arise that are related to the Work.

5.1.9.2.1.4.2. An individual who is responsible for any communications to stakeholders related to the Work.

5.1.9.2.2. The Contractor shall deliver the Communication Plan to the Department for review and approval.

5.1.9.2.2.1. DELIVERABLE: Communication Plan

5.1.9.2.2.2. DUE: Within ten (10) Business Days after the Effective Date

5.1.9.2.3. The Contractor shall review its Communication Plan on an annual basis and determine if any changes are required to account for any changes in the Work, in the Department’s processes and procedures or in the Contractor’s processes and procedures. The Contractor shall submit an Annual Communication Plan Update that contains all changes from the most recently approved prior Communication Plan, Annual Communication Plan Update or Interim Communication Plan Update or shall note that there were no changes.

5.1.9.2.3.1. DELIVERABLE: Annual Communication Plan Update

5.1.9.2.3.2. DUE: Annually, by June 30th of each year
5.1.9.2.4. The Department may request a change to the Communication Plan at any time to account for any changes in the Work, in the Department’s processes and procedures or in the Contractor’s processes and procedures, or to address any communication related deficiencies determined by the Department. The Contractor shall modify the Communication Plan as directed by the Department and submit an Interim Communication Plan Update containing all changes directed by the Department.

5.1.9.2.4.1. DELIVERABLE: Interim Communication Plan Update

5.1.9.2.4.2. DUE: Within ten (10) Business Days following the receipt of the request from the Department, unless the Department allows for a longer time in writing

5.1.9.2.5. The Contractor shall not engage in any non-routine communication with any Member, any Provider, the media or the public without the prior written consent of the Department.

5.1.10. Business Continuity

5.1.10.1. The Contractor shall create a Business Continuity Plan that the Contractor will follow in order to continue operations after a Disaster or a Business Interruption. The Business Continuity Plan shall include, but is not limited to, all of the following:

5.1.10.1.1. How the Contractor will replace staff that has been lost or is unavailable during or after a Business Interruption so that the Work is performed in accordance with the Contract.

5.1.10.1.2. How the Contractor will back-up all information necessary to continue performing the Work, so that no information is lost because of a Business Interruption.

5.1.10.1.2.1. In the event of a Disaster, the plan shall also include how the Contractor will make all information available at its back-up facilities.

5.1.10.1.3. How the Contractor will minimize the effects on Members of any Business Interruption.

5.1.10.1.4. How the Contractor will communicate with the Department during the Business Interruption and points of contact within the Contractor’s organization the Department can contact in the event of a Business Interruption.

5.1.10.1.5. Planned long-term back-up facilities out of which the Contractor can continue operations after a Disaster.

5.1.10.1.6. The time period it will take to transition all activities from the Contractor’s regular facilities to the back-up facilities after a Disaster.

5.1.10.2. The Contractor shall deliver the Business Continuity Plan to the Department for review and approval.

5.1.10.2.1. DELIVERABLE: Business Continuity Plan

5.1.10.2.2. DUE: Within ten (10) Business days after the Effective Date
5.1.10.3. The Contractor shall review its Business Continuity Plan at least semi-annually and update the plan as appropriate to account for any changes in the Contractor’s processes, procedures or circumstances. The Contractor shall submit an Updated Business Continuity Plan that contains all changes from the most recently approved prior Business Continuity Plan or Updated Business Continuity Plan or shall note that there were no changes.

5.1.10.3.1. **DELIVERABLE:** Updated Business Continuity Plan

5.1.10.3.2. **DUE:** Semi-annually, by June 30th and December 31st of each year

5.1.10.4. In the event of any Business Interruption, the Contractor shall implement its most recently approved Business Continuity Plan or Updated Business Continuity Plan immediately after the Contractor becomes aware of the Business Interruption. In that event, the Contractor shall comply with all requirements, deliverables, timelines and milestones contained in the implemented plan.

5.1.11. Master Project Plan

5.1.11.1. The Contractor shall develop a Master Project Plan. The Master Project Plan shall integrate all required deliverables, milestones, and tasks.

5.1.11.2. The Contractor shall deliver the Master Project Plan to the Department.

5.1.11.2.1. **DELIVERABLE:** Master Project Plan

5.1.11.2.2. **DUE:** Within thirty (30) days after the Effective Date

5.1.11.3. The Contractor shall update the Master Project Plan monthly.

5.1.11.4. The Contractor shall deliver the Updated Master Project Plan to the Department.

5.1.11.4.1. **DELIVERABLE:** Updated Master Project Plan

5.1.11.4.2. **DUE:** Monthly, by the 5th calendar day of each month throughout the term of Contract

**OFFEROR'S RESPONSE 1.** Provide a Sample Master Project Plan that includes high-level tasks, milestones, deliverables, and staffing related to Section 5.3.


5.1.12.1. In addition to the intellectual property ownership rights in the Contract, the following subsections describe the intellectual property ownership requirements that the Contractor shall meet during the term of the Contract in relation to federal financial participation.
5.1.12.2. To facilitate obtaining the desired amount of federal financial participation under 42 CFR §433.112, the Department shall have all ownership rights, not superseded by other licensing restrictions, in all materials, programs, procedures, etc., designed, purchased, or developed by the Contractor and funded by the Department. The Contractor shall use contract funds to develop all necessary materials, programs, products, procedures, etc., and data and software to fulfill its obligations under the Contract. Department funding used in the development of these materials, programs, procedures, etc. shall be documented by the Contractor. The Department shall have all ownership rights in data and software, or modifications thereof and associated documentation and procedures designed and developed to produce any systems, programs reports and documentation and all other work products or documents created under the Contract. The Department shall have these ownership rights, regardless of whether the work product was developed by the Contractor or any Subcontractor for work product created in the performance of this Contract. The Department reserves, on behalf of itself, the Federal Department of Health and Human Services and its contractors, a royalty-free, non-exclusive and irrevocable license to produce, publish or otherwise use such software, modifications, documentation and procedures. Such data and software includes, but is not limited to, the following:

5.1.12.2.1. All computer software and programs, which have been designed or developed for the Department, or acquired by the Contractor on behalf of the Department, which are used in performance of the Contract.

5.1.12.2.2. All internal system software and programs developed by the Contractor or subcontractor, including all source codes, which result from the performance of the Contract; excluding commercial software packages purchased under the Contractor’s own license.

5.1.12.2.3. All necessary data files.

5.1.12.2.4. User and operation manuals and other documentation.

5.1.12.2.5. System and program documentation in the form specified by the Department.

5.1.12.2.6. Training materials developed for Department staff, agents or designated representatives in the operation and maintenance of this software.

5.1.13. Performance Reviews

5.1.13.1. The Department may conduct performance reviews or evaluations of the Contractor in relation to the Work performed under the Contract.

5.1.13.2. The Department may work with the Contractor in the completion of any performance reviews or evaluations or the Department may complete any or all performance reviews or evaluations independently, at the Department’s sole discretion.

5.1.13.3. The Contractor shall provide all information necessary for the Department to complete all performance reviews or evaluations, as determined by the Department, upon the Department’s request. The Contractor shall provide this information regardless of whether the Department decides to work with the Contractor on any aspect of the performance review or evaluation.
5.1.13.4. The Department may conduct these performance reviews or evaluations at any point during the term of the Contract, or after termination of the Contract for any reason.

5.1.13.5. The Department may make the results of any performance reviews or evaluations available to the public, or may publicly post the results of any performance reviews or evaluations.

5.1.14. Renewal Options and Extensions

5.1.14.1. The Department may, within its sole discretion, choose to not exercise any renewal option in the Contract for any reason. If the Department chooses to not exercise an option, it may re-procure the performance of the Work in its sole discretion.

5.1.14.2. The Parties may amend the Contract to extend beyond five (5) years, in accordance with the Colorado Procurement Code and its implementing rules, in the event that the Department determines the extension is necessary to align the Contract with other Department contracts, to address State or Federal programmatic or policy changes related to the Contract or to provide sufficient time to transition the Work.

5.1.14.2.1. In the event that the Contract is extended beyond five (5) years, the annual maximum compensation for the Contract in any of those additional years shall not exceed the Contract maximum amount for the prior State Fiscal Year (SFY) plus the annual percent increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the Denver-Boulder-Greeley metropolitan area for the calendar year ending during that prior SFY. If the CPI-U for Denver-Boulder-Greeley is for some reason not available as specified in this subsection, the increase shall be equal to the percent increase in the CPI-U (U.S.) for the same period.

5.1.14.2.2. The limitation on the annual maximum compensation shall not include increases made specifically as compensation for additional work added to the Contract.

5.1.15. Department System Access

5.1.15.1. In the event that the Contractor requires access to any Department computer system to complete the Work, the Contractor shall have and maintain all hardware, software and interfaces necessary to access the system without requiring any modification to the Department’s system. The Contractor shall follow all Department policies, processes and procedures necessary to gain access to the Department’s systems.

5.1.16. Vendor Collaboration

5.1.16.1. The Contractor may be required to collaborate with the Department’s Independent Verification & Validation (IV&V) Vendor. The IV&V Vendor will provide objective assessment of processes through the development of the MPI service facilitating early detection and correction of errors, enhance management insight into risks and ensure compliance with project performance, schedule, and budget requirements. The defined processes for IV&V in Colorado’s large technology initiatives can be found at http://oit.state.co.us/cco/governance/legislation/definitions.

5.1.16.2. The Contractor may be required to work with a Systems Integrator for integration of data across the Medicaid enterprise and other entities.
5.1.16.3. The Contractor may be required to work with a Cost Allocation Planning Contractor for assessing allocation of costs with systems such as the Colorado Benefits Management System (CBMS) and MMIS.

5.1.17. Accepting Revenue

5.1.17.1. The Contractor must be willing to accept revenue or service fees from entities outside of state government when such entities utilize the MPI services. The OeHI and the Department are prohibited to serve as pass-through entities or collect of such revenue or service fees related to the utilization of the MPI services. Any revenue or services fees would be beyond payments provided through the contract awarded through the RFP, and would be specified and agreed upon through the contract prior to the collection of any revenue or service fees.

5.1.18. Data Use Agreements

5.1.18.1. Coordinated participation agreements and common data use agreements are required to ensure secure and efficient use of available data. Prior to implementation of the MPI services the selected Contractor(s) will be required to work with various organizations and stakeholders including Medicaid and other state agencies to review existing agreements for sufficiency in engendering trust of participants to use the services once implemented.

5.1.19. Participation in Workgroups

5.1.19.1. Selected organizations may be asked by the Department or OeHI to provide a representative to identified workgroups or form ad hoc advisory groups through the life of the contract to coordinate and collaborate on operational, technical, and implementation details. Workgroups may also be asked to advise the OeHI on specific tasks, such as architecture, technical standards, and approaches for coordinated, integration strategies and solutions for shared state-level technical services. Selected contractor(s) may be asked to form ad hoc advisory workgroups at various times during the contract period.

5.2. START-UP, MAINTENANCE AND OPERATIONS, AND CLOSEOUT PERIODS

5.2.1. The Contract shall have a Start-Up Period, Maintenance and Operations, and Closeout Period.

5.2.2. Start-Up Period

5.2.2.1. Contractor shall not engage in any Work under the Contract, other than the Work described in this section, prior to the Operational Start Date. The Department shall not be liable to Contractor for, and Contractor shall not receive, any payment for any period prior to the Operational Start Date under this Contract.

5.2.2.2. The Operational Start Date shall not occur until Contractor has completed all requirements of the Start-Up Period, including, but not limited to, the completion of the operational readiness review contained in the Start-Up Plan, unless the Department provides written approval otherwise.

5.2.2.3. During the Start-Up Period, the Contractor shall complete all of the following:
5.2.2.3.1. Create a Policy and Procedures Manual that contains the policies and procedures for all solution functions necessary for the Contractor to complete its obligations under the Contract and for end-users to effectively use the solution.

5.2.2.3.1.1. **DELIBERABLE:** Policies and Procedure Manual

5.2.2.3.1.2. **DUE:** The later of the Effective Date or thirty (30) days prior to the Operational Start Date

5.2.2.3.2. Prepare all documents, forms, training materials, and any other documents, information and protocols that require approval by the Department prior to the end of the Start-Up period. The Contractor shall deliver all documents, forms, training materials, and any other documents, information and protocols that require approval by the Department to the Department for review and approval in a timely manner that allows the Department to review and approve those documents prior to end of the Start-Up Period.

5.2.2.3.3. Create and implement the Business Continuity Plan described in Section 5.1.10.

5.2.2.3.4. Create and implement the Communication Plan described in Section 5.1.9.2.

5.2.2.3.5. Create and implement the Start-Up Plan described in Section 5.8.4.1.

5.2.2.3.6. Complete all steps, deliverables and milestones contained in the Department-approved Start-Up Plan.

5.2.2.4. The Contractor shall provide weekly updates, to the Department, throughout the Start-Up Period, that show the Contractor’s status toward meeting the timelines and milestones described in the Department-approved Start-Up Plan.

5.2.2.5. The Contractor shall ensure that all requirements of the Start-Up Period are complete by the deadlines contained in the Department-approved Start-Up Plan and that the Contractor is ready to perform all Work by the Operational Start Date.

5.2.2.6. Maintenance and Operations Period

5.2.2.6.1. The Contractor shall host solution in a manner that incorporates performance expectations and agreed upon Service Level Agreements (SLAs).

5.2.2.6.2. The Contractor shall ensure that the hosting environment is compliant with SSAE 18 Type 2, including future updates, and preferably have Federal Risk and Authorization Management Program (FARMS) certification.

5.2.2.6.3. The Contractor's hosting the solution shall perform SSAE-16 Type 2 audits annually (by an independent auditor). Responses to findings, action plans, and remediation plans shall be submitted to and approved by the Commission. Coordinate responses to initial findings with the Commission that may impact operations.

5.2.2.6.4. The Contractor shall provide sufficient bandwidth and redundancy to ensure accessibility, reliability/Fault Tolerance and acceptable performance.

5.2.2.6.5. The Contractor shall provide appropriate software updates, including security patches on a routine basis.

5.2.2.6.6. The Contractor shall provide appropriate troubleshooting and help desk support as described in the SLAs.
5.2.3. Closeout Period

5.2.3.1. During the Closeout Period, the Contractor shall complete all of the following:

5.2.3.1.1. Implement the most recent Closeout Plan or Closeout Plan Update that has been approved by the Department, and complete all steps, deliverables and milestones contained in the most recent Closeout Plan or Closeout Plan Update that has been approved by the Department.

5.2.3.1.2. Provide to the Department, or any other contractor at the Department's direction, all reports, data, systems, Deliverables and other information reasonably necessary for a transition as determined by the Department or included in the most recent Closeout Plan or Closeout Plan Update that has been approved by the Department.

5.2.3.1.3. Ensure that all responsibilities under the Contract have been transferred to the Department, or to another contractor at the Department's direction, without significant interruption.

5.2.3.1.4. Notify any Subcontractors of the termination of the Contract, as directed by the Department.

5.2.3.1.5. Continue meeting each requirement of the Contract as described in the Department-approved and updated Closeout Plan, or until the Department determines that specific requirement is being performed by the Department or another contractor, whichever is sooner. The Department will determine when any specific requirement is being performed by the Department or another contractor, and will notify the Contractor of this determination for that requirement.

5.2.3.1.6. The Closeout Period may extend past the termination of the Contract. The Department will perform a closeout review to ensure that Contractor has completed all requirements of the Closeout Period. If Contractor has not completed all of the requirements of the Closeout Period by the date of the termination of the Contract, then any incomplete requirements shall survive termination of the Contract.

5.2.4. Start-Up and Closeout Planning

5.2.4.1. Start-Up Plan

5.2.4.1.1. During the Start-Up Period, the Contractor shall create a Start-Up Plan that contains, at a minimum, all of the following:

5.2.4.1.1.1. A description of all steps, timelines, milestones and deliverables necessary for the Contractor to be fully able to perform all Work by the Operational Start Date.

5.2.4.1.1.2. A listing of all personnel involved in the start-up and what aspect of the start-up they are responsible for.

5.2.4.1.1.3. An operational readiness review for the Department to determine if the Contractor is ready to begin performance of all Work.

5.2.4.1.1.4. The risks associated with the start-up and a plan to mitigate those risks.

5.2.4.1.2. The Contractor shall deliver the Start-Up Plan to the Department for review and approval.

5.2.4.1.2.1. DELIVERABLE: Start-Up Plan
5.2.4.1.2.2. DUE: Within five (5) Business Days after the Effective Date

5.2.4.2. Closeout Plan

5.2.4.2.1. The Contractor shall create a Closeout Plan that describes all requirements, steps, timelines, milestones and Deliverables necessary to fully transition the services described in the Contract from the Contractor to the Department. The Closeout Plan shall also designate an individual to act as a closeout coordinator, who will ensure that all requirements, steps, timelines, milestones and deliverables contained in the Closeout Plan are completed and work with the Department and any other contractor to minimize the impact of the transition on the Department. The Contractor shall deliver the Closeout Plan to the Department for review and approval.

5.2.4.2.1.1. DELIVERABLE: Closeout Plan
5.2.4.2.1.2. DUE: Thirty (30) days following the Effective Date
5.2.4.2.2. The Contractor shall update the Closeout Plan, at least annually, to include any technical, procedural or other changes that impact any steps, timelines or milestones contained in the Closeout Plan, and deliver this Closeout Plan Update to the Department for review and approval.

5.2.4.2.2.1. DELIVERABLE: Closeout Plan Update
5.2.4.2.2.2. DUE: Annually, by June 30th of each year

5.3. CONTRACTOR PERSONNEL

5.3.1. Personnel General Requirements

5.3.1.1. The Contractor shall provide qualified Key Personnel and Other Personnel as necessary to perform the Work throughout the term of the Contract.

5.3.1.1.1. The Contractor shall provide the Department with a final list of individuals assigned to the Contract and appropriate contact information for those individuals.

5.3.1.1.1.1. DELIVERABLE: Final list of names of all of the individuals assigned to the Contract
5.3.1.1.1.2. DUE: Within five (5) Business Days following the Effective Date
5.3.1.1.2. The Contractor shall update this list upon the Department’s request to account for changes in the individuals assigned to the Contract.

5.3.1.1.2.1. DELIVERABLE: Updated list of names of all of the individuals assigned to the Contract
5.3.1.1.2.2. DUE: Within five (5) Business Days following the Department’s request for an update

5.3.2. Contractor shall not permit any individual proposed for assignment to Key Personnel positions to perform any Work prior to the Department’s approval of that individual to be assigned as Key Personnel.
5.3.3. The Contractor shall not voluntarily change individuals in Key Personnel positions without the prior written approval of the Department. The Contractor shall supply the Department with the name, resume and references for any proposed replacement whenever there is a change to Key Personnel. Any individual replacing Key Personnel shall have qualifications that are equivalent to or exceed the qualifications of the individual that previously held the position, unless otherwise approved, in writing, by the Department.

5.3.3.1.1. DELIVERABLE: Name(s), resume(s) and references for the person(s) replacing anyone in a Key Personnel position during a voluntary change

5.3.3.1.2. DUE: At least five (5) Business Days prior to the change in Key Personnel

5.3.3.2. If any individual filling a Key Personnel position leaves employment with Contractor, Contractor shall propose a replacement person to the Department. The replacement person shall have qualifications that are equivalent to or exceed the qualifications of the individual that previously held the position, unless otherwise approved, in writing, by the Department.

5.3.3.2.1. DELIVERABLE: Name(s), resume(s) and references for the person(s) replacing anyone in a Key Personnel position who leaves employment with the Contractor

5.3.3.2.2. DUE: Within 10 Business Days following Contractor’s receipt of notice that the person is leaving employment, unless the Department allows for a longer time in writing for Contractor to recruit a replacement.

5.3.4. Personnel Availability

5.3.4.1. The Contractor shall ensure Key Personnel and Other Personnel assigned to the Contract are available for meetings with the Department during the Department’s normal business hours, as determined by the Department. The Contractor shall also make these personnel available outside of the Department’s normal business hours and on weekends with prior notice from the Department.

5.3.4.2. The Contractor’s Key Personnel and Other Personnel shall be available for all regularly scheduled meetings between the Contractor and the Department, unless the Department has granted prior, written approval otherwise.

5.3.4.3. The Contractor shall ensure that the Key Personnel and Other Personnel attending all meetings between the Department and the Contractor have the authority to represent and commit the Contractor regarding work planning, problem resolution and program development.

5.3.4.4. At the Department’s direction, the Contractor shall make its Key Personnel and Other Personnel available to attend meetings as subject matter experts with stakeholders both within the State government and external or private stakeholders.
5.3.4.5. All of the Contractor’s Key Personnel and Other Personnel that attend any meeting with the Department or other Department stakeholders shall be physically present at the location of the meeting, unless the Department gives prior, written permission to attend by telephone or video conference. If the Contractor has any personnel attend by telephone or video conference, the Contractor shall provide all additional equipment necessary for attendance, including any virtual meeting space or telephone conference lines.

5.3.4.6. The Contractor shall respond to all telephone calls, voicemails and emails from the Department within one (1) Business Day of receipt by the Contractor.

5.3.5. Key Personnel

5.3.5.1. The Contractor shall designate people to hold the following Key Personnel positions:

5.3.5.1.1. Project Manager

5.3.5.1.1.1. The Project Manager shall have the following qualifications:

5.3.5.1.1.1.1. A minimum of three (3) years of experience managing identity management implementation projects of similar size and nature.

5.3.5.1.1.1.2. Experience in managing strategic planning efforts for MPI implementation projects.

5.3.5.1.1.1.3. A minimum of three (3) years of experience working with patient data.

5.3.5.1.1.1.4. Project Management Professional (PMP) designation through the Project Management Institute (PMI) is preferred, but not required.

5.3.5.1.1.2. The Project Manager shall be responsible for all of the following:

5.3.5.1.1.2.1. Serving as Contractor’s primary point of contact for the Department.

5.3.5.1.1.2.2. Ensuring the completion of all Work in accordance with the Contract’s requirements. This includes, but is not limited to, ensuring the accuracy, timeliness and completeness of all work.

5.3.5.1.1.2.3. Overseeing all other Key Personnel and Other Personnel and ensuring proper staffing levels throughout the term of the Contract.

5.3.5.1.2. Solution Architect

5.3.5.1.2.1. The Solution Architect shall have the following qualifications:

5.3.5.1.2.1.1. A minimum of three (3) years of experience in designing, evaluating, or developing MPI solutions and architecture.

5.3.5.1.2.1.2. A minimum of three (3) years of experience of integrating healthcare data.

5.3.5.1.2.1.3. A minimum of three (3) years of experience with enterprise data matching, development, and/or implementation for Health IT for a government agency.

5.3.5.1.2.2. The Solution Architect shall be responsible for all of the following:

5.3.5.1.2.2.1. Identifying technical components necessary for conducting data matching.

5.3.5.1.2.2.2. Contributing to defining matching standards.
5.3.6. Other Personnel Responsibilities

5.3.6.1. The Contractor shall use its discretion to determine the number of Other Personnel necessary to perform the Work in accordance with the requirements of the Contract. If the Department has determined that Contractor has not provided sufficient Other Personnel to perform the Work in accordance with the requirements of the Contract, the Contractor shall provide all additional Other Personnel necessary to perform the Work in accordance with the requirements of the Contract at no additional cost to the Department.

5.3.6.2. The Contractor shall ensure that all Other Personnel have sufficient training and experience to complete all portions of the Work assigned to them. The Contractor shall provide all necessary training to its Other Personnel, except for Department-provided training specifically described in the Contract.

5.3.6.3. The Contractor shall develop and maintain appropriate staffing levels throughout the term of this Contract and shall adjust its resources, as necessary, to maintain compliance with all requirements of this Contract.

5.3.6.4. The Contractor may subcontract to complete a portion of the Work required by the Contract. The conditions for using a Subcontractor or Subcontractors are as follows:

5.3.6.4.1. The Contractor shall disclose the approach to subcontracting personnel and solutions.

5.3.6.4.2. The Contractor shall provide the organizational name of each Subcontractor and all items to be worked on by each Subcontractor to the Department.

5.3.6.4.2.1. DELIVERABLE: Name of each Subcontractor and items on which each Subcontractor will work

5.3.6.4.2.2. DUE: The later of thirty (30) days prior to the Subcontractor beginning work or the Effective Date

5.3.6.4.3. The Contractor shall obtain prior consent and written approval for any use of Subcontractor(s).

5.4. MPI BUSINESS, FUNCTIONAL, AND TECHNICAL REQUIREMENTS

5.4.1. The Contractor shall meet the following business, functional, and technical requirements for the MPI.

5.4.1.1. Business and Functional Requirements

5.4.1.1.1. These business requirements provide information and guidance to help ensure that the system fulfills the various needs articulated by the use cases.

5.4.1.1.2. The Business and Functional Requirements are found in Attachment E and are incorporated into the categories listed in the table below.

5.4.1.1.3. For each Business and Functional Requirement, the Contractor shall provide a Contractor Compliance Code as follows: a) full compliance; b) partial compliance; and c) no compliance. For all requirements indicated as ‘c’ the Contractor shall provide a description for this exception.
5.4.1.3.1. The Contractor shall submit a Final Business and Functional Requirements document to the Department after the requirements are validated by the Department.

5.4.1.3.1.1. DELIVERABLE: Final Validated Business and Functional Requirements

5.4.1.3.1.2. DUE: As agreed upon in the Master Project Plan.

5.4.1.2. Technical Requirements

5.4.1.2.1. The Contractor shall meet the technical standards and requirements listed in the table below if it provides the Department with these technologies. The Contractor shall utilize these technical guidelines as boundaries for which the Contractor may work inside of to offer creative, contemporary solutions.
<p>| <strong>Modular</strong> | The design of the solution shall be modular so that it can be independently developed and then used by different technologies across disparate agencies, both inside and outside of State government through connections to their respective system(s). |
| <strong>Configurable</strong> | The solution shall have the ability to be configured to meet unique, and potentially simultaneous but different workflows and use cases. |
| <strong>Adherence to the Secure Systems Development Life Cycle (SSDLC)</strong> | The solution shall adhere to industry best practices regarding a SSDLC. Each step or phase of the system build out must be well documented and vetted such that it provides a model of the development and lifecycle management of the application. |
| <strong>Compliant with Federal Standards</strong> | The solution shall comply with all Federal and State regulations and guidelines including: the CMS Standards and Conditions; promote the use of industry standards for information exchange and interoperability, and provide a seamless business services environment for users. |
| <strong>Eligible for Maximum Federal Financial Participation (FFP)</strong> | The solution shall be designed and implemented to qualify for and secure enhanced FFP for development, implementation, maintenance and operation of the MPI. |</p>
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<tr>
<th>Privacy and Security</th>
<th>The solution shall meet or exceed all Federal and Colorado Privacy and Security requirements. The systems, at a minimum, must be in:</th>
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<td></td>
<td>o Compliance with Internal Revenue Service (IRS) Standards</td>
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<td>o Compliance with The Federal Risk and Authorization Management Program (FedRAMP)</td>
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<td>o Compliance with The Federal Information Security Management Act (FISMA)</td>
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<td>o Compliance with Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health (HITECH) Act Standards</td>
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<td>o Compliance with Family Educational Rights &amp; Privacy Act (FERPA)</td>
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<td>o Compliance with Information Security Standards</td>
</tr>
<tr>
<td></td>
<td>o Compliance with Federal and State Mandates for Accessibility</td>
</tr>
<tr>
<td></td>
<td>o Compliance with Program Requirements for Confidentiality</td>
</tr>
<tr>
<td></td>
<td>Compliance with Federal and State Mandates, as well as IT Standards for the creation, storage, reading and transfer of data</td>
</tr>
<tr>
<td><strong>Adaptable</strong></td>
<td>The solutions shall provide an extensible, flexible and soundly designed framework that can adapt over time to changing programmatic needs, solution approaches, and technologies. The MPI must be standards based to facilitate interoperability and maintainability. The State seeks to implement flexible, modular, configurable solutions to enhance decision-making and increase management efficiencies. The State seeks to use Service Oriented Architecture (SOA) principles to deliver interoperability to support modernization and enable continual Enterprise evolution to meet evolving business needs. In addition, the Department seeks a highly configurable and flexible system that can enable the expansion of technological capabilities to other State and Federal agencies and incorporates the capability to take timely advantage of changing technology. As new payment models at the national and local level are tested and validated, we are learning new strategies for effective value-based purchasing all the time. The system shall be adaptable over time to new research artifacts.</td>
</tr>
<tr>
<td><strong>Interfaceable</strong></td>
<td>The technologies shall possess the capacity and functionality to interface with myriad state systems (and other outside stakeholders, potentially) at various stages of maturity. Ideally, each interface should allow for a bi-directional data exchange. The Department anticipates that the searching and querying to identify records in the respective source system(s) as well as the ability to update information will be accomplished through an Application Programming Interface (API), preferably FHIR API.</td>
</tr>
</tbody>
</table>
### Sustainable
The Department seeks a solution that can be efficiently sustained and affordably maintained in perpetuity, while offering enhanced program support and user experience. It is imperative that a balance is achieved to deliver a modular and extensible networked system while sustaining quality data, integrity of Medicaid program operations (and those of other agency participants) and offering adaptability to meet changing needs.

### An Enterprise Solution
The Department is not seeking Medicaid-only solutions. The solution shall provide a framework to support the broader healthcare landscape in Colorado and will serve as an information gateway for Colorado healthcare stakeholders. The technologies must be compatible with the Department’s existing Enterprise Service Bus (ESB) and enable the use of Single Sign On (SSO).

### Scalable
The solution shall be scalable as other systems, users, and data volume increase over time. The systems shall have the ability to handle these types of increases without impact on performance. The technologies are expected to meet or surpass and maintain agreed upon key performance metrics.

### Data Quality
The Department shall have technologies to have data quality measures in place and have documented and vetted data stewardship processes, tools, and best practices available as part of the development and operation of the solution to support users in understanding the data so that they can take ownership of data quality. The Contractor shall work with relevant stakeholders and data owners to determine and document rules and processes for selecting the most appropriate data for storage and transmission across other systems.

### 5.5. MPI USE CASES

5.5.1. The three (3) prioritized use cases for Phase 1 of the Contract are listed below:
5.5.1.1. Improved patient identity management (i.e., matching and de-duplication of individuals’ records) across Medicaid enterprise and other state agencies.

5.5.1.2. Improved patient identity management inclusive of social services.

5.5.1.3. Improved linking between the Department’s Business Intelligence & Data Management System (BIDM) and other data sources, such as HIE solutions, to better analyze clinical, claims, and social determinants of health.

5.5.2. The Contractor shall create a solution to support linking data between the MMIS and the Colorado Benefit Management System (CBMS) as primary data sources by taking all of the following into consideration:

5.5.2.1. Individuals who receive Medicaid benefits may also receive other state benefits through CBMS and other health benefit programs and systems.

5.5.2.2. If an individual receives benefits through CBMS, an identification number (ID) is assigned to the individual utilizing Medicaid and health and human services programs, such as Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

5.5.2.3. If individuals apply for other health and human services programs, an identifier is not assigned.

5.5.2.4. State staff spend a lot of time de-duplicating IDs since there is not a single identifier or process, making it difficult to account for services, costs, and impact across the programs.

5.5.2.5. The Office of Information Technology’s CBMS Operations Team frequently encounters duplicate IDs and issues with reconciling multiple applications and benefits for the same individual. Because benefits and applications for human service programs, like Medicaid, may fluctuate over time, it is not easy to link benefits or measure quality and financial outcomes for individuals and providers across state programs.

5.5.3. The Contractor shall create the project to enhance work efforts for the Joint Agency Interoperability Project, which includes members of the Department and the Colorado Department of Human Services to develop an interoperability Roadmap, to improve identity resolution and matching.

5.5.4. Planned and future cases identified by the Department for the solution can be found in Attachment F.

5.5.5. The Contractor Solution shall create the solution be able to run multiple use cases concurrently.

5.6. PERFORMANCE STANDARDS

5.6.1. The Contractor shall collaborate with the Department to develop Service Level Agreements (SLAs).

5.6.2. The Contractor shall adhere to the SLAs put in place between the Department and the Contractor.

5.7. SECURE SYSTEM DEVELOPMENT LIFE CYCLE (SSDLC)
5.7.1. The Contractor shall provide a SSDLC approach that meets the overall project objectives and timeline.

5.7.1.1. The Contractor shall provide deliverables for key milestones in the project.

5.7.1.2. The Contractor shall include the key SDLC deliverables outlined in the table below in the Master Project Plan.

<table>
<thead>
<tr>
<th>Business Rule and Configuration Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements Traceability Matrix (RTM)</td>
</tr>
<tr>
<td>UI Style Guide and Standards including navigation, terminology, look and feel</td>
</tr>
<tr>
<td>User and Training Documentation</td>
</tr>
<tr>
<td>Design Plan (may be covered through other deliverables)</td>
</tr>
<tr>
<td>Security Plan</td>
</tr>
<tr>
<td>Master Test Plan</td>
</tr>
<tr>
<td>Test Results for each testing framework area</td>
</tr>
<tr>
<td>Implementation and Operational Readiness Plan</td>
</tr>
<tr>
<td>Maintenance and Operations Plan</td>
</tr>
</tbody>
</table>

5.8. REPORTING REQUIREMENTS

5.8.1. Status Reporting

5.8.1.1. The Contractor shall submit a Bi-Weekly Status Report that contains updates on project management activities and progress.

5.8.1.2. The Contractor shall deliver the Bi-Weekly Status Report to the Department for review and approval.

5.8.1.2.1. DELIVERABLE: Bi-weekly Status Report

5.8.1.2.2. DUE: Bi-weekly, on the first and fifteenth of each month after the Effective Date.

SECTION 6.0 COMPENSATION AND INVOICING

6.1. COMPENSATION

6.1.1. The compensation under the Contract shall consist of the following payments:

6.1.1.1. Startup and Implementation Period Deliverable Payments
6.1.1.1. The Contractor shall receive payment for deliverables described in Section 5.6.1 and based upon the deliverable payment schedule, as include in Attachment D, Sheet 1. [NOTE: Proposal Pricing Worksheet not provided for RFI].

6.1.1.2. Maintenance and Operations Period - Monthly Payment:

6.1.1.2.1. The Contractor shall receive a fixed Monthly Maintenance and Operations Costs Payment on a monthly basis upon the Department’s receipt and acceptance of the Contractor’s invoice. Attachment D, Sheet 2 includes the fee schedule for the monthly payments. [NOTE: Proposal Pricing Worksheet not provided for RFI].

6.1.1.3. Rates for Ad hoc work

6.1.1.3.1. The Contractor shall receive payment for ad hoc work outside of the scope of the Contract based on the Contractor’s labor categories included in the Proposal Pricing Worksheet, Sheet 3. [NOTE: Proposal Pricing Worksheet not provided for RFI].

6.2. INVOICING AND PAYMENT PROCEDURES

6.2.1. 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 invoice the Department for a month prior to the last day of that month.

6.2.2. The invoice shall contain all of the following for the month for which the invoice covers:

6.2.2.1. The cost for Department approved deliverables, described in Section 5.6.1. only if all deliverables described in that section which were accepted by the Department and are received by their required due dates for the month that the invoice covers.

6.2.2.2. The cost for maintenance and operations will be provided once the Contract is in the Maintenance and Operations Period.

6.2.2.3. The cost for all work outside of the Statement of Work performed by the Contractor during the month at the rates described in Section 6.0 above.

6.2.3. Payment of Invoices

6.2.3.1. The Department shall remit payment to the Contractor, for all amounts shown on an invoice, after the Department’s acceptance of that invoice. Acceptance of an invoice shall not imply the acceptance or sufficiency of any work performed or deliverables submitted to the Department during the month for which the invoice covers or any other month. The Department shall not make any payment on an invoice prior to its acceptance of that invoice.

6.2.3.2. The Department will review the submitted invoice, and compare the information contained in the invoice to the Department’s information. The Department will only accept an invoice after it has reviewed the information contained on the invoice and determined that all amounts are correct.

6.2.3.3. In the event that the Department determines that all information on an invoice is correct, the Department shall notify the Contractor of its acceptance of the invoice, in writing.
6.2.3.4. In the event that the Department determines that any information on an invoice is incorrect, the Department will notify the Contractor of this determination and what is incorrect on the invoice. The Contractor shall correct any information the Department determined to be incorrect and resubmit that invoice to the Department for review.

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

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

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

6.2.3.5. Notwithstanding anything to the contrary in the 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.

6.3. **BUDGET**

6.3.1. The Department has a maximum available amount for each year of this project. Any proposal that has a total price that exceeds the Department’s maximum available amount for SFY 2018-2019 shall be rejected without further consideration. The Department’s maximum available amount for this project is listed below for each SFY:

6.3.1.1. SFY19: $1,200,000.00 for the MPI solution.

6.3.1.2. SFY20: $250,000.00 for the solution and $250,000 for Maintenance and Operations.

6.3.1.3. SFY21: $250,000.00 for Maintenance and Operations.

6.3.2. Development and implementation costs shall be provided upon delivery of Department approved deliverables as described in Section 5.6.1 and implementation of the solution.

6.3.3. Maintenance and Operational period costs shall be provided on a monthly basis.

6.3.4. Additional work shall be provided based upon the rate structure included with the Proposal Pricing Sheet in Attachment D, Sheet 3.

**SECTION 7.0 EVALUATION METHODOLOGY**

7.1. **EVALUATION PROCESS**

7.1.1. The evaluation of proposals will result in a recommendation for award of the Contract. The award will be made to the Offeror whose proposal, conforming to the solicitation, will be most advantageous to the State of Colorado, price and other factors considered.

7.1.2. The Department will conduct a comprehensive, thorough, complete and impartial evaluation of each proposal received.
7.1.3. The Department and OeHI will conduct a comprehensive, thorough, complete and impartial evaluation of each proposal received. This includes leveraging subject matter expertise from the eHealth Commission to support the procurement process as defined in OeHI’s procurement procedures. Additional information on the evaluation process can be found in Attachment H.

7.1.4. The Department will select a vendor in compliance with C.R.S. §24-103-203(7) which states, “The award shall be made to the responsible Offeror whose proposal is determined in writing to be the most advantageous to the state, taking into consideration the price and evaluation factors set forth in the request for proposal.”

7.2. EVALUATION COMMITTEE

7.2.1. An Evaluation Committee will be established utilizing measures to ensure the integrity of the evaluation process. These measures include the following:

7.2.1.1. Selecting committee members who do not have a conflict of interest regarding this solicitation.

7.2.1.2. Facilitating the independent review of proposals.

7.2.1.3. Requiring the evaluation of the proposals to be based strictly on the content of the proposals.

7.2.1.4. Ensuring the fair and impartial treatment of all Offerors.

7.2.2. The objective of the Evaluation Committee is to conduct reviews of the proposals that have been submitted, to hold frank and detailed discussions among themselves, and to recommend an Offeror for award.

7.2.3. The Evaluation Committee will evaluate proposals to determine if each Offeror met all mandatory qualification requirements. Offerors will be expected to provide oral presentations to further clarify technical proposals.

7.2.4. Proposals will be evaluated by the Evaluation Committee using the evaluation criteria in Section 7.4. The evaluators will consider whether all critical elements described in the solicitation have been addressed, the capabilities of the Offeror, the quality of the approach and/or solution proposed, the price and any other aspect determined relevant by the Department.

7.2.5. The Evaluation Committee will determine which proposal is the most advantageous to the State of Colorado by performing a value analysis.

7.2.6. The Evaluation Committee will perform a value analysis by comparing the technical differences among proposals and whether these differences justify paying the cost differential provided in each Offeror’s proposal.

7.2.6.1. A Service-Disabled Veteran Owned Small Business may be given up to a 5% preference in the sole discretion of the Department.
7.2.7. The Evaluation Committee will have discretion in determining the manner and extent to which it will utilize technical and cost evaluation results. For example, the Evaluation Committee may award to an Offeror with higher costs if the Committee determines that the benefits of the technical differences for that Offeror’s proposal outweigh the proposal’s cost difference.

7.2.8. Based on the Evaluation Committee’s value analysis, the Committee will determine which Offeror is most advantageous to the State. The Evaluation Committee will explain its value analysis and the determination in a written document.

7.2.9. The Evaluation Committee may, if it deems necessary, request clarifications, conduct discussions or oral presentations, or request best and final offers. The Evaluation Committee may adjust its scoring based on the results of such activities. However, proposals may be reviewed and determinations made without such activities. Offerors should be aware that the opportunity for further explanation might not exist; therefore, it is important that all proposal submissions are complete.

7.3. COMPLIANCE

7.3.1. It is the Offeror’s responsibility to ensure that Offeror’s proposal is complete in accordance with the direction provided within all solicitation documents. Failure of an Offeror to provide any required information and/or failure to follow the response format set forth in Appendix A, Administrative Information, may result in the disqualification of that Offeror’s proposal.

7.4. PROPOSAL EVALUATION CRITERIA

7.4.1. The evaluation criteria to be used in evaluating the proposals are as follows:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Be Determined</td>
<td></td>
</tr>
</tbody>
</table>
Exhibit E: Business and Functional Requirements

<table>
<thead>
<tr>
<th>Column1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPI Solution Requirements</strong></td>
</tr>
<tr>
<td>Ability to maintain expiration status of persons that have died including facility location, date, time, plus use of a death registry.</td>
</tr>
<tr>
<td>Improved availability of data considered to be sensitive at the person-level, but that could be made available in aggregate for analysis and reporting (CSHIMS, 2012).</td>
</tr>
<tr>
<td>Coordinate with K-12 identity management efforts for attribute-based access, where childhood identity via K-12 efforts is coordinated, and does not conflict, with MPI efforts across the State.</td>
</tr>
<tr>
<td>Maintain source of data.</td>
</tr>
<tr>
<td>Provide a consistent view of information over time as it pertains to each specific data feed's availability.</td>
</tr>
<tr>
<td>Common key to link a patient to external data sources.</td>
</tr>
<tr>
<td>Linked administrative data should be automatically shared across state and community-based health care programs, improving workflows, and reducing data-entry errors within state programs and across the health care community.</td>
</tr>
<tr>
<td>System should support multi-modal weighting capacities that allow for configurable weighting schemas based on specific use cases.</td>
</tr>
<tr>
<td>Data capture should be efficient and effective using standardized data elements and collection processes that are simplified or automated.</td>
</tr>
<tr>
<td>Provide real-time administrative reporting using role-based access.</td>
</tr>
<tr>
<td>Support for data quality tools to help manage data integrity and quality from source systems.</td>
</tr>
<tr>
<td>Support quicker and more accurate processing of administrative transactions by guaranteeing reliable data.</td>
</tr>
<tr>
<td>Provide infrastructure support for participating health care providers to query longitudinal health records.</td>
</tr>
<tr>
<td>Incorporate fraud detection capabilities to identify possible Medicaid fraud, abuse, and inappropriate use.</td>
</tr>
<tr>
<td>The Solution shall have a Graphical User Interface (GUI) that allows users to use point and click and drag and drop functionality for the purposes of data management, auditing, system management and reporting.</td>
</tr>
<tr>
<td>The Solution shall provide a graphical user interface (GUI) to create and configure data including add, update and deleting master records.</td>
</tr>
<tr>
<td>The Solution shall provide a GUI to define rules to matching and merging data.</td>
</tr>
<tr>
<td>The Solution shall provide a GUI for viewing suspected duplicates based on search parameters.</td>
</tr>
<tr>
<td>The Solution shall provide a GUI to merge two or more records into a single record, unmerge previously merged records, and maintain full traceability of source records with complete audit trail.</td>
</tr>
<tr>
<td>The Solution shall provide a GUI to indicate a preferred source for a specific data element, in the event that data takes priority over data from other sources.</td>
</tr>
<tr>
<td>The Solution shall provide a GUI to add, modify and delete validation rules for specific data elements in the repository.</td>
</tr>
</tbody>
</table>
The Solution shall provide a point and click user interface to create and configure business logic and workflow.

The Solution shall be able to provide within the GUI, a visual representation of data through graphs and score cards to monitor data quality.

The Solution shall provide the capability to accommodate policy management business rules.

The Solution shall have the capability to send notifications or alerts to users or system administrators based on business rules or a pre-determined set of criteria.

The Solution shall have status indicators and previews of matches being made (i.e., confidence rate).

The Solution will allow users to review a history of identity matching results. This will be used to identify any errors or areas for improvement in the identity matching functionality.

The Solution shall have metrics to assist with fine-tuning matching accuracy and performance.

The Solution shall have the ability to modify, override, or delete the identity matching process for any given data feed on an individual or record level.

The Solution shall allow record linking and unlinking.

The Solution shall accept data sources that do not identify or link individuals' files in a like manner and standardize the data in a file format amenable to linking and grouping.

The Solutions shall accept, link and group incomplete data files.

The Solution shall link data that is submitted using field variations (e.g., first name vs. first initial and "M" for male vs. "1" for male).

The Solution shall learn or adapt based on changes in search behaviors of existing users so that scoring may adjust itself to changes in common search demographics based on the types of searches performed by the users.

The Solution shall use deterministic and probabilistic matching.

The Solution shall utilize "fuzzy" criteria such as phonetic match versus exact name spelling.

The Solution shall allow the user to assign weights to different matching criteria, to return overall probability scores for individual matches, and return justification for the match (i.e., which fields are the basis for the match).

The Solution shall provide APIs, web services, and/or other programmatic interfaces that expose the matching functionality to technical users.

The Solution shall be built so that the identity matching process can be easily modified without causing code, table, screen or ETL procedure changes.

The Solution shall provide the ability for the user to assign blocking variables.

The Solution shall be able to maintain a catalog of identity matching parameters for a given data feed.

The Solution shall perform a refresh when new data is loaded and will merge or unmerge records based on the refresh.

The Solution shall 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 Department.

The Solution shall provide access through the use of a unique user identifier and user profile, combined with a strong password. Any transaction or change to data shall be traced and audited down to the User ID level.
The Solution shall monitor and provide the functionality to report on unauthorized access attempts.

The Contractor shall allow users to send and receive secure emails.

The Contractor shall support secure transfer of files over public and private networks using encrypted file transfer protocols.

The Solution shall record and maintain a full audit trail of all changes and deletions to the master record.

The Solution shall have an integrated reporting environment, which shall be accessible from GUI interface.

The Solution shall provide reports, whether static results, parameter-driven reports and graphs, compliance reporting and ad hoc query reports.

The Solution shall include a master data repository, including management of master data definitions/metadata, master data instances and master data history, through a persistent "master record".

The Solution shall provide an extensible data model where additional entity types can be user defined.

The Solution shall ensure that an address is a valid delivery address according to the United States Postal Service.

The Contractor shall provide instructor led training and self-paced computer-based training to be determined by the Department on demand.

The Contractor should also provide Consulting Services for the installation and configuration of The Solution.

The Contractor shall provide User Manuals for all system functionality.

The Contractor shall be responsible for the development of the training materials needed to support training.

Provision of a master identifier and ability to cross-reference to other designated identifiers maintained by State agencies and others (e.g., Medicaid ID numbers, provider identifiers) with the minimum set of data used to uniquely identify a specific person (CSHIMS, 2012).

Deployment of a highly accurate, configurable matching engine to ensure matching accuracy, prevent the occurrence of false positives (e.g., where two records are reported as a match but they are, in fact, two different individuals), identify and record occurrence of duplicates, and support modification of match fields by data source (CSHIMS, 2012).

Share and integrate MPI demographic data with registration/admission systems.

Ability to add new patients using existing registration, admission, or scheduling process.

Ability to notify all systems when new patients are added or when demographics are updated by another system.

Support MPI integration across the continuum of care: acute care, ambulatory, physician office, SNF, home health, and ancillary services.

Support an enterprise number as well as separate, multiple medical record numbers, including host systems with a patient identifier hierarchy consisting of multiple patient identifiers internal to that system.

Alert the user of a potential duplicate during registration process without producing multiple alerts for the same registration.
Provide merge capability for two or more records for same person (e.g., duplicates, erroneous registration).

Note: some host systems have a single field for patient name, while other systems have multiple fields for patient name (first, last, MI)

Correct guarantor information must remain intact during a merge

Manual merge capability required; automatic merge is optional functionality with configuration to enable or disable

Support for sending/receiving HL7 merge transactions (e.g., A18, A30, A34).

Provide capability to un-merge records incorrectly merged, and correct guarantor information must remain intact during un-merge.

Provide linking capability for two or more records for same person in different host systems.

Provide capability to un-link records that were incorrectly linked.

Provide patient overlay detection and remediation:

Overlay occurs when information on two different people is combined or added to the same patient record.

When overlay is detected, need a quarantine function that will prevent merging or linking until information is reviewed.

Support flexible search criteria during the patient identification process: MPI for example, partial name, Triple Metaphone, medical record number, encounter number, age, date of birth, sex, combinations of data.

Support alternative name/alias processing.

The system should provide customizable workflow queues for assignment of tasks (e.g., provide a work queue to review potential duplicates).

Provide online inquiry and retrieval capabilities to the MPI history for an unlimited number of years.

Generate a report indicating patients with multiple medical record numbers.

Ability to write ad-hoc reports on all MPI data fields with a standard report writer application.

The system should provide reports that identify duplicates or consumable records generated by user, area, and facility.

Support for probabilistic, deterministic, and rules-based matching algorithms, including the ability to match and compare on historical values.

The MPI should be capable of transmitting an "error" message back to the source of data for records identified as duplicates.

Provide a web based user interface for administrators to view versions of mastered data (Patient, Provider, Organization, Location, Facility) over time. The viewer should show the master record and the instance records and values from each data source that were used create the master record for each version.

The system should support a manual review process in identifying and matching false positives based on set data matching standards.

The system should support the integration with external data sources (i.e., credit bureau reporting database) to improve patient matching.
Support the use of "reference data sets", historical information (i.e. credit bureau information) or other "advanced matching techniques." to improve patient matching, data quality, integrity, and reliability.

Identifying algorithms based on national guidelines should have a high-degree of statistical confidence.

The application has a process for managing users.

Data must be searchable, query-able, and integrate-able with other data sources (CSHIMS, 2012).

Must support ability to accept data from disparate data sources.

System should have the capability to push updated information back to source systems as requested.

System should be agile, so data elements can be added to the MPI for new data collection and tracking over time as well as integration with new systems.

Capability to audit activity across entire system (CSHIMS, 2012).

Ability for end users to customize or manipulate the product screens and placement of returned data to accommodate individual user preference.

Ability to assist end-user in preventing fraudulent use of identity.

The system should provide tools for setting up automatic distribution of reports.

Provide multiple level reporting (i.e., internal, external, agency, division, and facility level reporting).

The system should have role based security with the ability to separate administrative tasks from workflow tasks, and to limit user access by entity, as desired.

The system should allow users security to be configured for various levels of access depending on the entity.

System administrators should have the ability to control viewing and printing of reports, and limiting access to these functions.

Include the ability to audit the data back to the source record, along with the ability to track who made changes, time of the change, etc.

Provide the State with MPI data quality reporting to assess and prioritize data quality improvements with source systems.

Provide support for a data retention schedule.

Provide development and delivery of user training for those managing the system, including an approach to training users on merging, linking, and managing data and resolving issues.

System should provide methodology to send attribution lists to end users for validation.

System should possess the capability to correlate patients with all the providers on their care team, including PCPs, specialists, behavioral health providers, and dental health care providers (i.e. "many-to-one attribution").

System should provide capabilities for managing identity in the absence of a Social Security Number.
Exhibit F: Master Patient Index (MPI) Solution Use Cases

Use cases have been created and prioritized based on a stakeholder interviews and other comments received through prior public comments. As part of this public comment period, it is anticipated that additional use cases, sponsors and sustainability information will be identified.

Legend

<table>
<thead>
<tr>
<th>ID*</th>
<th>APPLICATION (MPI, MPD, or an integration of the two) – NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Indicates that the use case has not been previously proposed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed ownership/leadership</th>
<th>Describe lead for this project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability model</td>
<td>After initial project, these are potential ongoing contributors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preconditions</th>
<th>A brief Value Add Proposition of the preliminary state infrastructure development and interoperability required to establish the particular use case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postconditions</td>
<td>A brief Value Add Proposition of the to-be world with the system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Examples of early wins from the system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of use</td>
<td>How often would the system be used by key stakeholders</td>
</tr>
</tbody>
</table>

| Priority | • Phase 1 - concurrent with application go-live  
| | • Phase 2 - within 1-2 years of application launch  
| | • Phase 3 - within 2-3 years of application launch  
| | *All items would need to be formally evaluated for feasibility and resources.* |

Master Patient Index

<table>
<thead>
<tr>
<th>ID</th>
<th>MPI-01 (Priority Use Case)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Improved patient identity management (i.e., matching and de-duplication of individuals’ records) across Medicaid enterprise and other state agencies.</td>
</tr>
<tr>
<td>Use Case</td>
<td>De-duplicate and merge records where individuals’ identities are managed, no matter how many accounts they establish within a single program, or across various state and non-state programs (e.g., commercial vendors, hospital systems, et al).</td>
</tr>
</tbody>
</table>
| Value Add Propositions | • Improve patient safety  
| | • Improve care coordination  
| | • Improve quality of care  
| | • Reduce costs within the delivery system, to state agencies, and across programs  
| | • Reduce patient identity errors  
| | • Increase administrative and clinical efficiencies  
| | • Support patient-level interoperability  
| | • Support quality of care measurement and improvement |

Exhibit F: MPI Solution Use Cases
<table>
<thead>
<tr>
<th>Exhibit F: MPI Solution Use Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale</strong></td>
</tr>
</tbody>
</table>
| **Proposed ownership/leadership** | • Colorado Benefit Management System (CBMS)  
• Department of Human Services Joint Agency Interoperability Project (DHS JAI)  
• Health Care Policy and Finance (HCPF) |
| **Sustainability model** | API use charge or subscription fees; service call charges |
| **Preconditions** | Duplicative patient records within systems and across human benefit systems. |
| **Postconditions** | Majority of consumers identified with one record across CBMS and other identified human services systems |
| **Frequency of use** | Daily |
| **Priority** | Phase 1 |

<table>
<thead>
<tr>
<th>ID</th>
<th>MPI-02* (Priority Use Case)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Improved patient identity management inclusive of social services.</td>
</tr>
<tr>
<td><strong>Use Case</strong></td>
<td>Caseworkers able to use administrative data to help consumers in real time; caseworkers sending information back to system that updates consumers’ records and better coordinate client services in real time.</td>
</tr>
<tr>
<td><strong>Value Add Proposition</strong></td>
<td>Use data from SNAP, TANF, HMIS (homeless), etc. systems to construct a better picture of social determinants of health when added to clinical health data</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Administrative data going into the caseworkers’ workflow and clinical data returning to the administrative workflow (e.g., change of address or eligibility) that is also critical. Link service effectiveness from cradle to grave across the human services spectrum; also link service effectiveness across the family unit.</td>
</tr>
<tr>
<td><strong>Proposed ownership/leadership</strong></td>
<td>HCPF</td>
</tr>
<tr>
<td><strong>Sustainability model</strong></td>
<td>Cost allocation to other agencies based on two-way data exchange</td>
</tr>
<tr>
<td><strong>Preconditions</strong></td>
<td>Data exchange between SNAP, TANF, and Medicaid; not between those agencies and other systems like HMIS, other housing, justice systems, etc.</td>
</tr>
<tr>
<td><strong>Postconditions</strong></td>
<td>Data flowing in both directions with a multitude of human service organizations</td>
</tr>
<tr>
<td><strong>Frequency of use</strong></td>
<td>Daily</td>
</tr>
<tr>
<td><strong>Priority</strong></td>
<td>Phase 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>MPI-03 (Priority Use Case)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Improved linking between the Department’s Business Intelligence &amp; Data Management System (BIDM) and other data sources, such as HIE solutions, to better analyze clinical, claims, and social determinants of health.</td>
</tr>
<tr>
<td><strong>Use Case</strong></td>
<td>Use multiple sources of available information to more effectively provide and manage patient needs</td>
</tr>
<tr>
<td><strong>Value Add Proposition</strong></td>
<td>Improve Medicaid data quality and program integrity</td>
</tr>
<tr>
<td>ID</td>
<td>MPI-04*</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Title</td>
<td>Churn measurement between Medicaid and other programs (e.g., Exchange, CHIP, etc.)</td>
</tr>
<tr>
<td>Use Case</td>
<td>An analyst can measure the length of time a consumer is on one program, then ends enrollment and what happens next (e.g., moves to another program, has no coverage, etc.).</td>
</tr>
</tbody>
</table>
| Value Add Proposition| • Use CIVHIC's savings analysis across non-Medicaid payers to determine ROI of eligibility policies, auto-enrollments, etc. when measuring people’s health costs when they are on/off Medicaid and the SBM (and coverage gaps)  
• Realize ROI when state makes program changes to adjust for churn  
• Analyze churn impact in ACC models  
• Churn between Medicaid and APTC/Exchange |
| Rationale| Eligibility churn -- or, change in eligibility for different programs -- often means change in benefits and providers. This can impact continuity and quality of care, as well as other aspects of cost, such as duplication of services. HCPF suggested that changes in eligibility between programs caused claims-driven provider attribution models to sometimes misdirect. HCPF suggested that more finely tuned churn analytics would be very helpful. Also, there is the potential for ROI for recovery of duplicate enrollments between capitation payments for two programs (especially between Medicaid and the Exchange), which could be significant. |
| Proposed ownership/leadership| HCPF, Connect for Health |
| Sustainability model| TBD |
| Preconditions| None of the affected parties reported having an analytic understanding of churn between programs. |
| Postconditions| The affected parties would have management reports of what churn looks like -- who is leaving, where they go, how often, if there are geographic considerations. |
| Use Case| At least one program recommendation was made to account for churn findings. |
| Frequency of use| As needed |

**Rationale**
Outcomes can be affected by both clinical and social needs. Having all relevant information from all points in the patient’s care can provide a longitudinal perspective for the care team.

**Proposed ownership/leadership**
HCPF Lead

**Sustainability model**
Cost allocation for human services that benefit; other TBD

**Preconditions**
Data from various agencies not currently linked

**Postconditions**
Increased patient knowledge based on data flow

**Frequency of use**
Daily

**Priority**
Phase One
## Exhibit F: MPI Solution Use Cases

<table>
<thead>
<tr>
<th>ID</th>
<th>MPI-05*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Link identity with probability of family members</td>
</tr>
<tr>
<td><strong>Use Case</strong></td>
<td>An analyst can easily pull a record on an individual, figure out who else is in their family, then figure out who is using which programs, and longitudinally construct a narrative.</td>
</tr>
<tr>
<td><strong>Value Add Proposition</strong></td>
<td>In addition to linking identity of individuals across systems, the application should also find probabilistic family members.</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>This will help with outcomes analytics, fraud/abuse studies, and caseworker field reporting and finding missing clients. This can also help with auto-assignment for Medicaid and CHIP.</td>
</tr>
<tr>
<td><strong>Proposed ownership/leadership</strong></td>
<td>HCPF lead</td>
</tr>
<tr>
<td><strong>Sustainability model</strong></td>
<td>Cost allocation for human services that benefit</td>
</tr>
<tr>
<td><strong>Preconditions</strong></td>
<td>Individual cases are not easily linked to family members, especially across systems</td>
</tr>
<tr>
<td><strong>Postconditions</strong></td>
<td>Understand reasonably well who is in a family and which programs they are using</td>
</tr>
<tr>
<td><strong>Frequency of use</strong></td>
<td>As needed</td>
</tr>
<tr>
<td><strong>Priority</strong></td>
<td>Phase 2 or earlier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>MPI-06*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Improved quality of person-matching in Prescription Drug Monitoring Program (PDMP) database</td>
</tr>
<tr>
<td><strong>Use Case</strong></td>
<td>With improved accuracy, providers would be more likely to meaningfully use the PDMP and assist with identifying patients with prescriptions before writing additional prescriptions.</td>
</tr>
<tr>
<td><strong>Value Add Proposition</strong></td>
<td>Improve Medicaid data quality and program integrity Improve patient matching with opioid and other addictive prescriptions</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>The current PDMP is not used as well as it could be because it is difficult for providers to quickly and accurately find their patients, which can lead to errors or non-use. This tool can help in the opioid epidemic, a state priority. When people are drug-seeking, they do not always use the same name at different locations, so identity management by other signifiers can help with this issue.</td>
</tr>
<tr>
<td><strong>Proposed ownership/leadership</strong></td>
<td>DORA</td>
</tr>
<tr>
<td><strong>Sustainability model</strong></td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Preconditions</strong></td>
<td>Duplication of patients and non-use by providers.</td>
</tr>
<tr>
<td><strong>Postconditions</strong></td>
<td>Ease of use, clearer identity management, confidence in look-up.</td>
</tr>
<tr>
<td><strong>Frequency of use</strong></td>
<td>Daily</td>
</tr>
<tr>
<td><strong>Priority</strong></td>
<td>Phase 1</td>
</tr>
</tbody>
</table>
## EXHIBIT I: DATA SOURCES AND MPI DATA ELEMENTS

<table>
<thead>
<tr>
<th>Proposed Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (via EHR, HIE, web-portal)</td>
</tr>
<tr>
<td>Labs/hospitals (via EHR, HIE, web-portal)</td>
</tr>
<tr>
<td>Medicaid Management Information System (MMIS) (CSHIMS, 2012)</td>
</tr>
<tr>
<td>Statewide Data and Analytics Contractor (SDAC) (CSHIMS, 2012)</td>
</tr>
<tr>
<td>Colorado Benefits Management System (CBMS)</td>
</tr>
<tr>
<td>All-Payer Claims Database (APCD) – CIVHC</td>
</tr>
<tr>
<td>AMA provider files</td>
</tr>
<tr>
<td>Urgent Care Centers</td>
</tr>
<tr>
<td>Imaging Centers</td>
</tr>
<tr>
<td>Connect for Health Colorado</td>
</tr>
<tr>
<td>Death registry information from Social Security Administration and/or Electronic Death Registry System (EDRS)</td>
</tr>
</tbody>
</table>

### CDPHE Registries (CSHIMS, 2012):

Registries may include:
- Colorado Vital Information System (COVIS)
- Colorado Immunization Information System (CIIS) – consolidated immunization information
- Colorado Electronic Disease Reporting System (CEDRS) – communicable disease reporting
- Cancer Registry – treatment summary and care plan for cancer survivors; cancer case tracking and trending
- Newborn Evaluation Screening & Tracking (NEST) – newborn hearing and lab results
- Clinical Health Information Records of Patients (CHIRP) – maintains health records for children with special needs
- Colorado Response to Children with Special Needs – birth defect data
- Tracking registries providing data on specific communicable diseases:
  - eHARS (HIV and AIDS)
  - TBdb (tuberculosis)
  - Viral Hepatitis
  - Prenatal Hepatitis and Hepatitis-B in pregnant women
  - Elevated Lead
- Patient Reporting Investigating Surveillance Manager (PRISM) – surveillance and case management of STIs, HIV, and viral hepatitis
- ARIES – tracking data on alcohol and drug abuse within HIV populations
- Laboratory Information Management System (LIMS) Plus – maintains chemistry, microbiology, and toxicology lab reports
- Refugee Case Management Data – from refugee health clinics
- Outbreak Management – disease outbreak data
- Electronic Death Registry System (EDRS)

### Department of Human Services (DHS) (CSHIMS, 2012):

- Avatar – client mental health records, pharmacy, and laboratory records
- Colorado Client Assessment Record (CCAR) – client assessment data
- Computerized Homeless Information Referral Program (CHIRP) – client medical records
- Colorado State Mental Health Institutes – client medical records
- Colorado TRAILS – including child welfare (adoption, foster care, child protection) and youth corrections information, also maintains children’s medical records
• Drug/Alcohol Coordinated system (DACODS)- substance use assessment
• An encounter database includes services provided to Medicaid clients through Behavioral Health Organizations
• Refugee Management Information System – client medical records
• Veterans’ Nursing Homes – client medical records and Medicaid claims

**Department of Corrections (DOC) (CSHIMS, 2012):**
• Encounter System – housed within the database of all offender records, contains health records including mental, physical, dental, and medication information and manages offenders from incarceration through their transition to and completion of, community-based supervision by the Adult Parole Division
• DOC E-prescribing – offender prescription records and filling system

**Non-State Health IT/HIE Partner Entities:**
• Colorado Regional Health Information Organization (CORHIO) – provides HIE and transition support services (TSS), maintains connection to health care provider EHRs and other information systems, provides for access to aggregated clinical information, and facilitates connections to other regional health information organizations
• Colorado Health Benefits Exchange (COHBE) – developing and operating state health insurance exchange, including eligibility processing for commercial health plans and Medicaid / CHP+, and maintains health plan administrative and provider network data
• Quality Health Networks (QHN) – provides HIE services and promotes innovative uses of electronic health information for improved healthcare outcomes
• Center for Improving Value in Health Care (CIVHC) – developing and operating Colorado APCD, which includes Medicaid claims information, and provides aggregation of claims across Colorado health plans for research and analytics purposes
• Colorado Community Managed Care Network (CCMCN) – provides HIE services that enable its members and their community partners to succeed as efficient, effective, and accountable systems of care
• Regional Care Coordination Organizations (RCCO), Managed Care Organizations (MCO), Behavioral Health Organizations (BHO), and other payment/service delivery providers – contracted by State agencies to provide health care services to clients of public programs or on behalf of public programs

---

<table>
<thead>
<tr>
<th>Data Element(s)</th>
<th>MPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPI Person Identifiers (separate records for each data source):</td>
<td></td>
</tr>
<tr>
<td>Medical Record Number</td>
<td>MPI</td>
</tr>
<tr>
<td>Facility Identifier</td>
<td>MPI</td>
</tr>
<tr>
<td>Managed/Auxiliary Identifiers</td>
<td>MPI</td>
</tr>
<tr>
<td>Facility Mnemonic</td>
<td>MPI</td>
</tr>
<tr>
<td>Account Number</td>
<td>MPI</td>
</tr>
<tr>
<td>Full Name* (First, Last, Middle)</td>
<td>MPI</td>
</tr>
<tr>
<td>Title</td>
<td>MPI</td>
</tr>
</tbody>
</table>

Exhibit I: Data Sources and MPI Data Elements
<table>
<thead>
<tr>
<th>Description</th>
<th>MPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Alias</td>
<td></td>
</tr>
<tr>
<td>Prior Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Name</td>
<td></td>
</tr>
<tr>
<td>Birthdate/Date of Birth*</td>
<td></td>
</tr>
<tr>
<td>Gender/Birth Sex*</td>
<td></td>
</tr>
<tr>
<td>Multiple Birth Indicator</td>
<td></td>
</tr>
<tr>
<td>Birth Order</td>
<td></td>
</tr>
<tr>
<td>Preferred Pronoun (he, she, ze, they)</td>
<td></td>
</tr>
<tr>
<td>Date of Death</td>
<td></td>
</tr>
<tr>
<td>Death Indicator</td>
<td></td>
</tr>
<tr>
<td>Social Security Number* (9-digit)</td>
<td></td>
</tr>
<tr>
<td>Full Address:</td>
<td></td>
</tr>
<tr>
<td>o Address 1 (Street)</td>
<td></td>
</tr>
<tr>
<td>o Address 2 (Apt/Suite)</td>
<td></td>
</tr>
<tr>
<td>o City</td>
<td></td>
</tr>
<tr>
<td>o State</td>
<td></td>
</tr>
<tr>
<td>o Zip Code</td>
<td></td>
</tr>
<tr>
<td>o Country</td>
<td></td>
</tr>
<tr>
<td>o Country Code</td>
<td></td>
</tr>
<tr>
<td>o Province</td>
<td></td>
</tr>
<tr>
<td>o Address type (mailing address, physical address, legal address, historic address)</td>
<td></td>
</tr>
<tr>
<td>Race/Other Race</td>
<td></td>
</tr>
<tr>
<td>Veteran Status</td>
<td></td>
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<tr>
<td>Hispanic Indicator</td>
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</tr>
<tr>
<td>Ethnicity 1/2/Other</td>
<td></td>
</tr>
<tr>
<td>Preferred Spoken Language (including TTD/TTY)</td>
<td></td>
</tr>
<tr>
<td>Family Association (discuss linkage to siblings and parents)</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>o Home</td>
<td></td>
</tr>
<tr>
<td>o Cell/Mobile</td>
<td></td>
</tr>
<tr>
<td>o Other</td>
<td></td>
</tr>
<tr>
<td>o Historic</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>o Primary</td>
<td></td>
</tr>
<tr>
<td>o Other</td>
<td></td>
</tr>
<tr>
<td>Preferred contact method indicator (phone, email, etc.)</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>o Telephone</td>
<td></td>
</tr>
<tr>
<td>▪ Home</td>
<td></td>
</tr>
<tr>
<td>▪ Cell/Mobile</td>
<td></td>
</tr>
<tr>
<td>▪ Other</td>
<td></td>
</tr>
<tr>
<td>o Contact type (Next of Kin, Emergency, Guarantor)</td>
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</tr>
<tr>
<td>Insurance(s):</td>
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</tr>
<tr>
<td>o Payer Code</td>
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</tr>
<tr>
<td>o Payer Name</td>
<td></td>
</tr>
<tr>
<td>o Member/Subscriber Code</td>
<td></td>
</tr>
<tr>
<td>o Policy Number</td>
<td></td>
</tr>
</tbody>
</table>

Exhibit I: Data Sources and MPI Data Elements
Exhibit I: Data Sources and MPI Data Elements

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Name</td>
<td>MPI</td>
</tr>
<tr>
<td>Group Number</td>
<td>MPI</td>
</tr>
<tr>
<td>Insurance Address</td>
<td>MPI</td>
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<td>Insurance Phone</td>
<td>MPI</td>
</tr>
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<td>Effective Date</td>
<td>MPI</td>
</tr>
<tr>
<td>End Date</td>
<td>MPI</td>
</tr>
<tr>
<td>“Multiple” or “Dual Eligible” indicator</td>
<td>MPI</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>MPI</td>
</tr>
<tr>
<td>Active Care Team Member(s)</td>
<td>MPI</td>
</tr>
<tr>
<td>Last Update Date</td>
<td>MPI</td>
</tr>
<tr>
<td>Last Updated By (name entity/application/user)</td>
<td>MPI</td>
</tr>
</tbody>
</table>

* Denotes required data elements needed for accurate patient matching